When is Staying Home Partisan?
Policy Conflict and Precaution-Taking during a Pandemic

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Abstract
What ignites partisan divides over public health directives? We develop a theory of pandemic partisanship that centers on policy conflict and political actors’ embrace of pandemic denialism. We hypothesize that in cases where pandemic denialism is associated with a particular party, we should expect uniform partisan sorting across a country. But where localities have the ability to shape their pandemic response policies, there will be spatial variation in the direction and intensity of partisan sorting.

Using a panel survey of Indonesian adults which represents three distinct public health policy zones, we test this theory. Our results show that in areas of Indonesia where policy conflict coincided with partisan divides, partisans divided on taking precautions and fearing infection. Partisans aligned with governors who implemented strict policies were more likely to take precautions even after controlling for known predictors of health behavior. This study contributes to the growing literature of pandemic politics by showing significant subnational variation in partisan sorting on health precaution-taking.

Keywords: Covid-19, Indonesia, polarization, partisanship, pandemic, quarantine, lockdown
1 Introduction

Under what circumstances does the public divide along partisan lines over public health directives? In other words, when do people respond to public health orders by taking precautions, when do they ignore those recommendations, and why is this pattern sometimes partisan?

Emerging evidence from large democracies shows large partisan divides in individual-level health decision-making, strongly suggesting that political identity can influence how individuals respond to a pandemic (Kushner Gadarian, Goodman, and Pepinsky 2020; Pereira, Medeiros, and Bertholini 2020). We extend this line of research to a new context—the world’s third-largest democracy, Indonesia—and test whether the dynamics of partisan polarization around taking health precautions can vary within a country. We view this research as one part of an answer to Hale et al.’s call for “further research into socio-economic and political factors...needed to tailor public health advice” (2020, 1).

Using a panel survey of Indonesian adults representative of three distinct public health policy zones, we leverage variation in health policy across districts to better understand why attitudes towards pandemic policy, decisions about personal health precaution-taking, and beliefs about virus danger sometimes reflect partisan differences—and sometimes do not. To understand variation in who behaves differently because of their partisanship, we collect data on multiple kinds of health precaution-taking across multiple policy regimes, as well as data on income and employment. Our focus, however, is on partisan sorting in health precaution-taking.

Drawing on evidence from the United States, the United Kingdom, and Brazil, we hypothesize that individual partisanship is activated by partisan policy conflict, such that partisanship leads to sorting on health precaution-taking where a policy conflict has a partisan valence. In all cases from which we have evidence, the policy conflict is one between local and national authorities. Where pandemic policy conflicts are not clearly partisan, or where policy conflicts do not exist, we do not expect to see partisan sorting.
We show that in areas of Indonesia where there was a policy conflict with a partisan component, partisans took precautions at different rates. Partisans evaluated risk differently and also differed on precaution-taking within risk-evaluation bands. Partisans aligned with governors who implemented strict policies were more likely to fear infection. Among people who did not fear infection, partisans aligned with the strict-policy governors were more likely to take precautions than similarly unafraid partisans aligned with the risk-minimizing national government. This is particularly true of partisans who live in places with local-national policy conflicts.

Our results provide support for a broader theory of partisan sorting on pandemic policy that centers policy conflict and political actors’ embrace of anti-interventionism, which is usually connected to pandemic denialism. Where pandemic denialism is, at the elite level, associated with a particular party, we should expect uniform partisan sorting across the country. But where localities have the ability to shape their pandemic response policies, we should expect to see variation from place to place in the direction and intensity of partisan sorting. Indeed, we find evidence of subnational variation in partisan sorting on health behavior consistent with the spatial variation of pandemic policy in Indonesia.

Partisan sorting on health precaution-taking has already been shown to shape the demographics of Covid-19 exposure risk in Brazil, the United Kingdom, and the United States. Evidence of partisan sorting in yet another large country would add to the growing body of evidence that political partisanship should be accounted for in pandemic response policies. We add to this literature by investigating a new case and exploring subnational variation in patterns of partisan sorting on health precaution-taking.

The remainder of this paper is as follows. Section two builds a theory of partisan activation during pandemics. Section three provides background on the case, explaining why Indonesia is not polarized, what the pandemic policy conflicts were about and where they happened, and the implications of these conflicts for where partisanship might be activated. Section four explains how the survey was constructed and explains the key measurements and models. Section five gives results, starting with evidence of
partisan sorting in three areas, then taking a detailed look at the role of social class and fear in precaution-taking. Section six concludes with suggestions for future research.

2 When Does Partisanship Affect Health Decisions?

In this section, we consider the circumstances under which partisan sorting on pandemic response has occurred in response to the Covid-19 pandemic, the broader literature on what drives health precaution-taking during a pandemic, and the implications of these that will be tested through application to the Indonesian case.

We propose that partisan sorting requires two elements: a policy conflict over pandemic response and clear connections between particular political factions and specific pandemic policies. In the cases we examine, the policy conflicts are between local and national authorities, and the partisan divides on policy are the result of a political faction taking a clear anti-intervention position.

Where there is subnational variation in pandemic policy and in partisanship, we ought to expect partisan sorting to vary from place to place within a country. We more specifically expect that partisan sorting on health behavior is likely to be high where partisanship and policy conflict coincide; if there is unity on policy across partisan divides (for example, an interventionist governor aligned by party to a non-interventionist head of government), we expect to see more limited partisan sorting. Our evidence from Indonesia tests this idea.

Our theory suggests that partisanship is an important driver of pandemic policy compliance. Moving beyond previous studies, however, we further suggest a framework for understanding when and how it will matter. Partisan sorting can happen wherever partisan divides coincide with policy differences on pandemic response, but will be more limited when pandemic response has at least some support across multiple parties. Preparation for pandemic should incorporate information about pre-existing partisan divides and track where within a country pandemic response is becoming connected to partisan divides. Where pandemic policy and partisanship coincide, information about partisanship can help predict which local subpopulations will take greater risks, and help planners prepare for higher caseloads in those subpopulations.
2.1 Partisanship and health precaution-taking

A growing body of research from has found evidence of partisan sorting on beliefs about Covid-19 risks, evaluation of government pandemic policy, and, surprisingly, on health precaution-taking. In at least one case, political partisanship was found to predict hand-washing—something that is not often thought of as a political act. One study found partisanship to be the strongest single predictor of both health behavior and attitudes towards pandemic policy in the United States (Kushner Gadarian, Goodman, and Pepinsky 2020).

Partisan sorting on health precaution-taking is not simply a United States story—in Brazil, partisanship is a strong predictor of individual-level Covid-19 risk perceptions (Ramos et al. 2020), and in the United Kingdom, polarization in Brexit attitudes is associated with polarization in Covid-19 risk evaluations (Maher, MacCarron, and Quayle 2020). Political divides in these cases predict either attitudinal or behavioral divides on health precaution-taking. And these differences have consequences. Differences in precaution-taking following these partisan divides are associated with differences in infection and mortality rates (Gollwitzer et al. 2020). If partisanship leads to pockets of greater risk-taking, infections follow.

The United States, Brazil, and the United Kingdom are somewhat unusual among democracies in an important way. All three of them are characterized by high levels of affective polarization. In the United States, the partisan divide is explicitly around party; in Brazil’s multiparty system, partisan polarization revolves around the Worker’s Party and the figure of current president Jair Bolsonaro (Hunter and Power 2019; Iyengar et al. 2019). In the United Kingdom, affective polarization revolves around Brexit attitudes (Hobolt, Leeper, and Tilley 2020). It may thus be the case that partisan sorting on health behavior happens only where people are already strongly polarized. If prior polarization is sufficient to induce partisan sorting, then we should see similar patterns of partisan sorting on health precaution-taking in all three countries, and we should not expect to see partisan sorting on health precaution-taking in less-polarized countries.
If, however, the policies pursued by parties and leaders also affect whether partisans take precautions, partisan sorting may look different in the United Kingdom. Unlike the national governments of the United States and Brazil, whose leaders denied that Covid-19 was dangerous and resisted mitigation efforts, the United Kingdom quickly implemented nationwide movement restrictions, with its first nationwide lockdown on 23 March 2020 (Dunn et al. 2020). No party leader argued the virus posed no threat at all. While there were partisan debates about proper pandemic response, whether the virus posed a threat was not a partisan issue (even though lockdown skeptics congregated in the Conservative Party). If pre-existing polarization were the sole driver of partisan sorting, we should expect to see strong sorting in the United Kingdom—and the parties’ policies would not matter.

Instead, research on partisanship and health behavior in the United Kingdom finds that Brexit preference is not a powerful predictor of health precaution-taking. While aggregate data suggests that social distancing is less common in areas with higher rates of Brexit voting, individual-level survey responses suggest that Brexit support is not strongly predictive of compliance with lockdown orders (Ansell 2002; Sturgis, Jackson, and Kuha 2020). Brexit supporters were, on average, less likely to take the precaution of staying home, but the effect was largely mediated by lockdown skepticism. Lockdown skeptics tend to have voted for Brexit, but most Brexit supporters were not lockdown skeptics. The presence of a specific group of skeptics on one side of the partisan divide—not high pre-existing polarization—accounts for the weak partisan sorting observed in the United Kingdom.

Weak partisan sorting in the United Kingdom suggests that the positions parties (or their leaders) take on the pandemic matter for whether partisans will sort around taking health precautions. The United States and Brazil’s partisan divides on health behavior do indeed follow this pattern. In both countries, the president argued that Covid-19 posed minimal risks and attempted to limit the intensity of public-health interventions (Phillips 2020; Watson 2020). In both countries, supporters of the president would thus be expected to assign lower risks to the possibility of infection and take fewer precautions.
This is exactly what emerging research shows. Strong Republican partisans in the United States were less likely to take health precautions including low-cost behaviors like hand-washing, (Kushner Gadarian, Goodman, and Pepinsky 2020), less likely to socially distance themselves (Allcott et al. 2020; Barrios and Hochberg 2020), less likely to wear masks (Capraro and Barcelo 2020), and less likely to fear infection.

Studies from Brazil show a similar pattern. Survey respondents aligned ideologically with Bolsonaro are less likely to support policies that restricted movement to suppress viral spread (Ramos et al. 2020). Partisan framings discourage personal precaution-taking among supporters of the anti-intervention president (Ventura and Calvo 2020). However, partisanship does not tell the whole story. Respondents who knew someone seriously ill from Covid-19 favored stringent lockdowns, even if they were supporters of Bolsonaro (Pereira, Medeiros, and Bertholini 2020). While partisanship affects fear of virus risks, that fear can sometimes overpower partisanship.

Partisans in the United States, the United Kingdom, and Brazil have different views on appropriate Covid-19 response, differ in their evaluation of Covid-19 risks, and behave differently in response to public health directives. But the magnitude of this difference varies depending on the degree to which political polarization maps onto pandemic risk denialism. When polarization is allied with a clear partisan view on pandemic risk, the intensity of sorting is much higher.

We next turn to the question of whether partisan sorting is affected by policy and policy conflict. The United Kingdom, United States, and Brazil all saw distinct patterns of local-national divides in pandemic policy. These may affect where, and how much, partisanship matters for health behaviors.

2.2 Local-national policy conflict

While the United Kingdom followed a national pandemic response policy, the national governments of both Brazil and the United States left pandemic policy to state authorities. Consistent with the two presidents’ belief that the virus posed little risk, national policies were characterized by “executive underreach,” while local authorities scrambled—against the wishes of the national government—to impose lockdowns and
prepare for a wave of hospitalizations (Biller and Savarese 2020; Kettl 2020; Pozen and Schepple 2020).

In Brazil, the politics of lockdowns were contentious along national political lines. Lockdown policy varied from state to state, but one element of the response remained fairly constant: governors coordinated with one another and implemented stricter measures than the national government desired (Agência Brasil 2020; Savarese and Biller 2020). Policy differences in Brazil reflect distinct approaches within a broad context of agreement among governors that strict measures were necessary.

If partisan sorting on health precaution-taking is connected to the intersection of partisanship with pandemic response, then partisan sorting might vary subnationally in different ways in Brazil and the United States. In Brazil, the nationalized conflict would suggest a uniform pattern of partisan sorting, with supporters of Bolsonaro taking fewer precautions, and the shift associated with being a Bolsonaro supporter roughly constant across states. In the United States, the addition of state-level partisan policy conflicts would produce variation in the intensity of sorting across states. The magnitude of sorting associated with being a Republican would be higher in states with conflicts than in states without.

In the United States, there is emerging evidence that state-level partisan politics played a role in intensifying partisan sorting on health behavior. More restrictive lockdown policies tended to be implemented in states with Democratic Party governors or Democratic party-controlled state legislatures (Hale, Atav, et al. 2020), consistent with lockdowns being, in the United States, a partisan policy. In some politically divided states where a Democratic governor implemented stringent lockdown policies, partisan sentiment around pandemic policy became especially inflamed. Armed protestors in the state of Michigan stormed its capital after the governor implemented large-scale movement restrictions (Wilson 2020).

Public opinion results from Brazil provide limited information on subnational approval, but there is evidence of a nationwide trend in state-level public opinion. Negative evaluations of President Bolsonaro reached an all-time high in early May 2020, as the outbreak was deepening and the controversy over lockdown was most intense.
Positive evaluations of governors—who led the way in lockdown decisions—had increased in May relative to previous polling in January (CNT 2020). The governors’ more stringent policies were more popular than the president’s lax approach.

The limited evidence from the United States and Brazil suggests that, where subnational variation in pandemic policy is possible, the intensity of partisan sorting may vary from place to place.

2.3 A theory of variation in partisan sorting

We argue that the relevant dimensions at work in patterns of partisan sorting are, first, whether pandemic denialism aligns with a major political faction, as occurs when a party leader makes denialism a key policy. Second, whether there is partisan variation in implemented policy. In practice, this means subnational variation—most countries do not have separate health ministries run by different parties.

As discussed above, we argue that in the United Kingdom, where no party embraced denialist anti-interventionism and there was no subnational variation in policy, partisan sorting was weak and its intensity uniform across the country. In Brazil, where denialism was the official position of the national government but governors aligned to implement more stringent policy, partisan sorting was strong and its intensity uniform across the country. In the United States, where partisan denialism aligned with partisan variation in subnational policy, there was uniform sorting and greater intensity where the subnational policy conflict increased the salience of partisanship.

We propose Indonesia as a case characterized by non-partisan denialism and high partisan policy variation. As such, we expect it to display weak nationwide partisan sorting with important variation. In particular, we expect to observe partisan sorting in those areas where there was a partisan conflict over lockdown policy. In section three, we justify the use of Indonesia as a comparative case and explain the reasoning behind our characterization of it, as well as the specific places we expect to observe variation.
2.4 Other predictors of precaution-taking

Politics is far from the only driver of pandemic precaution-taking behavior. Where people live, the jobs they hold, their ethnicity and their access to health and financial resources may also affect how they behave in a pandemic. Much of that behavior seems to hinge on the degree to which they fear the virus (Barrios and Hochberg 2020; Pereira, Medeiros, and Bertholini 2020). Any attempt to measure the role of partisanship will need to account for these other drivers of pandemic attitudes. Research in public health suggests that employment, ethnicity, urbanity, gender, education, and age are all known to affect whether people take pandemic precautions and support strict policy (Kumar et al. 2012; Quinn et al. 2011). These factors matter most for lockdowns, where compliance can be especially costly.

Studies of large-scale lockdowns find that fear of infection is a strong driver of compliance with and support for strict public health measures like quarantines, while fears of job and income loss can drive noncompliance (Cava et al. 2005; DiGiovanni et al. 2004; Reynolds et al. 2008). People able to take paid leave or work from home are more willing to enter quarantine—a sign that lower earners will be less able to comply with lockdown orders (Blake, Blendon, and Viswanath 2010). While fear of the virus and fear of job loss might be expected to cut against one another, in many cases those who were afraid of job losses tended to comply with quarantines nonetheless.
We should expect higher earners to be more likely to stay at home and fear to be highest among the lowest earners.

In a comparative study asking about attitudes towards quarantines, Blendon et. al. found variation in support for quarantine along numerous demographic lines, including age, income, ethnicity, gender, urbanity and education (2006). Within groups reporting the same levels of infection fear, there are notable cross-country differences in support for quarantine measures when respondents are asked about enforcement. In other words, support for pandemic policy depends in part on who is carrying out the policy. Variations in support may follow variations in trust towards the institutions carrying out the enforcement. Partisanship may work through this channel, and we should include trust in both policies and the officials behind those policies in our analysis.

Demographics are distinct from motivations, as medical researchers have known for decades (Becker, Drachman, and Kirscht 1972). We suspect that fear of the virus will be more powerful than other predictors.

We expect to see high rates of compliance among people who fear infection. We also expect to see variation in compliance based on social class, with worse-off respondents complying at higher rates (and reporting fear at higher rates). If partisanship matters, we expect that it will be associated with differences in fear. We also expect that it will matter after adjusting for the demographic and motivational measures discussed in this section.

3 Applying the Theory to the Indonesian Case

3.1 Why Indonesia is a good comparative case

Having built our theory based principally around the experiences of two large, polarized presidential democracies in which pandemic response has been left to localities and one polarized parliamentary democracy, we propose to test whether Indonesia’s experience is as predicted. Indonesia makes sense as a comparative case because it is, like the United States and Brazil, a very large presidential democracy. In fact, the United States (population 328 million), Indonesia (population 268 million) and
Brazil (population 210 million) comprise a plurality of the world’s population living in presidential democracies. The three countries share institutional similarities, too: all of them have given significant responsibilities to subnational governments. Brazil and Indonesia share a nearly identical set of electoral institutions as well—both use open-list proportional representation to elect legislators and exhibit the oversized cabinets and ideologically muddled party systems typical of “coalitional” multiparty presidentialism (Chaisty, Cheeseman, and Power 2020; Hanan 2012). In both countries, this “promiscuous power sharing” (some of which is coerced) has fed ongoing debates about the meaning of partisanship for both elites and voters (Mello and Spektor 2018; Mietzner 2016; Slater and Simmons 2013).

As in Brazil and the United States, national authorities in Indonesia consistently downplayed virus risks and opposed restrictive pandemic mitigation policies. Unlike in Brazil and the United States, however, pandemic denialism in Indonesia at the national level cut across parties, with the country’s broad coalition leadership—including an important former opposition leader—agreeing that strict lockdowns needed to be avoided. Local leaders became the faces of travel restrictions, stay-at-home orders, and social distancing mandates implemented over the objections of the national government.

Pandemic denialism was not as intense in Indonesia as it was in the United States or Brazil. The national government supported less-intrusive interventions like mask-wearing and encouraged (but refused to mandate) staying at home (Rachman 2020). We can thus exploit differences in the patterns of policy conflict on specific policies to test whether partisan sorting occurs on all health precautions, or only those on which there is a partisan disagreement.

3.2 Local-national policy conflict in Indonesia

Indonesia’s pandemic response looked very different at the local and national levels. As detailed in Mietzner (2020), the national response was to deny the threat the virus posed, create leaky relief programs, and avoid alienating religious conservatives by
refusing to ban Eid holiday travel. It was mayors and governors, especially those in major metropolitan areas, who sought to implement more stringent policies.

At the early stages of the Covid-19 pandemic, national health authorities dismissed the idea that the virus posed a threat. After the virus officially arrived in the country on 2 March, health minister Putranto explained that it posed little risk to Indonesia because ethnic Malays were inherently immune (Ratcliffe 2020). Central government messaging emphasized “fear” and “panic” as greater dangers than the virus itself, as in a video of the president encouraging people not to worry, since 94 percent of Covid-19 patients recover (Rachman 2020). On 16 March, President Joko Widodo admitted that he had held back information about the virus’s spread to “prevent panic” (Smith 2020).

National policymakers downplayed the threat and blocked attempts by other actors to prepare or respond.

This led to a conflict in late March, when the national health ministry reported that Jakarta’s Covid-19 caseload was only 84 people. This tally was suspiciously low for a city of 30 million people with multiple daily flights to Wuhan. Reporters looking at mortality data found 1,300 excess burials that month—a nearly 35 percent increase over the previous year—suggesting Covid-19 caseloads far higher than the official tally (Reuters 2020). In response, Jakarta governor Anies Baswedan—an important opposition figure—ordered a lockdown in late March.

Over the final week of March and the first week of April, the national health ministry blocked Jakarta’s requests to impose a lockdown. Officials from the health ministry insisted that no local lockdowns could be put in place until the national government finalized a general regulation on public health lockdowns. That regulation required any local government wishing to implement a lockdown to first demonstrate that it had crossed a minimum Covid-19 caseload (antaranews.com 2020). Because tests were hard to obtain at the time, this rule made it very difficult to receive lockdown approval before community spread of the virus had begun (Bernie 2020).

Although Jakarta met the minimum case threshold for a lockdown, permission from the national health ministry did not arrive until 10 April, a delay that led to an investigation (Ombudsman RI 2020; Setiawan 2020). The Jakarta lockdown came nearly
five weeks after the first official cases, and seven weeks after the exposure incident that led to those first cases. At every step—data collection, response planning, public health messaging, and containment—the central government impeded efforts by local governments to contain viral spread.

Most Jakarta suburbs were under similar restrictions by 18 April (Kompas.com 2020). The following week, several local governments followed suit with lockdowns, including the entire province of West Sumatra and the principal cities of Java. By the end of the month, the whole of West Java province, the remaining major cities of East Java, and the principal cities on Borneo were under lockdown. The timing reflects the national health ministry’s decision to finally accede to the lockdown requests it had been delaying.

The remainder of the country—including most rural districts outside West Java, the whole of Bali province, and the country’s eastern islands—never implemented lockdowns. Localities in these areas sometimes restricted large social gatherings but did not engage in more extensive restrictions on movement.

3.3 Is Indonesia polarized?

Since pre-existing polarization is an important part of the political context in the United Kingdom, Brazil. and the United States, the implications of the comparison to Indonesia depend in part on whether Indonesia is politically polarized. Scholars disagree on whether the country is polarized nationwide, though there is some consensus that there exist pockets of intense partisanship.

The argument against partisan polarization comes from scholars who focus on mobilization strategies and coalition dynamics. They suggest that partisanship is rare among voters and makes little sense in an oligarchic party system with little recognizable ideology and all-inclusive coalitions (Aspinall 2015; Robison and Hadiz 2004; Slater 2018; Winters 2011). The argument for polarization comes from public opinion polling and qualitative studies of party bases that all find growing animosity along a religious-nationalist cleavage (Hadiz 2016; Mietzner 2013; Mietzner and Muhtadi 2019; Warburton 2019).
The pattern of partisan sorting along the religious-nationalist axis has recently been reflected in party behavior. Parties have been shown to barely differ from one another on economic issues, but on religious issues, there are strong party differences that map well onto voters’ attitudes (Fossati et al. 2020). This suggest that if pandemic policy became associated with the religious-nationalist divide, we should expect partisan sorting on health precaution-taking.

While scholars disagree over the extent and meaning of political polarization, many Indonesians believe it is strong and intense. Tapsell has argued that the appearance of partisanship was the result of campaigns’ strategies of organic messaging (2019); it remains the case that the urban, educated class represented in punditry believes the country has been highly polarized since the 2016 – 2017 Jakarta gubernatorial race (D. A. Rachman 2019; Rizal 2020).

One way to check whether pandemic policy had become connected to the religious nationalist divide would be to examine the figures involved in the policy conflicts. A focus on key figures is especially relevant because attitudes about individual politicians tend to be the strongest predictor of partisan identity in Indonesia (Liddle and Mujani 2007).

President Jokowi, considered the leader of the nationalist wing, supported the anti-intervention health ministry and declined to remove the denialist health minister. This would suggest that denialism is a position of the nationalist wing. However, opposition standard-bearer turned cabinet minister Prabowo Subianto, a longtime champion of the religious wing, followed the national government line. Thus, among national officeholders across the religious-nationalist divide, pandemic denialism was the rule.

The lack of clear national partisan divides does not preclude the possibility that local leaders could pick up the partisan banner. Indeed, the governors fighting for lockdowns were leading politicians of the religious wing—chief among them Jakarta governor Anies Baswedan, with West Java governor Ridwan Kamil not far behind.

Jakarta governor Baswedan is an important figure—one of the country’s best-known politicians and clearly aligned with religious side of the religious-nationalist cleavage. Scholars who argue for polarization in Indonesia have shown that the religious-
nationalist cleavage intensified during Baswedan’s contentious 2016 – 2017 gubernatorial election campaign (Mietzner, Muhtadi, and Halida 2018). If there is partisan polarization in Indonesia today, Jakarta governor Baswedan may be the polarizer-in-chief. But Baswedan is a provincial authority—his conflicts with the central government over pandemic policy extend only to the borders of Jakarta. And with the other leading religious-wing figure, former opposition leader Prabowo, serving in the cabinet and following the national government’s anti-intervention line, pandemic politics do not align cleanly with the religious-nationalist divide. For this reason, we do not expect to observe consistent nationwide partisan sorting. Instead, we expect partisanship to matter where a pandemic policy conflict coincides with a partisan conflict. Jakarta is the place where pandemic policy conflict had the clearest partisan overtone.

3.4 The religious politics of Covid-19 response

Partisanship in Indonesia can be helpfully understood through the lens of religion, with parties and politicians classifiable along a nationalist–religious spectrum (Mietzner 2013). The religious politics of Covid-19 response do not follow the nationalist-religious divide. Instead, they follow the partisan alignments of religious leaders.

A key issue for religious and political leaders as the pandemic developed was whether to allow Eid holiday travel. Normally, over twenty million people—including almost half of the population of Jakarta—cross provincial boundaries for the holiday, and far more travel somewhere (Fardiansyah 2019; Rosana 2019). Jakarta province tried to implement a ban on Eid-holiday travel while the national government encouraged staying at home but blocked Jakarta’s ban.

Jakarta governor Baswedan is closely aligned with conservative Islamist groups, who might be expected to oppose limits on travel for the religious holiday. Indeed, religious figures associated with the mainline Islamic organizations NU and Muhammadiyah pushed back against the limitations. The head of the Indonesian Ulema Council (MUI), an important source of mainstream conservative religious
guidance, announced that holiday travel was only forbidden to believers if they were traveling from a virus hotspot (Rahma 2020). But several of the most conservative religious figures agreed that travel needed to be restricted.

What these conservative figures shared was a close political relationship with Governor Baswedan. Similarly, what the mainline organizations shared was a close relationship with the central government—vice president Ma’ruf Amin is closely connected to the MUI. The religious response to pandemic policy does not follow lines of religious orthodoxy. It is better explained by the political orientations of the religious leaders. The division of religious conservatives along partisan lines is evidence that pandemic policy was shaped by partisanship. Note, however, that the divide is centered on Jakarta and its governor.

3.5 Implications

We developed a theory predicting that partisan sorting on pandemic precautions will occur where policy conflicts over pandemic policy have a partisan valence. We do not expect to see a consistent nationwide pattern of partisan sorting in Indonesia because national party leaders concurred on an anti-interventionist approach motivated in part by denialism. This implies a pattern of subnational variation with the following structure: strong sorting in Jakarta because of its leading role in the lockdown conflict and governor’s partisan stature, weaker sorting in areas that implemented a lockdown against central government wishes, and no sorting in areas that implemented no lockdown and so experienced no policy conflict.

<table>
<thead>
<tr>
<th>Early Lockdown Zone</th>
<th>Late Lockdown Zone</th>
<th>No Lockdown Zone</th>
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<tbody>
<tr>
<td>Clear policy conflict + clear partisan valence</td>
<td>Policy conflict + limited partisan valence</td>
<td>No policy conflict + no partisan valence</td>
</tr>
<tr>
<td>➔ Strong sorting</td>
<td>➔ Weak sorting</td>
<td>➔ No sorting</td>
</tr>
</tbody>
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The lockdown zones do not all resemble one another. The early lockdown zone is entirely urban, while the majority of people in the no-lockdown zone live in rural areas.
Incomes are higher in Jakarta than elsewhere, with most of the country’s high earners located there. Education, ethnicity, and partisanship all differ across the zones. All of these have been shown to affect pandemic-related health behaviors. Any attempt to understand partisan sorting across these zones will need to account for these differences.

To check whether partisanship also matters for more proximate political attitudes, we check for patterns of partisan sorting on pandemic policy approval and institutions’ handling of pandemic response. We expect that there is partisan sorting, as policy approval and trust are partisan-sorted most of the time.

Following the public opinion work from the United States, Brazil, and the United Kingdom, we check for partisan sorting on infection fear. We expect that patterns of partisan sorting on infection fear will resemble those for health behavior. We expect that while fear will mediate partisanship for many respondents, only part of the variation in precaution-taking will be explained by fear.

4 Methodology

We conducted a telephone survey of 2,000 randomly selected Indonesian adults. To allow controls for pre-existing partisanship and improve response rates, the sampling frame consisted of people who had been surveyed in-person by the survey firm Indikator in the previous two years. This synthetic panel strategy allows us to adjust for pre-pandemic partisanship. The hypotheses were pre-registered and are available in the appendices.

The sampling frame was split into three sub-frames based on lockdown timing. The first sub-frame consisted of 585 respondents in Jakarta, which implemented the first lockdown (the early lockdown zone). The second sub-frame contained 585 respondents living in areas that implemented lockdown orders after Jakarta (the late lockdown zone). The third sub-frame consisted of 830 respondents living in areas that had

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1 The process of constructing the variable was more difficult than we anticipated. We expect to have this control in the models by the end of October, but it was not ready in time for the initial submission issue deadline. We plan to add it in the revision stage. The pre-registration plan anticipated a panel; we have written a version of the pre-analysis plan that re-casts the hypotheses for cross-section data.
implemented no lockdown order as of 22 May 2020 (the no-lockdown zone). In each sub-frame, respondents were chosen through stratified random sampling. The sampling stratification was based on population-weighted sampling from administrative villages, followed by random sampling of neighborhoods and households.

We post-stratify by ethnicity, religion, urban-rural domicile, age, education, and gender to achieve representativeness at the lockdown zone level. Phone survey respondents tend to be better-educated than in-person survey respondents, making post-stratification on education especially important.

4.1 Measurement

Our principle outcome of interest is partisan sorting on health behaviors. We expect partisan sorting to vary across lockdown zones. Partisanship is measured with the question, “whom did you vote for in the 2019 presidential elections?” with the allowed responses “Joko Widodo,” “Prabowo Subianto,” “Declined to answer” or “Didn’t vote.” Only twelve respondents of the 2,000 surveyed say they did not vote, and we omit them from partisanship analyses. Because there is evidence from pre-election polling that most respondents who declined to answer supported Prabowo, all analyses of partisanship are run both with and without the decliners. We also collected information on party preference.

We conducted our analyses in R with the *Tidyverse* suite (R Core Team 2020; Wickham et al. 2019).

Health behaviors are measured with a battery of four questions that take the form, “Since the arrival of the Covid-19 virus, have you attempted to 1) wash your hands frequently 2) keep your distance from others 3) always wear a mask outside the home 4) stay at home as much as possible.” Respondents were classified as “Yes”, “No,” and “Did not respond” for each of the four questions.

A second outcome of interest is partisan sorting on respondents’ evaluations of government responses to the Covid-19 pandemic. We asked respondents, “With respect to the coronavirus or Covid-19, how would you evaluate the performance of the central government / provincial government / district government in dealing with this issue.”
Respondents rated the performance of each government level on a five-point scale ranging from Very Bad to Very Good. We then asked respondents to evaluate their degree of trust in different actors’ ability to handle the Covid-19 pandemic. These questions read, “With respect to the coronavirus or Covid-19, how much do you trust President Joko Widodo / Health Minister Terawan Agus Putranto / governor of respondent’s province to respond appropriately to this challenge?” They then rated their level of trust on a four-point scale ranging from Strongly Distrust to Strongly Trust.

We asked three questions about specific pandemic mitigation policies, which we view as a supplemental measure to the analysis of partisan sorting on health attitudes and attitudes towards specific government agencies. These questions asked whether respondents approved of a ban on Eid-holiday travel, whether respondents believed that lockdowns had been implemented too early or too late, and whether they approved of extending lockdowns.

Because we believed fear of the virus would be an important mediator of partisan sorting, we measured fear by asking, “How afraid are you of the virus?” with a five-option Likert scale response format. In some of the analyses presented in the paper, we collapse the five-level scale into a binary “afraid” or “unafraid” variable.

We collected information on respondents’ income, education, gender, ethnicity, religion, occupation, and employment status using standard demographic batteries.

4.2 Analysis strategy

We analyze the data in three ways. First, we compare mean differences in health and other outcomes within and across zones. Since the samples are representative in each lockdown policy zone, this works as a simple check on whether behavior varied with the strictness of lockdown orders. By designing our survey to be representative of all three lockdown policy regimes—early, late, and, none—we gain leverage over the differences in policies that affect how people experience the pandemic. Differences in partisan activation should show up in the data as differences in sample means across zones. The sample is large enough to allow some investigation of subgroups, which
gives us the ability to better understand variation within zones along known predictors of health precaution-taking.

We then adjust for relevant predictors of health precaution-taking with logistic regression models. Because our theory predicts across-zone variation in the role of partisanship, we use the interaction of partisanship and zone. Because income is an important predictor of health precaution-taking and is very unevenly distributed across zones (most high-income respondents are in Jakarta), we also take the interaction of income with zone. For each of four precautions (hand-washing, mask-wearing, social distancing, or staying home), the models estimate:

\[
\text{Logit}\left( P(health\ precaution_{i,c} = 1) \right) = \alpha_c + \beta_{1,c}(\text{partisanship}_i \times \text{zone}_i) + \\
\beta_{2,c}(\text{income}_i \times \text{zone}_i) + \gamma_i \mathbf{Y} + \epsilon_{i,c}
\]

where compliance with a particular precaution \( c \) for an individual \( i \) is a function of the interactions of partisanship with zone and income with zone, and \( \mathbf{Y}_i \) is a set of individual-level fixed-effects.

The included fixed effects in the maximal model are fear level, education level, gender, religion (binary Muslim or non-Muslim), urban category, employment status, age, evaluation of the governor’s pandemic response, evaluation of the health minister’s pandemic response and estimated social trust. \( \mathbf{Y}_i \) also includes global estimates for partisanship, income, and zone. For the zone variable, the reference category is the no-lockdown zone. For the partisanship variable, the reference category is a preference for the incumbent president, Jokowi. Alternative specifications may be found in the appendices.

Finally, to understand variation within important predictors while still accounting for known confounders, we estimate a series of hierarchical models using the \textit{lme4} package (Bates et al. 2015; Gelman and Hill 2007). The models have varying slopes on partisanship, as well as varying intercepts and varying slopes one of three outcomes, depending on the model: income, fear, or education. The models also include varying intercepts for gender, education, religion, income, urbanity, employment status, evaluations of the national health ministry and governor, and social trust. We find it
especially useful to use partial pooling to obtain better estimates in smaller cells of the data—as, for instance, to understand variation within the highest income tiers.

The largest sources of potential error in the design come from unobserved issues with the sample, which is why we conduct our analyses on the post-stratified dataset. There is also a possibility that respondents unhappy with pandemic policy did not answer partisanship questions truthfully. This would be a larger concern with a study that asked about whom the respondent currently supported; our measure of partisanship is retrospective and is separated on the questionnaire from questions related to policy.

5 Results

We now describe the results of our analysis using a series of graphs. Our preliminary analysis asks: did people living under lockdown orders exhibit different health behaviors than those living without them? Comparing the average levels of health precaution-taking across zones, we see some variation, but overall high compliance.

Most respondents indicated they were taking health precautions of several different kinds, including staying at home. Respondents in Jakarta were the most likely to indicate that they were staying home. Consistent with previous research showing that staying at home is costly and compliance will be lower, we see lower rates of staying home (relative to other precautions) across all zones. Nearly all respondents reported
wearing masks when out of the house (a practice that was already common before the pandemic). As national guidelines for virus prevention encouraged social distancing, hand-washing, staying at home, and mask-wearing, we should not be surprised to see only moderate levels of variation. Of these practices, staying at home was the one where policy varied most across zones, with mandatory lockdowns in two of the zones.

5.1 Partisan Sorting in Health Precaution-taking

We next examine whether there is partisan sorting on four individual health precaution measures.

Here we see two patterns. First: large partisan gaps in Jakarta and minimal differences elsewhere. Second, different directions of partisan sorting when comparing Jakarta to the other zones. In Jakarta, Prabowo (opposition) supporters and respondents who declined to state a partisan preference were more likely to socially distance, stay at home, and wash their hands. In the late- and no-lockdown zones, it was Jokowi
supporters who were taking greater precautions—on the few precautions where we observed partisan sorting outside of Jakarta.

This is initial evidence that partisanship matters most where there is a clearly partisan conflict over policy. Partisan sorting is strong where the partisan policy conflict was most intense. And the direction of sorting is consistent with the positions of the relevant actors: Prabowo supporters in Jakarta—who take greater precautions than their Jokowi-supporting neighbors—are very likely to support Governor Baswedan, who pushed for stricter policies. Note, too, that Jokowi’s position was not straightforwardly anti-precaution. He supported mask-wearing (on which we do not see partisan sorting) and allowed messaging around the theme of staying home, even as he blocked attempts to enforce staying at home.

Of course, the zones differ from one another in many ways, and the uncontrolled comparisons here may reflect some underlying structure. Among other concerns, these results could be related to the differences between partisans, or the differences between zones. To account for these differences, we estimated the logistic regression model described in the previous section. Results for social distancing, hand-washing, and mask-wearing, as well as alternative model specifications, may be found in the appendices.
The logistic regression model bears out the pattern of partisan sorting across zones. The model indicates that Prabowo support among Jakarta-based respondents is as strong a predictor of staying home as losing one’s job or being afraid of infection. Job loss and fear of the virus are very strong predictors of staying home in our data, as is expected in the public health literature. In the late lockdown zone, support for Prabowo is only weakly predictive of staying home.

Results are similar when using party affiliation rather than presidential choice, though low rates of party identification reduce power. Opposition supporters in the early zone, followed by opposition supporters in the late zone, were the most likely to stay home after adjustments for demographic and attitudinal covariates.
The models contain a few surprises. Attitudes like evaluation of the government, which, as we will show, have a strong partisan component, are not strongly predictive of staying home. Income is negatively associated with staying home, but only in the early lockdown zone. This suggests that, as the public health literature suggested, income matters for precaution-taking. The sign, however, is in the wrong direction. We investigate this surprising result in a subsequent section.

The model suggests that partisan sorting on health precautions is not simply an epiphenomenon of factors like social class, age, place of residence, or other demographic or attitudinal factors. Fear does not swamp partisanship. Partisanship is not simply a predictor; it is one of the stronger predictors. But its predictive power varies from place to place, suggesting that the intensity of partisan sorting varies from place to place. Partisanship matters most in the place where the partisan policy conflict was most intense; it matters less in places where the conflict was less partisan or nonexistent.
5.2 Partisan sorting in policy evaluation

Personal health choices are often thought of as somewhat distant from political concerns. The Covid-19 pandemic has changed that. Evidence from several countries suggests that partisan sorting is somewhat common around pandemic policy. The observed patterns of precaution-taking, especially the patterns in the costliest precaution—staying home—are consistent with partisan sorting. If partisanship is the reason for partisan sorting on health behavior, we should also expect to see partisan sorting on evaluations of pandemic response policy. Indeed, we would expect to see partisan sorting on these evaluations even in the absence of sorting on health behaviors.

We do see evidence of partisan sorting on evaluations of pandemic response policy. Once again, we observe a distinct pattern in Jakarta. There, and only there, Prabowo voters (Baswedan’s allies) rate the governor’s response better than do supporters of the president. In the other zones, Prabowo voters give every level of government worse evaluations than do supporters of the incumbent government.

In the late- and no-lockdown zones, there is a large partisan gap in evaluations of the president and national health ministry’s response to the pandemic. In Jakarta, the
gap is much smaller. This would at first seem to be evidence against the partisan activation theory. If partisanship has been activated, why would the partisan gap be smaller in the place where partisanship is predicted to have mattered most?

An answer comes if we compare ratings within partisan groups across zones: the partisan gap in Jakarta is smaller for the president and national health minister because both received far lower evaluations from Jokowi supporters (their co-partisans) in Jakarta than anywhere else. The differences are stark—about 50 percent of Jokowi supporters in Jakarta gave his response positive marks, but nearly three-quarters of his supporters in each of the other two zones did the same. The small partisan gap in the early lockdown zone is a function of the president’s depressed approval in the zone with the most intense partisan policy conflict. And in that same zone, marks for the national health ministry are abysmal from both government and opposition supporters.

On this more clearly political outcome, partisanship affects evaluations everywhere (as it would be expected to). But in Jakarta, we see a reversed partisan evaluation dynamic around the governor and depressed ratings of national institutions. Once again, the partisan politics of this early lockdown zone produce a distinct pattern of partisan sorting that makes sense in the context of Jakarta’s policy conflict.

To check whether this is the product of some other variable, we estimate, with controls, the probability that partisans would give a positive evaluation to the pandemic response policies of their governor, the national health ministry, and the president.
We still see the reversed partisan sorting in Jakarta, with Prabowo supporters more likely to support Governor Baswedan, less likely to support their late-zone governor and equally likely to support their no-lockdown zone governor. Evaluations of the president’s response were consistent across zones, with his co-partisans approving at higher rates than his opponents. And evaluations of the national health ministry were similar across zones: co-partisans approved and opponents disapproved. Consistent with partisan sorting varying depending on patterns of policy conflict, the partisan gaps were much larger in the early and late lockdown zones.

5.3 Partisan sorting in pandemic policy preferences

There is also evidence of partisan sorting on attitudes about specific pandemic response policies. Once again, we see a reversal of partisan attitudes in Jakarta. Consistent with the positions of their governor, Prabowo supporters in Jakarta supported stricter policies. In the other zones, partisan sorting was uneven, with Prabowo supporters preferring some stricter policies but not others.
We see these results as additional signs of polarization around the figure of Jakarta governor Baswedan and his strict policies. It was the lockdown, and the related ban on Eid holiday travel, that put Baswedan on a collision course with the president. Preferences for policies championed by partisan icons follow partisan and zone lines, with opposition supporters far more likely to approve of strict responses in the area where an opposition-aligned governor fought most intensely for them. In other areas, the divisions are mixed: some strict policies receive stronger support from opposition supporters outside of Jakarta, but others do not.
5.4 Why do better-off respondents take fewer precautions?

In the models above, we saw evidence that higher-income respondents were staying at home less than others. This relationship was unexpected, as the public health literature suggests that those with means tend to stay home. To better understand variation on precaution-taking across income tiers we deployed the hierarchical model described above.

We find evidence of large within-zone variation on health behaviors by income, with the biggest differences on the costlier precautions of social distancing and staying at home. Contrary to our initial expectations, but consistent with the results of the (very similar) logistic regression model, the best-off respondents were least likely to report staying home. This pattern holds even with adjustments for employment status and fear level, in addition to the standard battery of controls. Using education as an alternative measure for class shows a similar trend.

The better-off were less likely to stay home and less likely to social distance than other respondents. The trend is most pronounced with the costliest precaution—staying home. Although we cannot fully answer the question of why higher-income and better-
educated people were less likely to stay home, it may have something to do with the economic consequences of the pandemic and lockdowns. Across zones, we see that lower-income people were far more likely than others to report having lost their jobs. The graph below shows rates of job loss and infection fear by income band.

Better-educated and better-paid Indonesians who had not lost their jobs by late May likely had to report to work. Only a small percentage of Indonesians work for organizations that are capable of managing remote work. Keeping their jobs in the pandemic meant going to the office; perversely, those living in precarity had already lost their jobs and had nowhere to go but home.

Social class matters for health precaution-taking—even after accounting for partisanship and fear—though the relationship is the opposite of the one we expected to observe. This raises the possibility that partisan sorting on health precaution-taking looks different across income bands.

Using the same hierarchical model as before, we checked whether the relationship between staying home and income looked different depending on respondents’ partisan
preferences. Once again, we see differences across zone that follow a now-familiar pattern. The late- and no-lockdown zones—sites of moderate or minimal policy conflict—have only moderate levels of partisan sorting, with predictive intervals largely overlapping.

In Jakarta, we see stronger partisan sorting. Nearly all low-income Jakartans report staying home, regardless of their partisanship. And high-income Jakartans are all somewhat less likely to stay home than the lowest-income Jakartans. But while a high-income Prabowo supporter is about 15 percentage points less likely to stay home than their low-income co-partisan, a high-income Jokowi supporter is nearly 30 percentage points less likely to stay home.

In the high-conflict early lockdown zone, partisan sorting is strongest at the highest end of the income ladder, and it is high-income respondents whose political alignment sets them against the strict governor who report the lowest rates of lockdown compliance. Where the policy conflict was less intense, we see little sign of sorting within class. Where partisan policy conflict was most intense, those who could afford not to comply with the lockdown were likely to comply anyways—*if* they were co-partisans of the governor who fought for lockdowns.
5.5 Does fear mediate partisanship?

One important and consistent finding in the public health literature is that fear of exposure to viruses is a strong predictor of health precaution-taking. We observe high rates of precaution-taking among fearful respondents, and much lower rates of precaution-taking among respondents who reported being unafraid.

While the direction of difference is similar across zones, the magnitude of the gap between afraid and unafraid respondents in Jakarta is much larger than the gap in the other zones. Since fear is an important motivator of precaution-taking, and since previous studies have consistently noted partisan differences in fear, differences in fear might help to explain partisan sorting on health behaviors. Indeed, fear is unevenly distributed among partisans—supporters of Jokowi report lower rates of fear.
As with other partisan patterns observed in this survey, the gap is largest in Jakarta, somewhat attenuated in the late-lockdown zone, and much smaller in the no-lockdown zone. The patterns are consistent—opposition supporters are more worried than supporters of the president. But the partisan sorting only appears in places that had local-national policy conflict.

The relationship between fear and trust in pandemic response policy also follows the contours of the local-national policy conflict.
We observe large gaps in Jakarta, and small ones in the other zones. Fearful respondents give very similar responses across zones, with the exception of fearful Jakartans’ very low opinion of the national health ministry. Unafraid Jakartans are a very distinct group. They give the highest rating of any group to the president’s no-lockdown policy, and are very upset with the governor, probably because they wanted to travel for the Eid holiday. Elsewhere in the country, the afraid and unafraid barely differed in their evaluation of government entities’ responses.

Differences in rates of fear among partisans account for some of the partisan sorting on health precaution-taking. They do not, however, account for all of that variation. The sorting models above already included fear levels. To better understand the relationship between sorting and fear, we again turn to the hierarchical model described above. We observe partisan sorting within fear levels in some places but not others. Across zones, those who report being very afraid are highly likely to stay home. Just as was observed in Brazil, partisanship does not matter for the very scared. In the late- and no-lockdown zones, a change in fear level leads to the same change in odds of staying home for both partisan camps. But in Jakarta, there is a difference.

### Probability of staying home across fear levels

By partisanship and zone, 80 percent predictive intervals

Jokowi supporters in Jakarta look more like respondents from other lockdown zones—theyir odds of staying home are low if they are less afraid and high if they are afraid. Prabowo supporters in Jakarta—the allies of the strict governor—are only moderately less likely to stay home if they are unafraid. In other words, Jokowi supporters and most respondents in the late- and no-lockdown zones are quite
motivated by fear. But Prabowo supporters in Jakarta are already willing to comply with the lockdown imposed by their co-partisan governor—even if they are not afraid of exposure. This means that differential rates of fear are not the only reason for partisan sorting on health behavior. The pattern of partisan sorting within levels of fear, as with most other predictors, is strongest in the place where policy conflict was most intense.

6 Conclusion

Responses to the Covid-19 pandemic in large democracies have been marked by partisan conflict over policy. Sometimes, those partisan conflicts also predict individual health behaviors. Tracing the relationship between partisanship and policy conflict in the United States, the United Kingdom, and Brazil, we developed a theory that centered policy conflict and pandemic denialism to understand variation in the intensity of partisan sorting on health precaution-taking.

Where pandemic denialism was strongly associated with one faction, as in Brazil and the United States, high levels of sorting were visible nationwide. Where there was subnational variation in health policy, the intensity of partisan sorting varied according to the partisan consequences of local policies. Thus, the United States experienced more intense sorting in areas where state policy became part of a state-level partisan policy conflict, while partisan sorting in Brazil was fairly even across states.

Where pandemic denialism was not strongly associated with one party or figure—either because no party embraced it or because many parties did—we saw low nationwide sorting, as in the United Kingdom. But, as before, where there was subnational variation in policy, we expected variation in sorting when local authorities become entangled in a partisan policy conflict.

We proposed Indonesia as a case that met the conditions of non-partisan denialism and local variation. We hypothesized that partisan sorting in Indonesia would be weak nationwide, but spike in places where there was partisan local-national policy conflict. Thus, we expected to find the most intense sorting in Jakarta, where the opposition-
aligned governor fought with the national government for the right to implement a lockdown.

To test this hypothesis, we conducted a survey representative of Indonesia’s three lockdown policy zones. As expected, we found strong sorting in Jakarta. This pattern of was also present in evaluations of government performance and attitudes towards specific containment policies.

We also found low partisan sorting in areas that implemented similar policies without openly fighting the national government. This is clearest in West Java, which comprised about two-thirds of the late-lockdown zone sample. There, the governor implemented a lockdown (something the central government did not want) while studiously avoiding antagonizing the central government in public. He avoided visible conflict even though the province is the opposition’s territorial base. In this province, as in the whole late-lockdown zone, we did not observe partisan sorting. High pre-existing partisanship in West Java was not enough to produce partisan sorting on health precaution-taking. Nor was there sorting in the no-lockdown zone, where there was no conflict.

We consider this evidence that partisan sorting only happens where there are clear partisan conflicts over pandemic policy. In the context of subnational policy variation, a clear partisan conflict can develop around a locality’s pandemic policies, but partisan sorting on health precaution-taking will be limited to that area.

Since social class and fear of viruses are known predictors of health behavior, we examined their relationship with health precaution-taking and found that fear was a major predictor. Contrary to the expectations of the public health literature, we also found that better-off Indonesians were less likely to stay home. This result may be connected to patterns of job loss and deserves further research.

We also found that variation in the rates of precaution-taking within class and fear strata was partly explained by partisanship. For all of these outcomes, the magnitude of partisan sorting was much larger in the areas where policy conflict was also partisan.

Our research brings a new case to studies of how partisanship affects decision-making during a pandemic. Future research could dive deeper into patterns of
subnational variation to help predict pockets of higher risk behavior, and work to understand what drives partisan sorting on otherwise non-political behaviors.

Our theory suggests that partisanship is an important driver of pandemic policy compliance. Moving beyond previous studies, however, we further suggest a framework for understanding when and how it will matter. Individual-level health precaution-taking behavior appears to become partisan when pandemic policy can be mapped onto a clear partisan divide. This can occur either through policy conflict or through a political faction’s embrace of pandemic denialism.

Preparation for pandemic should incorporate information about pre-existing partisan divides and track where within a country pandemic response is becoming connected to a partisan divide. In places where pandemic policy and partisanship collide, partisanship can help predict which local subpopulations are taking greater risks, and help planners prepare for higher caseloads in those subpopulations.
7 References


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