Poor and Hunger: How Do Indigenous Peoples’ Respond to COVID–19 in Indonesia?

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Abstract

Indigenous Dayaks in Balai District, Sanggau Regency West Kalimantan, Indonesia has a vulnerability and is at risk of Coronavirus exposure, especially for Dayaks aged 50 years and over. Since March, the COVID–19 outbreak was already a national disaster by the Indonesian National Disaster Management Agency. However, today, there is no specific operational guideline relevant to the COVID–19 response to indigenous people issued by national authorities. This means that guidelines for handling the health sector based on cultural approaches to indigenous people do not yet exist. This is an additional challenge for indigenous communities facing the Coronavirus outbreak (COVID–19). The research method uses qualitative. The data collection is an interview by phone and sourcing online. The data is also furnished with secondary data from various sources such as online news, proceedings and scientific journals, and books. Since the COVID–19 outbreak was discovered in Indonesia last March 2020, indigenous tribes in rural areas have not been urged to be prepared to deal with this virus. In the indigenous Dayak Benawan tribe, they were only alerted about the COVID–19 outbreak after this epidemic was a national disaster. Forms of public anticipation include spraying disinfectant liquid in every home and an appeal for handwashing with soap. Besides, the form of response of the local community is by carrying out the Nyapet ritual (warding off illness entering their village). This ritual requires that everyone stays at home for three days and three nights. They may not visit other people’s houses and may not receive guests. The Nyapet concept is the same as the local lockdown carried out by the Dayak Benawan community. Assistance from the government is only targeted at participating in social security participants and the Family of Hope Program or Program Keluarga Harapan. This means that government assistance is not comprehensive to the indigenous people of Dayak Benawan. On the other hand, some poor Dayak Benawan indigenous people are not registered as social security participants by the government.

Keywords: Indigenous People, Dayak Benawan, Poor, Hunger, COVID–19

Introduction

COVID–19 pandemic is a tragic epidemic throughout the world. Indonesia is no exception when facing this pandemic. The coronavirus novel (later called SARSCoV–2) is based in Hubei Province, the People’s Republic of China (Velavan & Meyer, 2020). The World Health Organization (WHO) report shows that 187,705 people have died, out of 2,719,897 confirmed positive cases due to this virulent virus (World Health Organization, 2020). In cases in Indonesia, by april 30th 2020 have been confirmed is 9,771 positive cases with 784 death cases (Infeksi Emerging, 2020).

During the COVID–19 pandemic, the case of poverty that is not seen in Indonesia is apparent by the case of hunger, the case can not access health facilities and other cases experienced by the poor. This happened to the Dayak Benawan people, as a result they were unable to access information about the COVID–19 because their territories could not access the Internet.

Responding to the COVID–19 pandemic, the Dayak tribe community in West Kalimantan carried out a ritual of rejecting disease in their respective regions (Susanto, 2020), including the Tampun Juah Community, Dayak Desa, Dayak Jalai, Dayak Meratus, and Dayak Tae in Batang Tarang, Sanggau Regency West Kalimantan. The impact of the COVID–19 pandemic extends further to the economic, political, and social. The impact seen in poor
communities such as Thailand is a suicide, which increased considerably during the COVID–19 pandemic (Coconuts Bangkok, 2020).

According to the UN, there are more than 476 million indigenous peoples worldwide, which are found in all the mainland regions of the world, where indigenous tribes live in poverty in remote and isolated environments that are difficult to reach by health services (United Nations, Department of Economic and Social Affairs, 2020). The Dayak Benawan Community also difficult to reach health services, information about COVID–19 and they do not know how vulnerable they are.

Indigenous communities living in remote and marginalized areas are particularly vulnerable in facing the emergency of the COVID–19 outbreak today, due to the lack of access to a health care system that provides adequate supervision and early warning (The Regional Risk Communication and Community Engagement (RCCE), 2020). Therefore, the situation in the Dayak Benawan community is very risk and vulnerable faced COVID–19, not only because they are poor but also because they did not have knowledge about health care.

The Government of Indonesia provides assistance and incentives for the rural and urban poor affected by the COVID–19 pandemic. Through the social ministry, the central government provides various types of aid policy packages (Setiawan, 2020; Triyono, 2020; Rehsos, 2020), starting from basic food aid to cash assistance.

In Indonesia, the indigenous community in remote area could not received assistance because they are not registered in the demography administration. Most of Dayak Benawan community in Cowet Village, Batang Tarang District is not registered as poor (Indigenous Dayak Benawan, Interviewed).

**Indigenous Community of Dayak Benawan in West Kalimantan, Indonesia: A Context of Study**

The indigenous tribal community in this study focuses on the Dayak Benawan in Cowet Village, Balai District Sanggau Regency West Kalimantan, Indonesia. The Dayak Benawan tribe is one of the Dayak sub-tribes that live in groups in several rural areas. More than 1,000 indigenous Dayak Benawan live in Balai District, most of them live in Cowet Village. The location map of the study is shown in the following figure:

![Figure 1 Location of Dayak Benawan Community](Google Maps)
The Dayak Benawan community in Cowet Village has the main livelihood as shifting cultivators (*kume’k*) and rubber tappers (*motong’k*). In the context of community income, on average, each family generates an income of under Rp. 30,000 (about 2 US$) per day. In fact, in the rainy season, the population cannot tap rubber and do not get any income at all in a day (Niko, 2018).

Indigenous Dayak Benawan in Cowet Village still has poor households. The village administration data for 2017 noted that 118 households were still on the poverty line, out of 362 households. This poverty line is based on the national poverty line, which earns under two US dollars per day. In certain situations, such as the rainy season, most of the Dayak Benawan people have no income. It means that they are very vulnerable to hunger because they do not have any income to buy nutritious food.

**Research Question**

In today’s COVID–19 situation, the Dayak Benawan indigenous people do not have access to government assistance and proper health education, how do they respond to the COVID–19 outbreak?

**Methods and Materials**

The design of this research uses a qualitative descriptive research method. The target of this research consists of indigenous and ordinary people in the Dayak Benawan community. This study is an exploration of the countermeasure and anticipation of the indigenous Benawan people in the face of the COVID–19 outbreak. In addition, it also focuses on the community access to the Dayak Benawan Health, education in the handling of COVID–19 and access to social assistance from the Government.

This research was conducted in the Dayak Benawan people community in Cowet village, Balai subdistrict, Sanggau Regency, West Kalimantan, Indonesia. Sampling determination using the purposive sampling technique in which the informant is recruited by advancing the criteria of knowledge on the community situation in the Covid–19 pandemic.

The collection of data through semi-structured interviews is conducted through a telephone conversation of traditional Pesirah, and ordinary people in the Dayak Benawan community. Then, qualitative analysis using thematic analysis. The stages of research from preparation, data collection, to analysis and reporting took place for one month from the beginning of April 2020 until the end of April 2020, where pandemic coronavirus began to be found in Indonesia.

**Results**

**Poor and Hunger in the Indonesia: National to Community Level**

Data on poverty (poor people) in Indonesia was disheveled during the COVID–19 outbreak. It is not a plague, but the data error lies in whether or not the government is fighting poverty. Damaged data can be seen when social assistance began to be poured out for the poor, but many poor people did not receive the assistance because it was not recorded. Accordingly, the assistance provided by the government is not on target; many people who receive assistance come from established economic circles. All indigenous tribes in Southeast Asia need the help of one another to work hand in hand to prevent the spread of COVID–19 (ASEAN Today, 2020).

Poverty is a situation in which a person or family cannot meet basic living needs (food, clothing, and shelter). Then, on a broader dimension, the scope of poverty in the Indonesian context can be seen from the low level of
education that is owned, low employment opportunities, and limited access to various things. On this broader dimension, more severe poverty is occurring in rural areas. This severity can be seen from the non-economic aspects of the poor, especially those living in isolated areas.

The Central Statistics Agency noted that in 2019 there were 15.15 million Indonesians who were weak in rural areas, while the amount of poverty in urban areas was 9.99 million (Badan Pusat Statistik, 2019). Based on this data, it can be said that in Indonesia, poor people are more in rural areas than in urban areas. The following is a chart data on the number of poor people in Indonesia:

![Figure 2](image)

Based on the data on the chart, it can be said that poverty in Indonesia is recorded at 25.14 million people. Then, the number of poor people who are not recorded will be a mystery. Why is that? Because the population is counted as weak based on economic income, namely people who are unable to meet basic living needs (food, clothing, and shelter), while in broader dimensions such as low levels of education, limited employment opportunities and limited access to health, politics and social culture is not taken into account.

This underdevelopment, which caused poverty, still shackled the indigenous Dayak Benawan in the remote area. This deteriorating condition of society is characterized by the high rate of poverty, high illiteracy, and limited access to essential health (Sender, 2002). Furthermore, Niko (2019) mentioned that poverty in the indigenous Benak Dayak tribe is closely related to the relics of the colonial era, and even became a new form of colonialism in the poverty of the indigenous Dayak Benawan tribe.

In a study conducted by Suryahadi, Izzati, & Suryadarma (2020) stated that as a result of the COVID–19 outbreak in Indonesia, it is projected that an explosion of the poor will occur in the most challenging situations with an increase of 12.4% or around 8.5 million people will become weak. The estimated increase in the number of poor people in Indonesia is due to a significant decline in Indonesia’s economic growth projections for 2020.

Based on the estimation data presented by Suryahadi et al. (2020), I want to conclude that there is an estimate of an increase in the number of poor people based on economic growth scenarios. The figure of 8.5 million people could have tripled or become 25.5 million people when viewed from a broader dimension, such as low levels of education, limited job opportunities, and limited access to health, politics, and social culture. Thus, a result of poverty is a case of food scarcity to national hunger.
There are still happen on Dayak Benawan community in Cowet village. There is about 118 households (or about 300 or 400 peoples) were still on the poverty. They could not speak in Indonesia properly because they are not education. Therefore, they cannot access information about COVID–19, and most of them cannot get formal education (Eilenberg & Wadley, 2009).

Hunger is a chronic situation where there is a shortage of consuming food by the community. Chronic hunger can harm the health status of a community so that what happens is that there is a very high expenditure by the community for health costs (Hamzah, 2012). Hunger in chronic conditions can be fatal in high infant mortality rates, outbreaks or susceptibility to disease, and the presence of growth and intelligence disorders in children and adults (Tanzih, et al., 2005).

Until today, the hunger index in Indonesia is still at an alarming ranking. In 2019, the Global Hunger Index (GHI) stated that Indonesia’s hunger rate was ranked 70th of 117 countries in the study area (Global Hunger Index, n.d.). Indonesia’s hunger level is at a severe level with a score of 20.1, with indicators included by GHI, including calorie deficiency and also poor nutritional status. The following is a figure of Indonesia’s starvation status at GHI:

![Global Hunger Index by Severity](https://www.globalhungerindex.org/)

The level of hunger in Indonesia is like an iceberg phenomenon, where you see only the surface of the problem. In other words, the status of this severe national hunger is a result of other problems. This means that we, as the people of Indonesia, face the challenge of hunger in the country, which could have been more massive. To be exacerbated even more seriously with the COVID–19 outbreak situation, it is currently considered a severe national problem.

In the community of Dayak Benawan level, the hunger is still happen. The context of hunger is not about they are not having food, but the poor household did not meet minimum calorie requirements, inadequate food supply and insufficient protein consumption in everyday during COVID–19.

Indigenous People of Dayak Benawan Response to COVID–19 in Indonesia

Dayak Benawan community is risk to infected by coronavirus because many family lost their job then return from Pontianak city. When I confirmed this to the Pesirah Adat Dayak Benawan in Cowet, he was said that there were no people in the village who checked the health to the nearest health facility, although many people returned
and went to and from Pontianak City (the city that was the COVID–19 carrier in West Kalimantan) (Pesirah Adat Dayak Benawan, Interviewed). This means that the Dayak Benawan community is not aware of this Coronavirus transmission.

Since there was an appeal by the Dayak Customary Council in Kalimantan, this encouraged the Dayak people to hold a ritual of rejecting reinforcements so that the COVID–19 outbreak did not enter their respective traditional territories (Gunui’, 2020; Giring & Yeremias, 2020; Giring, 2020; Giring & Gunui’, 2020; Barahamin, 2020). The appeal was carried out by the Dayak sub-tribes in their respective regions. Likewise, the Dayak Benawan community did a ritual of rejecting reinforcements, which they called Nyapet: people stay at home for three days and three nights, not allowed to go out and enter the village.

The Nyapet Ritual as a Response of the Dayak Benawan community includes a local lockdown to break the spread of COVID–19. Before staying at home for three days and three nights, the Dayak Benawan people pick the fruits and vegetables from the forest to supply food at their home, but they cannot buy necessities in the traditional market, such as fried oil, sugar, and others. This means that the Dayak Benawan people are weak and risk to hunger in every day. The same ritual is carried out in various indigenous territories, including communities outside the Dayak community, such as local lockdowns carried out by indigenous peoples in Papua (Gokkon, 2020).

However, the traditional rituals carried out by these indigenous people are scientifically further prevention is not credible. It might be brief, but it has not been tested as a long-term preventive measure. This means that the central government, as well as local and village governments, have not had the initiative to form a COVID–19 preventive officer unit in Cowet Village. Another thing that is not done is to disseminate information about the nature of the disease or virus, preventive measures, and enlighten myths or facts about Coronavirus to the Dayak Benawan community.

The situation that happened to the Dayak Benawan community during the COVID–19 pandemic is that they had no choice to stay at home, but kept working to be able to live. If they merely stay at home, there is no food available (Dayak Benawan People, Interviewed). The Dayak Benawan community does not afford to do self-quarantine, or work from home.

**Discussion**

Regarding backwardness of rural communities who inhabit rural areas results in limited access to health facilities, many studies have tried to find solutions to overcome these problems (see Diamond, 2015; Santoso, 2018), even resistance movements by the poor and oppressed (Friedmann, 1996; Crawshaw & Jackson, 2015).

Indigenous peoples in remote areas have difficulties to realize the severity of the COVID–19 situation, especially for those who are elderly and have a congenital disease (Eligh, 2020). This is a concern of the international community, which reflects in the case of indigenous tribes in Columbia mentioned by Amnesty International that if the government does not pay extra attention to them (indigenous peoples), they could die because of COVID–19 and at the same time starvation (Amnesty International, 2020).

FAO (Food Agriculture Organization) states that indigenous peoples worldwide are at risk of contracting the COVID–19 virus and are vulnerable to starvation (Food and Agriculture Organization of the United Nations, 2020). Then, in the COVID–19 situation that is endemic throughout the world, indigenous groups are twice as vulnerable to the danger of the coronavirus (CEJIL, 2020). In the Dayak Benawan community, they did not have access to government assistance such as food, or cash money.
Niko (2020) stated that the Indonesian government seemed rather late in detecting the entry of the COVID–19 pandemic outbreak in Indonesia. Hence, the Minister of Health as a public official organization, provided information that undermined public trust was not sympathetic and did not reflect preparedness to deal with the COVID–19 outbreak. This has an impact on the unpreparedness of the local community in various regions; the community, in general, take it easy as instructed by the Minister of Health official. When this outbreak is found and spread quickly, people are at a loss, and health workers are overwhelmed because cases are increasing every day.

Reflecting on the Australian government, a particular protocol is issued to deal with the spread of the COVID–19 pandemic among Aboriginal and other indigenous tribal communities (Australian Government, Department of Health, 2020). The aim is to minimize Coronavirus exposure to isolated communities. The same thing was done in Canada, through the College of Medicine, University of Saskatchewan, which made a protocol to protect themselves from Coronavirus exposure; this is to reduce Coronavirus’s case native tribal communities in several areas of Canada (Bourassa, 2020).

Moeller & Pedersen (2020) mention that indigenous tribes in the Amazon live a different life and have knowledge in processing forests into a source of medicine and food, so the impact of COVID–19 will also vary. Almost the same thing also happened to the indigenous Dayak Benawan; most of them do their usual activities in the forest and fields. However, the economic impact on Dayak community is that the price of necessities are expensive and scarce. This effected that they cannot buy nutrition food because the price is very expensive.

As their survival seeks to eat from the woods, the Dayak Benawan people rely on nature as a cantilever of their family. However, nature does not fully adequate for their food needs as it is considered sacred. Moreover, human evolution is measured from a rhythm that people get together and a model of treating nature intellectually, emotionally and spiritually (Shiva, 1997). It means that they live closely with nature, related to culture and religious community activities (Bagea, 2010).

**Conclusion and Suggestions**

Indigenous peoples of Dayak Benawan in West Kalimantan faced the COVID–19 pandemic in high risk, due to their poor condition. Dayak Benawan people who are in poor condition have an effect on the hungry situation they experienced during the COVID–19 pandemic. Indigenous Benawan Dayak also performed the Nyapet ritual, this ritual means expelling all forms of disease in order not to enter their village area. Although it has no scientific evidence against the prevention of COVID–19, the ritual is believed to be local communities as a way of obtaining protection from the universe. The people of Benawan Dayak need hand assistance to shoulder each other to prevent the wider consequences of the COVID–19 pandemic.

The suggestion is that there is a need for a massive movement of the central government in collaboration with village government. This includes delivering information material in the form of pictorial paper, stickers, or others in local tribal language explaining about Coronavirus, preventive actions that must be taken in prevention, and the formation of the COVID–19 response team in the Dayak Benawan tribe. Another issue suggested to the government is to improve the data of social assistance recipients at the village level, especially for indigenous people, by giving them equal assistance.
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