

Policy, Partisanship, and Pay Diverging Covid-19 Responses in Indonesia

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Summary

Results from a nationally representative telephone panel survey of 2,000 adult Indonesians conducted from 19 to 22 May by Indikator indicate that local social-distancing policies, social class, and political partisanship affect how Indonesians experience the Covid-19 pandemic and what they believe about the government's response. In particular:

1. Economic disruptions are hitting low-paid workers most. Better-paid Indonesians are experiencing few employment changes, while the worst-paid are seeing their incomes dry up.
2. Fear levels are much higher among the lowest-paid Indonesians. They report higher rates of life disruption and greater health precautions. Most respondents report taking health precautions, but there are important partisan differences.
3. The potential "work from home" population is negligible. Higher-income workers are the most likely to report *not* staying at home more, a result driven by their continued employment.
4. Evaluations of provincial and presidential pandemic response are generally favorable, with some partisan differences. The health ministry scores poorly.
5. Where there have been conflicts between local and national health authorities, partisanship is a much stronger predictor of respondents' evaluations. Greater compliance may be achieved by giving popular governors more freedom to set restrictive local lockdown policies.

To better understand beliefs and behaviors across Indonesian regions, we divided our sampling frame into three groups based on the timing and level of Covid-19 prevention lockdowns. Group 1 is the "early lockdown" group, in this case, the Jakarta Special Capital Region, which implemented its lockdown first. Group 2 is the "late lockdown group" – the cities and provinces that implemented a lockdown after Jakarta. Group 3 is the "no-lockdown" group – all areas that never implemented a lockdown. The survey obtained a representative sample from each of these three zones.

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Social-distancing policy timing

Lockdowns, or “large-scale social-distancing” (Indonesian: PSBB), came in three waves. Jakarta’s first-in-the-nation lockdown followed a confrontation between its governor and the national health ministry

In the early stages of the virus outbreak, most of the Covid-19 disease burden fell on Jakarta and its principle suburbs. In late March, the provincial government of Jakarta began implementing a quarantine protocol, but the moves were blocked by the national health ministry.

Originally, they were blocked because the health ministry stated that the virus was not present in Indonesia. After a series of positive tests, most in metro Jakarta, the health ministry reversed its position and nominally allowed lockdowns in areas that received permission from the health ministry. Permission depended on minimum Covid-19 caseload levels that were difficult to meet in areas without high testing capacity.

Over the final week of March and first week of April, Jakarta’s attempts to implement a lockdown were repeatedly delayed by the national health ministry. A back and forth between the Jakarta provincial government and national health ministry between April 1 and implementation of the lockdown on April 10 was described as “technical” by national government offices, outrageous by activists, and elicited unusually quiet responses from the Jakarta governor, who pursued his case through formal request letters (Bernie 2020; Ombudsman RI 2020; Setiawan 2020).

Over subsequent weeks, the health ministry denied numerous lockdown requests. The result of the policy conflict is a pandemic response landscape marked by very different policy responses in areas that were and were not able to receive lockdown permissions.

Jakarta implemented a province-wide lockdown on April 10. Following Jakarta, most Jakarta suburbs had implemented lockdowns by April 18 (Kompas.com 2020). The following week, the province of West Sumatra and major cities in West Java, East Java, Central Java, and South Sulawesi announced lockdowns. The whole of West Java province and a handful of major cities in East Java and Borneo implemented their lockdowns the following week. The remainder of the country, including most people in rural areas and secondary cities, the entire population of Medan city and Bali province, and nearly all of the country’s eastern islands, were never placed under any kind of lockdown. Many localities in these areas have discouraged large social gatherings but have not engaged in extensive restrictions of movement.

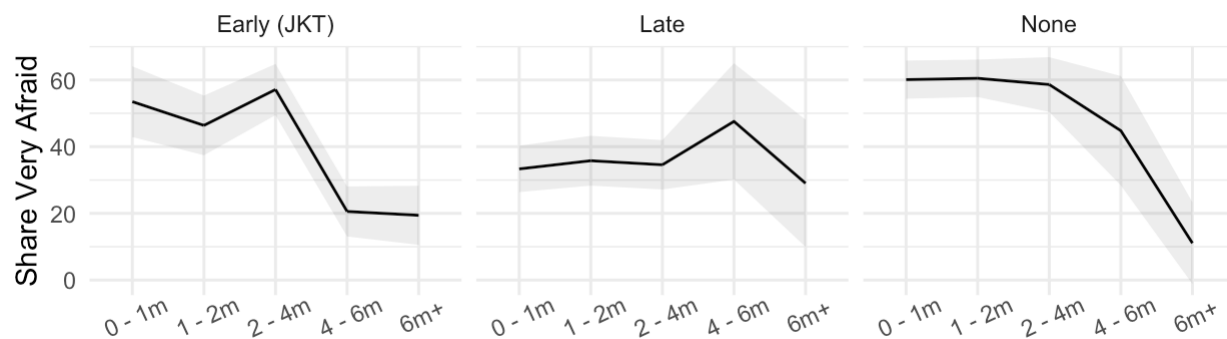
Lockdown policy thus produced three distinct zones. Jakarta is the lone member of our “early lockdown” zone. The wave of lockdowns that began on April 18th produced the second, or “late lockdown” zone. The remainder of the country’s districts – which did not implement social distancing policies – constitute the third zone, which we call the “no lockdown zone.” Our survey was both nationally representative and representative of each lockdown zone.

Better-paid Indonesians are not experiencing the same pandemic

Higher-income respondents report less fear and fewer work disruptions; lower-income respondents are already being furloughed or losing their jobs

As the pandemic has spread, evidence has accumulated that income is a key predictor of both health and financial outcomes related to the disease (Chamie et al. 2020). Lower-income people around the world are reporting greater rates of job loss, less capacity to absorb those losses. They are also more likely to contract the virus. We find similar trends in Indonesia.

Our data show that income and fear of the virus are strongly negatively correlated overall, with the differences most apparent in Jakarta and the no-distancing zone. The share of respondents reporting they were “very afraid” of the virus was more than twice as high in Jakarta’s two lowest income bands as it was in the province’s two highest income bands. Outside of areas that implemented social distancing, the gap is of nearly fifty percentage points. The results remain consistent with this income-based fear gap when using the share reporting only that they were “afraid,” and when reporting the share reporting that they are “not afraid.”



Just as fear is concentrated among lower earners, so, too, is job loss. Among the lowest earners surveyed in Jakarta, the rate of job loss had already reached 35 percent by May 22. In all three lockdown zones, the lowest earners report the highest rates of job loss.

Job loss is not the only economic hardship recorded in the data. Hours reductions hover around 40 percent of respondents in the middle-income bands across zones. Nearly two-thirds of respondents in Jakarta’s 4 – 6 million IDR monthly income tier, which covers most of that city’s clerical workers, reports hours reductions. Furloughs have affected a bit more than 15 percent of respondents across zones and across most income bands. But the highest earners in non-distancing areas report furlough rates of 40 percent. Most of these respondents are white-collar employees of private companies.

Employment Changes By Social Distancing Zone and Salary



One group of people is surviving the virus in better financial shape, at least as of the end of May: higher earners in Jakarta and the late lockdown zone. A bit more than half of these respondents reported no change to their employment status or working hours. Note, however, that even in this better-off group, less than one-half of respondents reported *no* disruption.

Of all the income bands, this one should contain the highest share of people able to work remotely. There are, however, ample signs that they are among the most likely to continue going to work at a location outside their home. In an economy like that of Indonesia, even office workers are, for the most part, unable to work remotely.

Taken together, the data show large disruptions to employment in every lockdown zone and in every income band. The most serious disruptions are occurring among the lowest-income workers. These workers are, of course, the least able to absorb the financial loss. Not surprisingly, rates of fear are twice as high among those who have been furloughed or lost their jobs as among those who have not lost their jobs or merely had their hours reduced.

Most people are being affected by the virus, and most people are afraid of it. Higher earners are affected less and feel less afraid. In Indonesia, as everywhere else, the economic and psychological effects of the pandemic fall hardest on the poor.

Behavioral Changes

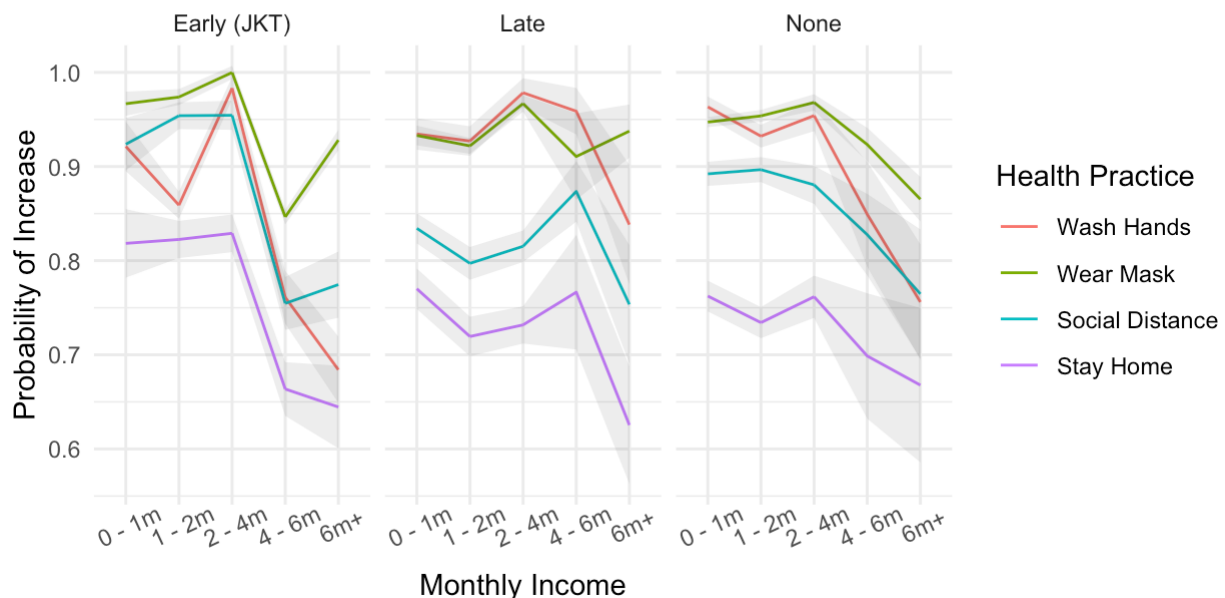
Most people are changing their behavior in response to the coronavirus; higher earners are changing their behavior less

In order to understand who was taking precautions in response to the pandemic, we asked whether respondents had changed their behavior in any of four ways: were they now washing their hands more frequently? Were they wearing a mask? Did they engage in social distancing when outside of the house? Did they stay at home more often? These questions were meant to capture behaviors that have been encouraged by public health authorities since the pandemic began. They are also behaviors that in some countries have become sites of partisan contestation (Kushner Gadarian, Goodman, and Pepinsky 2020).

Here, we assess the probability that respondents report an increase in each of the four health behaviors, modeling that probability as a function of demographics, partisanship, and social trust.

Predicted probability of increased health practice

Varying intercepts on social trust, zone, employment status, fear of virus, urban, gender, education, religion, income, income:zone



The data indicate that most respondents were washing their hands more, wearing a mask more, trying to social distance when out of the home, and staying home more as a result of the pandemic. However, the highest earners reported lower rates of changed behavior, with the most dramatic income-related differences on rates of staying home. This is partly due to the strong relationship higher incomes and continued employed without furlough. Respondents who kept their jobs – even with reduced hours – were far less likely to report staying at home more. However, the model shown above

accounts for employment status – only part of higher earners’ greater-than-average mobility can be explained by their continued employment.

Most Indonesians were more diligent about disease spread-reducing practices in late May than they had been before. But after accounting for observable differences between respondents, higher earners appear to have taken fewer precautions than others. As of late May, the lives of the poor had been changed by the pandemic far more than the lives of the better-off.

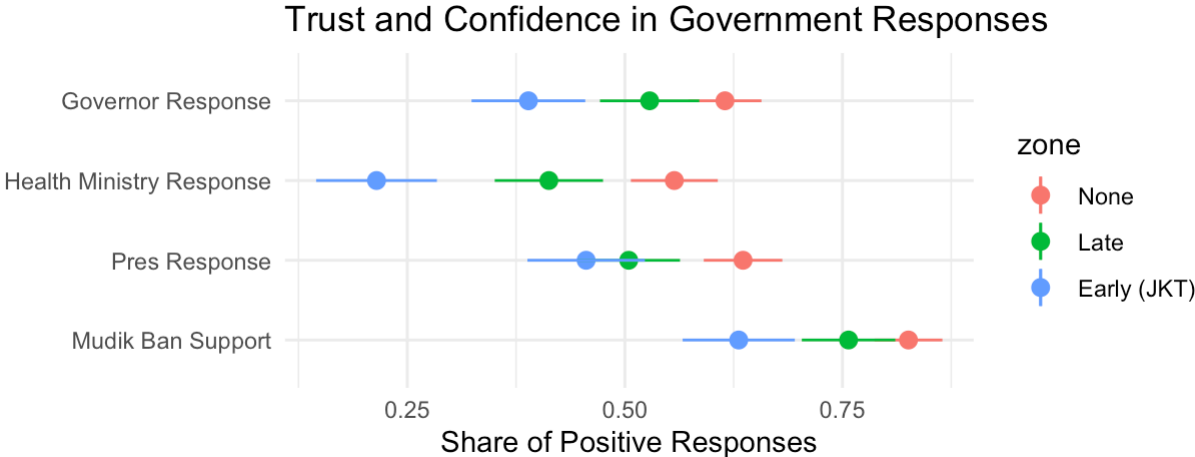
Trust in Government Responses

Most respondents approve of the president’s response to the pandemic; evaluations of the health ministry’s response are low. Provincial evaluations seem to reflect partisanship. Most respondents supported the Eid holiday travel ban

We asked respondents to rate the president, their governor, and the national health ministry’s responses to the pandemic. We also asked whether they supported a ban on Eid holiday travel (*mudik*).

We expected evaluations to vary across lockdown zones. In particular, because of the local-national conflict over lockdown policy, we expected that evaluations of the national government would be lower in Jakarta and the late social distancing areas, while evaluations of the provincial government would be higher. But we already knew that, due to Jakarta’s strong connections to the opposition, evaluations of the president and national health ministry were likely to be lower in Jakarta than elsewhere. For this reason, we were most interested in between-zone variation in evaluations of the governor *relative* to their evaluations of the president and national health ministry.

In all zones, the president’s response is consistently rated more favorably than the response of the governor and national health ministry. And in all zones, the health ministry’s response is consistently rated worse than that of the governor or president.



The gap between evaluations of the governor’s response and health ministry’s response is largest in Jakarta, large but smaller in the late zone, and smallest in the no-distancing

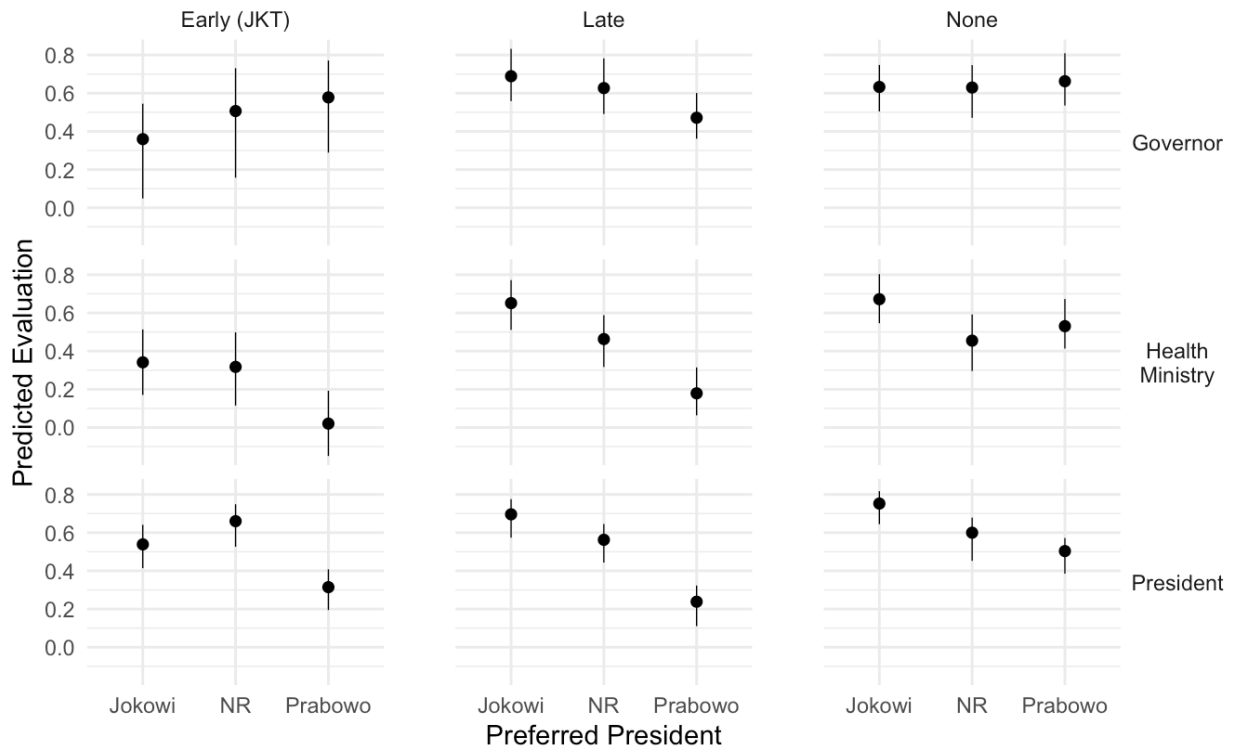
zone. This is consistent with our expectation that the local-national conflict would lead to diverging evaluations of local and national pandemic.

Why do evaluations of the national health ministry and governor’s respective responses diverge so much in Jakarta? One reason is, simply, that the conflict was most intense and best-publicized in Jakarta. Although other provinces were affected, in national media the conflict was framed as one principally between Jakarta governor Anies Baswedan and health minister Putranto. The gap also raises an intriguing additional possibility: political partisanship may be driving some of the gap. Jakarta’s governor is a major opposition leader and potential 2024 presidential candidate.

To measure the impact of partisanship on evaluations of government pandemic response, we estimated a hierarchical model that predicted respondents’ evaluation of government’s pandemic response as a function of lockdown zone, partisanship, and a set of demographic controls (Gelman and Hill 2007).

Predicted Evaluation of Government Response to Pandemic

By lockdown zone and partisanship. 80 pct predictive intervals.
Adjusts for religion, gender, urban-rural, education, income, age



In most of Indonesia, a reported vote for the opposition predicts lower evaluations of each government level – as in the late lockdown zone – or is weakly predictive of evaluations, as in the no-lockdown zone. Only in Jakarta, where a fight over lockdown policy coincided with an important partisan divide, does support for the opposition lead to *increased* evaluations of the local government’s response.

These patterns are not simply consequences of model specifications. Uncontrolled comparisons from the raw data align with the trends shown above. In Jakarta and the late social distancing areas, evaluations of the health ministry are far more correlated with evaluations of the governor's response than elsewhere. In addition, in Jakarta, evaluations of the health ministry are negatively correlated with support for the opposition, and support for the opposition is mildly correlated with a higher evaluation of the provincial government's response. Elsewhere, support for the opposition is negatively correlated with evaluation of the provincial government, but not strongly associated with any particular evaluation of the provincial government.

In our data, we treat people who declined to answer the partisanship question as a distinct category, and above, we graphed it as an intermediate category between the two partisan positions. Another option would be to treat non-responders as an analytically distinct category. We believe, however, that there are compelling reasons to treat decliners as an intermediate partisan category – especially in a post-election survey. Pre-election studies indicate that respondents who declined to answer the partisanship question were more likely to support the opposition. Post-election surveys consistently record higher support for the winner than the winner actually received, lower support for the loser than received, and higher “declined to answer” rates than pre-election surveys. This is consistent with the common finding of winner bias in post-election surveys.

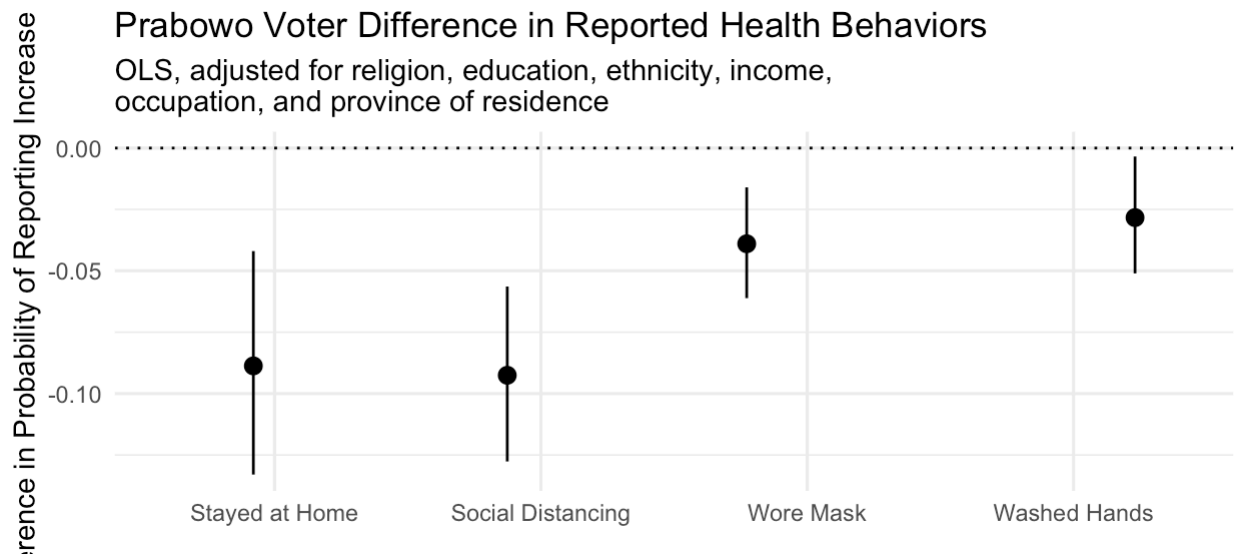
Since turnout remains extremely high in Indonesia, we think it is unlikely that the respondents who declined to answer were disproportionately non-voters. In the current context of winner bias (and Prabowo's subsequent entry into Jokowi's cabinet), we suggest interpreting a stated Jokowi vote as a moderately strong signal of government support, a non-response as a moderate lean towards the opposition, and a stated Prabowo vote as a strong signal of opposition support. Note, however, that our models do *not* rely on a linearity assumption derived from this interpretation of partisan signaling. Although we believe it is useful to think of stated Prabowo votes as the strongest end of a partisan spectrum, our models do not rely on the assumption that this interpretation is correct.

Partisanship and Health Responses

Self-identified Prabowo supporters report lower rates of health vigilance after accounting for covariates. However, substantial variation in rates of health vigilance by lockdown zone suggests that partisan alignment with local governments might be the important component.

In countries like the United States, personal health behaviors like mask-wearing have become politically salient. A new study by Pepinsky, Goodman, and Gadarian shows that in the US as of April 2020, many personal health behaviors – not just mask-wearing – are predicted by partisanship. Might such partisan dynamics also be at play in Indonesia? Evidence presented above on partisan differences in government evaluation and class differences in health response suggest that it might. In particular, the local-national conflict in Jakarta might be an important component of any observed relationship.

We find that Prabowo support (which we interpret as a strong signal of opposition partisanship) is associated with lower rates of protective health behavior compliance, after adjustments for demographics.



Nationwide, self-reported Prabowo supporters were less likely to report an increase in staying at home, less likely to socially distance themselves when outside, less likely to wear masks, and less likely to wash their hands more than others of the same religion, ethnicity and income tier living in the same province. Note that this difference occurs in the context of fairly broad compliance – most Prabowo supporters, like most Indonesians, reported greater health vigilance. This is consistent with findings elsewhere in the world that in polarized contexts, partisanship matters not only for voters’ evaluations of government responses to the Covid-19 pandemic, but also for voters’ own decisions about health behaviors (Fleming-Wood, Margalit, and Schaffner 2020; Kushner Gadarian, Goodman, and Pepinsky 2020).

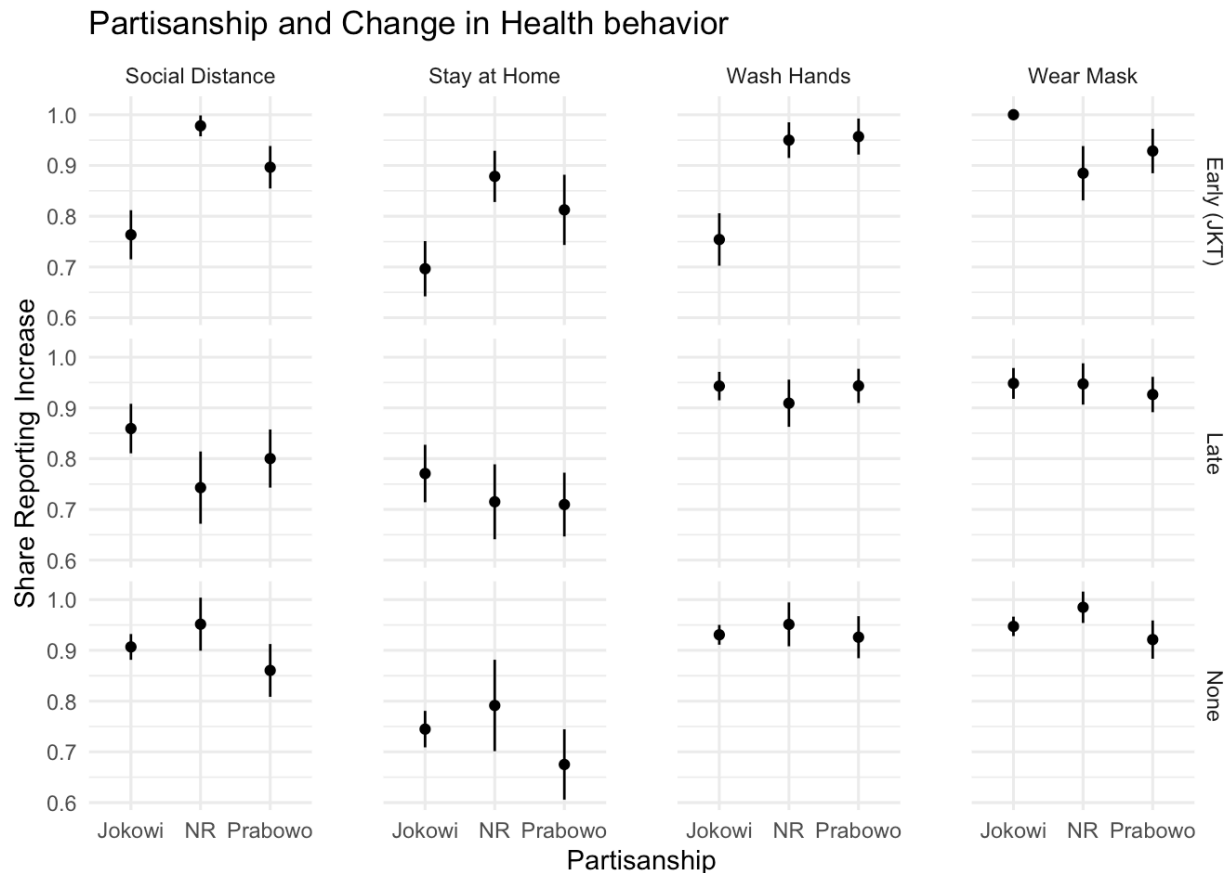
Interpreting partisan differences in health behaviors

Although our results are consistent with partisanship, and, in particular, support for the opposition leading to lower rates of precautionary behavioral changes, we caution against an interpretation of the results as indicating that Prabowo supporters, opposition supporters, or conservatives in Indonesia are responding to the outbreak less cautiously. Partisanship in Indonesia is correlated with place of residence, income, education, and ethnicity. The results above suggest that if two individuals from the *same* demographic categories differ on partisanship, the Prabowo supporter is moderately less likely to have reported an increase in the four health-cautious behaviors.

We raise this point because within larger demographic substrata, it is not straightforwardly correct to say that Prabowo supporters report higher rates of health behavior change than Jokowi supporters. What we see in the raw responses is a situation in which compliance is weakly lower than average on most personal health

measures among Prabowo supporters *outside* of Jakarta, but much higher than average among Prabowo supporters *within* Jakarta.

The graph below shows the raw survey responses broken down by question, zone, and self-reported partisanship. Prabowo voters in Jakarta report higher compliance on all health behaviors except mask-wearing, which *all* Jakarta respondents who said they had supported Jokowi reported they were doing more frequently.



Post-control comparisons of Prabowo voters' compliance show Prabowo voters to be less likely to report taking greater precautions. The population averages shown here suggest lockdown zone affects the direction of partisan differences. Most importantly, it suggests a pattern similar to that seen in the government evaluation data: partisanship matters more in Jakarta, and the direction of its effect varies depending on whether the respondent lives in Jakarta or elsewhere.

Partisanship appears to affect both evaluations of the government's response and personal decision-making about health responses to the pandemic. The direction of the effect, however, depends on the level of government most strongly associated with pandemic response measures. In Jakarta, where partisanship maps onto a local-national dispute over pandemic response in which the local government is more aggressive, opposition support is a consistent predictor of greater health vigilance, with and without adjustment for demographic covariates. In the rest of the country, where the

local-national conflict was less intense, partisanship is a less-powerful predictor. To the extent it is predictive, it is associated with lower rates of health vigilance. In the no-lockdown zone, where opposition support is most strongly predictive of lower vigilance, the national government is the primary driver of health policy.

Our data suggests that partisanship is an important driver of individual responses to the pandemic. However, whether partisanship leads to more or less health vigilance at the individual level may depend on which part of the government is leading the pandemic policy response. Our data are consistent with a situation in which partisans of the current national government would be most likely to follow health guidance from the national government, while partisans of the current local government would be most likely to follow health guidance from that local government. These differences would matter most when pandemic response itself is politicized along partisan lines.

Pandemic response policy aimed at increasing health vigilance might be more effective in areas with high support for the political opposition if they are run through the local government, rather than seen as coming from a less-trusted national government. If there are important policy disagreements between opposition governors in areas with high opposition support and national health authorities, compliance with whatever policy the local authorities choose may be maximized by giving the governors a freer hand to set local policy.

Conclusion

This paper explored the ways in which experiences of the Covid-19 pandemic varied according to social class, place of residence, and the increasingly important social identity of political partisanship. Using a sample designed to be nationally representative as well as representative of each of the three lockdown zones, we found important differences in pandemic experiences according social class and partisanship. We found lower rates of between-zone difference than expected. Patterns of economic disruption and health precautions varied less than expected across lockdown zones. Evaluations of the government's was, unsurprisingly, quite varied across zones.

First, we found that fear and employment disruption are closely related to income. Better paid respondents were less afraid and had experienced fewer disruptions. In Indonesia, as in much of the world, it appears that low-earners will bear the brunt of the economic fallout from the pandemic.

Second, we found that personal health behaviors vary by income. Better-paid Indonesians have changed their behavior less. Some of this result is driven by the lower rates of job disruption in higher income strata. Notably, rates of working from home appear to be negligible—a sign that the high-income economy approach to the pandemic may not be plausible in this and other lower-income countries.

Third, we found that trust in the government's response varies according to lockdown politics. Where conflicts between local and national authorities led to disputes over

lockdown policies, the health ministry is trusted much less than the governor. We found it notable that opinions of the national health ministry's response tended to be low, while agreement with the decision to ban Eid-related travel was generally high.

Fourth, we found that partisanship conditioned both government evaluation and personal health behavior, and that the dynamics of the relationship may depend on whether there is conflict over pandemic policy. Nationally, opposition supporters reported lower trust in the government's pandemic response and lower rates of health precautions. In Jakarta, where the local government is led by the opposition and was far more aggressive in its response to the virus, opposition supporters gave the local government's pandemic response higher ratings and were more likely than others to report taking health precautions.

Overall, our findings suggest that most people in Indonesia are taking personal health precautions, the poor are already experiencing the worst effects of the pandemic, better-off people are taking fewer precautions than everyone else, many people were dissatisfied with the national health ministry's pandemic response, and partisanship matters for personal health behaviors. Partisanship seems to matter most of all when local and national governments on opposite sides of the partisan divide come into conflict over pandemic policy.

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