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13 Abstract

14 The Covid-19 pandemic that has hit the entire world since the beginning of 2020 is an unimaginable 15 phenomenon. The pandemic is disastrous because it has caused loss of life and livelihood for a large 16 part of the population. People lose their jobs, spaces for social interaction are closed, and social 17 relationships are disrupted. Several studies show that social solidarity should be a major concern for 18 people to sustain the future quality of their lives. Social solidarity dimensions in this study include 19 gotong royong (local cuBure of mutual help), marriage banjars (local association), cooperation, and 20 sharing of information. This study aims to examine the existence of social solidarity during the 21 pandemic in rural and urban areas and to know the level of community exposure to Covid-19 in 22 Lombok Island, Indonesia.

- 23 This research adopted a quantitative approach to identify and analyse the existence of social
- 24 solidarity in rural and urban communities during the Covid-19 pandemic. A set of questionnaires
- 25 was distributed and shared by enumerators with 1,100 targeted-respondents from Lombok Island.
- 26 The survey was carried out from 14th October to 28th October 2021, that is, during a recovery period
- from the pandemic while restrictions implemented by the government were still in full force. Chi 27
- 28 square statistical analysis was used to test whether there were differences in social solidarity between
- 29 those who lived in rural areas and those who lived in urban areas.
- 30 This research found the existence of social solidarity in both rural and urban communities during the
- 31 pandemic. The level of social solidarity in rural areas is higher than in urban areas. While related to
- 32 the number of those who were exposed and died, conditions gere higher in rural areas than in urban
- 33 areas. However, in terms of the death rate, the level of death rate in urban areas is higher than in rural
- 34 areas. This condition indicates differences in the characteristics of rural and urban communities,

which can be considered in implementing policies during a future pandemic. This research provides evidence for local governments in formulating policies with a social solidarity perspective by taking

37 into account the different characteristics of rural and urban communities.

38 1 Introduction

39 The Covid-19 has turned out to be an unprecedented global health and socio-economic crisis since 40 its emergence in early 2020 (Gostin and Hodge, 2020; Yu et al., 2021). However, it is more than a health crisis. It is also a humanitarian crises (Barneveld et al., 2020). People's everyday lives were 41 42 and continue to be drastically changed by this pandemic due to restrictions imposed by physical 43 distancing, working or learning from home, loss of work, as well as reduced socially contact with 44 family and friends (Lupton and Willis, 2021). The UN (2020) has reported that over 2.2 billion 45 people in the world unable to wash their hands regularly because of lack of access to safe water and 46 1.8 billion not able to keep physical distancing due to homelessness, low quality housing, and 47 overcrowded housing. In Indonesia, the Social Monitoring and Early Response Unit (SMERU) 48 Research Institute (2022) has traced the pandemic's socio-economic impacts on 12,216 nationally 49 representative households across all 34 Provinces (Sarker et al., 2021).

50 The Covid-19 pandemic is disastrous because it has caused loss of life and livelihood for a large part

51 of the population due to the social distancing policy. People lose their jobs, spaces for social

52 interactionare closed, and social relationships are disrupted. This pandemic continues to cause

53 problems in the economic, social, and even political fields in various parts of the world (Alam, 2021).

54 In Durkheim's view, conditions of instability can force communities to agree with each other and

share to lighten the burden so that they soon stabilize again. This mutual agreement and spirit of sharing are known as social solidarity (Alfirdaus et al., 2015). However, social solidarity cannot be

activated automatically due to the complexity of the socio-cultural, economic, and political

structures. Several preconditions are needed for solidarity to work, especially amid the pressure of an

59 unstable situation due to a disaster. In some cases, disaster situations can strengthen community

60 social solidarity even though, in a number of communities, the social solidarity actually weakens.

61 Socially, Covid-19 has altered relationship patterns between individuals due to physical or social 62 distance implementation, isolated or suspended usual social activities (see: Hosseinzadeh et al., 63 2022), and led many researchers to grapple with crucial issues about various aspects of social 64 cohesion, especially social capital and social solidarity (Negura et al., 2021). Social capital is 65 considered one of the principal dimensions of social cohesion (Carter and Cordero, 2022). The 66 current studies explored and examined the functioning of social capital in handling the negative 67 consequences of the Covid-19 pandemic both at the micro and macro levels (Tatarko et al., 2022; 68 Carter and Cordero, 2022; Negura et al, 2021). Social capital, which includes norms, social networks, 69 trust, and mutual respect, has facilitated rural communities in Java areas-Indonesia in preventing and 70 managing the impact of the Covid-19 pandemic (Rofieq et al, 2021; Primadata et al., 2022). In the 71 public health context, social capital can be developed and maintained by postering and enhancing 72 social solidarity or empathy between high-risk and low-risk groups (Wong and Kohler, 2020). To 73 build community resilience during the Pandemic, Baraka (2020) found that social capital has played 74 a significant role in forming social solidarity initiatives, as in Egypt cases. Referring to this series 75 explanation, our article focuses on exploring social solidarity between urban and rural communities 76 by enriching analysis using social capital's perspectives.

77

78 Stok et al., (2021) highlighted the relationship between disparities between regions and the severity

of Covid-19 infection. In his studies in various countries, such as the United States, Sweden, and

80 Brazil, it can be concluded that relatively poor areas have higher exposure and mortality rates than

81 regions that are somewhat more developed or rich. Even in the United States, there are differences

82 between racial groups of people, where the African-American group has a higher exposure level than

83 European-Americans (Abedi et al., 2021; Chen and Krieger, 2021).

84 Social Solidarity

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89 structures. Several preconditions are needed for solidarity to work, especially amid the pressure of an

90 unstable situation due to a disaster. In some cases, disaster situations can strengthen community

91 social solidarity even though, in a number of communities, the social solidarity actually weakens.

92 Social solidarity is believed to be synonymous with sharing, tolerance, mutual relief, and even a form 93 of exchange in disaster situations (Alfirdaus et al., 2015). In line with this explanation, the practices 94 of social solidarity in the Covid-19 pandemic situation are essential to be explained theoretically. 95 Therefore, we analyse the quantitative data to demonstrate the applicability of the concept of social 96 solidarity in the context of "vulnerability" or "disaster," namely in the Covid-19 Pandemic situation, 97 by making comparisons between rural and urban communities. Previous studies related to social 98 solidarity and the Covid-19 pandemic have not discussed much of the differences between villages 99 and cities but have focused more on issues of gender inequality (Mishra and Rath, 2020), social 100disparities based on ethnicity, race, and socioeconomic position (Stok et al., 2021), as well as other 101 economic and social impacts (Suryahadi et al., 2020; Mustafa et al., 2021). Socio-economic impacts can also be seen in research (Mustafa et al., 2021) in Malaysia, using an intergenerational perspective 102 103 to review the collective memory of the second wave of the pandemic. In their research, Mustafa et al. 104 (2021) explained that the younger generation, with an age range of 18-30 years, refers to a pandemic 105 more than the older generation due to significant lifestyle changes. In contrast to the older generation, 106 who tend to put lifestyle aside and prioritize the changes brought about by the pandemic. We argue that the social construction of social solidarity between the two types of people is still different in 107 108 disaster situations.

109 The main question is how far has the Covid-19 Pandemic affected the differences in the construction

110 of social solidarity between these two types of society How do the two communities maintain their

social solidarity existence in a situation of "pressure" due to the sgative impact of the Covid-19

112 pandemic? How does social solidarity function in both societies in the context of the Covid-19

113 Pandemic? In the sociocultural context of Lombok Island, our analysis also answers the question

114 posed by Li (2012): does the context of social solidarity being discussed refer to the current situation

or a better situation in the future? Then does this social movement occur in society universally? Or

are there differences between rural and urban areas, particularly concerning policies set? On the other

hand, the urgency of research using a social solidarity lens was triggered to complement other studiesthat reveal uncertainty of reference in the design of national policies (Ilham et al., 2021).

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119 This research on social solidarity at the local or community-level is important because policies

120 related to the pandemic, such as restricting people from leaving their places of residence, maintaining

121 distance, and wearing masks, are factors that can reduce the sense of social solidarity among citizens

5

122 (Tiffany, 2020; Taylor, 2019). In addition to the efforts made by the government to overcome the

123 impact caused by the Covid-19 pandemic, various initiatives have also emerged from the community. 124 Solidarity actions that have grown and taken root in the grassroots community are increasingly being

Solidarity actions that have grown and taken root in the grassroots community are increasingly being tested in the midst of the Covid-19 Pandemic. The existence of pandemic has strengthened the values

125 of social solidarity inherent in the body of the Indonesian nation (Sayuti, 2020; Sayuti, 2021). In

127 addition, various social movements, such as distributing free groceries to those affected and other

128 philanthropic movement, have sprung up in society.

Durkheim developed the theory of social solidarity because he believes that the function of society

130 works by itself in providing benefits to its members. This idea was developed as a response to the 131 notion that social solidarity is not found in modern society when people tend to become more

individualistic as stated by Spencer, Maine, and Tönnies (Durkheim, 1984). Tirvakian (1972) in

Alexander and Smith (2008) defines social solidarity as a form of attachment between individuals in

society, a source of consensual morality, and a way for society to create social order. Durkheim has

provided a rationale for discussions about the workings of social solidarity in chaotic situations such

as disaster events and extreme instability. A case of instability due to the outbreak of crime,

137 violence, and disasters or crises in various forms will be able to encourage people one to another in

138 order to normalize the situation. The extreme instability caused by the crisis triggered community 139 members to jointly create a balanced situation again through social solidarity as an act of sharing

members to jointly create a balanced situation again through social solidarity as an act of sharing responsibility. The pressure situation due to the Covid-19 Pandemic will encourage people to find

- 141 glue for their social interactions to share and help each other (Durkheim, 1995).
- An explanation of the roles between villages and cities in the context of this pandemic is also

essential. According to Malatzky et al. (2020), cities must be seen as heterogeneous, multicultural
places and sources of innovation. In contrast, the village is the opposite, as a location that is relatively

homogeneous, simpler, and tends to be more resistant to various innovations. With the Covid-19

pandemic, the character of cities and villages is a factor that influences the speed of the spread of
 Covid-19, as well as efforts to prevent and cure it. The high level of population density and

147 community activity in cities makes pandemics in cities spread faster. Theoretically, social distancing

policies, for example, would be easier to implement in cities than in villages. As Larsen (2013)

150 argument, a sense of togetherness to seek peace and kinship and a more comfortable natural

151 atmosphere in the rural area. Included is a sense of solidarity among fellow citizens, which is very

152 much needed in dealing with this pandemic.

Chan (2021) in Taliep (2023) state that solidarity is marked by togetherness that occurs in thoughts,
 emotions, or actions and activities. It goes on to say that solidarity is at the core of collective action
 that transcends social and geographical boundaries. Social solidarity in this context is dynamic and

arises when some members of the community face a difficulty; after that, a desire arises to help each

157 other among members community (Cho et al., 2021; Douwes et al., 2018; Tomasini 2020)

158

Taliep et al. (2023) explored social behavior and community solidarity in South Africa during the pandemic. The conclusion shows that, in general, it can be explained that the solidarity and social behavior of the community during the pandemic has materialized, regardless of their social and economic status. Other researchers (Taliep et al., 2021; Tomasini, 2020). they stated that throughout the world, there had been a sense of solidarity and prosocial behavior that had never happened before as a response to a pandemic with so many victims being exposed. In addition, many community members are taking part in efforts to help others during this pandemic, such as volunteering at

166 existing health facilities or providing food assistance and supporting families exposed to covid19

167 (Sin et al., 2021; Taliep et al., 2021).

168

169 In their research on German society, Kaup et al. (2022) outlined the critical meaning of solidarity 170 during a pandemic. He divides solidarity into three levels, namely institutional solidarity, group 171 solidarity, and individual solidarity. They were first related to policies in dealing with a pandemic, 172 such as the existence of a welfare or social security program. Both activities are associated with 173 groups, such as using masks that impact other people. The third is someone's empathy for others who 174 are exposed and who voluntarily help with their needs.

175

Brown (2021) explains that there is a relationship between solidarity between individuals and the

level of public exposure to a pandemic. It is said that in societies where the level of solidarity is
higher, the number of reported cases of exposure tends to be less. Furthermore, Kaup et al. (2022)

higher, the number of reported cases of exposure tends to be less. Furthermore, Kaup et al. (2022)
further divided interpersonal solidarity, namely, solidarity received, and solidarity was shown. What

180 is meant by solidarity received is how much or how often a person gets assistance during a pandemic.

181 Meanwhile, what is meant by showing solidarity is how often someone assists those exposed during a

182 pandemic. Finally, another researcher (Angaw, 2021) in research in Ethiopia concluded that

183 institutional solidarity, in the form of social organizations that help people during a pandemic, has a

184 massive role in reducing the impact caused by the large number of people exposed to the pandemic.

In his view, Stok et al. (2021) examine the challenges to solidarity that arise with this pandemic. This challenge then gave birth to three new types of solidarity: Intergenerational solidarity and cross-generational solidarity, where there must be a mutual understanding between the older and younger

generational solutarity, where there must be a mutual understanding between the older and younger generations in dealing with a pandemic. Initially, the younger generation was asked to be more active

in keeping their distance from the older generation. Later, the younger generation asked the older

190 generation to reduce some of the policies that could harm the younger generation. Then the second is

191 Global solidarity, which is between nations, where less fortunate countries must get the attention of

192 other nations. As a clear example, there should not be a stark disparity among the world's nations in

193 terms of vaccine distribution. The last is Intergroup solidarity, namely the emergence of various

forms of new stigma in society, which is a challenge in building solidarity between groups. This

stigmatization affects mental health and well-being and makes disease control more complicated.

196 Aim and research questions of the present study

197 The background of this research was to find out how social solidarity exists in rural and urban 198 communities during a pandemic. By understanding the phenomenon of social solidarity in society, 199 the policies taken to address the problem will be more effective. Several researchers (Taliep et al., 200 2021; Kaup et al., 2022; Brown, 2021; Angaw, 2021; Stok et al., 2021) who researched solidarity 201 during a pandemic, it can be concluded that solidarity during a pandemic is dynamic and perspectives 202 also vary. Both in terms of the meaning of solidarity itself and its implementation based on time and 203 place. Therefore, we hypothesize that the manifestation of social solidarity between people living in 204 rural and parban areas will differ in a pandemic situation. The objectives of the research are: (1) to 205 find out the existence of social solidarity in rural and urban communities during the pandemic; (2) to 206 know the different levels of social solidarity in rural and urban communities; and (3) to know the 207 level of community exposure to Covid-19 in rural and urban areas.

208 The structure of this manuscript is divided into several sections. The first part describes the

209 introduction and research background. Then in the next section an explanation of the method used.

210 The third part describes the characteristics of the respondents, the correlation between variables, and

211 the research units. The next section is a discussion regarding research findings and implications. The

212 last part is the conclusion. In this research, social solidarity is seen before and during the pandemic.

213 There are several instruments that become research units to answer the three research objectives.

First, Gotong Royong to see the characteristics of mutual aid. Second, Marriage Banjar which

assesses aspects of solidarity in weddings. The third part then enters during the pandemic. This

216 section discusses Attitude in working together during the pandemic. Fourth, Willingness to Help

217 Each Other. Fifth, Sharing of Information about the prevention and handling of Covid-19. The lastly,

218 Number exposed to Covid-19 on Lombok Island.

219 Materials and Methods

220 Lombok Island (Figure 1) was chosen as the research location because this island has unique

characteristics. *First*, the level of population density is high, but includes a mix of urban and rural

222 communities. *Second*, Lombok is inhabited by people with differing social and ecoramic

backgrounds. This research adopted a quantitative approach to identify and analyse the existence of social solidarity in rural and urban communities during the Covid-19 pandemic. A set of

social solidarity in rural and urban communities during the Covid-19 pandemic. A set of questionnaires was distributed and shared by enumerators with 1.100 targeted-respondents from

questionnaires was distributed and shared by enumerators with 1,100 targeted-respondents from 5
 (five) districts/municipalities around Lombok Island in the province of West Nusa Tenggara. The

survey was carried out from 14th October to 28th October 2021, that is, during a recovery period from

the pandemic while restrictions implemented by the government were still in full force.

229

<Figure 1>

230 In determining the sample size representing the population, the calculation procedure used a random 231 proportional sampling technique (Sugiyono, 2012). In calculating the sample size for each district, 232 adjustments were made based on the characteristics of respondents aged 17 years and over so that the 233 number of respondents for each district would be reflective of the age distribution of the district 234 itself. First, the research population was divided by regencies and municipalities on the island of 235 Lombok, which has 220 villages and towns. The total population of the island is 3,758,631, with 236 429,651 in Mataram Municipalities, 247,400 in the North Lombok Regency, 721,481 in West 237 Lombok, 1,034,859 in Central Lombok, and 1,325,240 in East Lombok. The total population was 238 determined by the total number of respondents, which was 1,100. This resulted in 126 from the 239 Mataram Municipality, 72 from North Lombok, 200 from West Lombok, 312 from Central Lombok, 240 and 391 from East Lombok. The number of respondent from rural areas was 918 (83,45%) and 241 urban area was 182 (16.54%). These sample sizes are reflective of the number of people living in 242 rural and urban areas on Lombok Island, 88.57%, and 11.43%, respectively (NTB Central Bureau of

243 Statistics, 2021).

One way to define solidarity is as any action that increases people's welfare at the local or community level (Paskov and Dewilde, 2012). However, the concept of social solidarity does not stand alone. It relates to other social concepts, such as social cohesion, social trust, social capital, and the distribution of various resources to meet the needs of people. Social solidarity is also related to social construction of social relations, values, and group identity (Berman and Philips, 2004). Hence, there

- 249 are 5 (five) indicators of social solidarity measured in this study, namely:
- 1. An attitude of cooperation among citizens, which in Indonesia is known as *gotong royong*;
- 251 2. Participation in preparations for the marriage *banjar*;
- 252 3. An attitude of working together or cooperating with others during the pandemic;

- 4. A willingness to help others in the form of donations during a pandemic, that is, of mutual support; and
- A desire to remind each other to comply with various health protocols during the pandemic,
 that is, a willingness to share information on a variety of issues, including information that
 would be useful for preventing the spread of COVID.

258 Gotong royong and banjar are two traditional institutions that we use as indicators of social solidarity 259 unique to the people of Lombok. Gotong royong is a kind of mutual assistance that reflects genuine 260 indigenous notions of moral obligations and generalized reciprocity; it is contextualized to build 261 social solidarity in handling Covid-19 and manifested by the active participation of each individual to 262 provide added or a positive value to each object, opposition, or needs of many people around them 263 (Perkasa in Shin et al., 2022; Sultan and Rapi, 2020; Artayasa, 2022; Muqsith et al. 2021). At the 264 same time, *banjar* can be defined as a form of small and limited community association or group in 265 which many social activities take place or local wisdom as well as part of the social system of society 266 which has been maintained regarding beneficial impacts for networked individuals (Jamiluddin, 267 2022; Wijayanti et al., 2022).

268 For each of those indicators, alternative answers that indicate the level of desire to participate are 269 prepared. This study employed a Likert scale of 1-5, where one is very low, two is low, three is 270 moderate, four is high, and five is very high. Likert scale is a type of scale frequently used to 271 measure perceptions, attitudes, and opinions for the purposes of statistical analysis. Thus, it is hoped 272 that an overview of the level of social solidarity in the community will be obtained, which is the unit 273 of analysis of this research. According to Sugiyono (2018), a Likert scale is appropriate to measure 274 views or perceptions of a person or group of people so that the researcher can obtain an accurate 275 picture of the social phenomena being studied.

276 Chi square was used to test whether there were differences in social solidarity between those who 277 lived in rural areas and those who lived in urban areas. The chi-square test is often used in research 278 that examines the relationship of two variables (Sharpe, 2015). Chi-square is an analytical technique 279 to determine the difference in the frequency of observations from the frequency of expectations based 280 on a random distribution of paired cases.

Meanwhile, to determine the number of people who were exposed to and died from Covid-19 in rural
and urban areas on Lombok Island, we used data released by the West Nusa Tenggara Province
Covid Task Force. The data we collect is data that had occurred since the outbreak of Covid in early
2020 until the end of 2021 when this research was conducted.

285 2 Results

286 Respondent characteristics

287

<Table 1>

The distribution of respondents by gender can be seen by comparing the number of male and female respondents; the difference is very thin (Table 1). For example, it was recorded that the male respondents were 50.9% of the 1100 respondents, while the female respondents were 49.1%. From the characteristics of the respondent's area of residence, out of 1100 respondents, it was recorded that 83.5% of the respondents resided in rural areas and 16.5% of respondents lived in urban areas. Then, there is a grouping of respondents based on age. The distribution of number of respondents based on their age level was grouped into several groups. Based on data from 1100 existing respondents, from the most to the least, of the 25.8% of respondents aged 35-44 years, 24.4% of respondents aged 25-34 years, 20.4% of respondents aged 45-54 years, 14.8% of respondents aged 17-24 years, and 10.7% of respondents aged 55-64 years. Meanwhile, only 3.8% of respondents were 65 years and over, and 0.1% of respondents from the age group of fewer than 17 years were married.

299 The diversity of educational levels of the 1100 respondents was mainly in the category of 300 graduating from high school/equivalent, namely 40.8% of respondents. However, few respondents 301 were included in the category of never going to school, as much as 4%. Nevertheless, the data shows 302 that the education level of respondents is still relatively low because as many as 8.1% of respondents 303 did not finish elementary school/equivalent, 14.5% of respondents graduated from elementary 304 school/equivalent, and 19.6% of respondents graduated from junior high school/equivalent. On the 305 other hand, the rest shows that some respondents can continue their education to a higher level, namely 306 Diploma (D1-D2-D3) with 1.8% of respondents, Bachelor (S1/D4) with 11% of respondents, and 307 Postgraduate (S2-S3) with 0.2 % of respondents.

Based on their main daily activities, out of 1100 respondents, 34% of respondents said they do not work, including those who have been in school, are housewives, and are retired person. Meanwhile, respondents who work as the main activity are divided into several types of work. As many as 29.2% of respondents worked as small traders, 18.5% of respondents as laborers, 16.4% of respondents as farmers/breeders, 12.9% of respondents as entrepreneurs, and the rest relied on a living from work such as non-ASN employees, ASN, private employees, fishermen, and others.

314

315 Correlation between variables

316 According to Taylor (2019) and Agung (2020), there are three interrelated elements that help with an 317 understanding about how a pandemic like Covid-19 affects a society; namely, the virus itself and 318 characteristics associated with its transmission and its physical effects on people; the psychological 319 element of people who feel threatened by this pandemic; and the environment in which they live, 320 including both its physical and sociological dimensions. In terms of the environment in which they 321 live, villages and cities are important areas to study what phenomena occur in each in terms of the 322 first two elements. Is the influence of location important to the spread of the Covid-19 pandemic 323 because its influence extends not only to individuals or families but also to communities and groups 324 at various levels? Are there differing levels of concern about the effects of COVID between those 325 living in urban and rural communities, and if so, how do these concerns shape the patterns of their 326 daily living?

The following describes the results (Table 2) of the research we have conducted on people, divided into two locations, namely rural and urban areas. Within each type of community, we look at possible differences in social solidarity, which we measure with five indicators, namely: (1) *gotong royong*,

- (2) marriages *banjar*, (3) an attitude of cooperation, (4) mutual assistance, and (5) sharing of
 information.
- 332

<Table 2>

333 2.1 Gotong Royong

- 334 From a Durkheimian point of view, contextually, rural and urban areas have distinctive
- characteristics. The findings in this study also show that during the pandemic, when this research was conducted, social solidarity in the two regions with the variable gotong royong displayed differences.

337 The Table 2 shows these dynamics in terms of the enthusiasm for cooperation among respondents 338 from both rural and urban communities during the pandemic. From the chi-square, it can be 339 concluded from the p-value that there was a significant difference in gotong royong or cooperative 340 activities during the pandemic between rural and urban communities. Enthusiasm of people for 341 implementing *gotong royong* in rural areas was higher than in urban areas. This implies that people 342 in rural areas were less observant of prohibitions on gathering and maintaining distance during the 343 pandemic. That is why cooperative activities such as places of worship and public facilities such as 344 roads and public market, during the pandemic period, did not experience slowdowns, especially in 345 rural areas. Violation of the prohibition on social distancing shows the limitation of weak sanctions 346 and the monitoring of health protocol policies in rural areas. In a similar study, Mishra and Rath 347 (2020) advocate a contextual approach to health prevention by emphasizing the roots of social 348 solidarity at the local level to devise acceptable methods to prevent the spread of future pandemics. In 349 Indonesia, gotong royong is the central to the culture's collective consciousness that defines 350 solidarity and how people cooperatively act, both physically and spiritually (Hanif, 2021).

351 2.2 Marriage Banjar

The wedding reception is an event that has become a tradition in Indonesia, both those who live in rural areas and urban areas. However, these events are strictly limited by the number of guests, and even banned altogether, with the onset of the COVID pandemic. Therefore, making the marriage *banjar* an indicator of social solidarity is essential to understanding rural-urban differences in the context of this pandemic. Respondents from rural communities were more likely to believe that participation in marriage *banjar* was important, even during times of COVID because it is an indicator of social solidarity. *Banjar* is a traditional institution for a special purpose.

359 Meanwhile, respondents from urban communities for the marriage *banjar* variable only reached 360 45.6% ("high" or "very high"). In rural communities, respondents who answered "high" or "very 361 high" stood at 67.7%. This shows that rural communities have a higher level of attachment to 362 mingling and being involved in the marriage reception or *banjar* during the pandemic. The chi-363 square analysis also obtained a p-value that indicates that the difference in social solidarity between 364 rural and urban areas was significant. In other words, it can be said that although there is a 365 government prohibition related to the implementation of marriage *banjar* activities, people in rural 366 areas were more likely to ignore them. They were more concerned with the social solidarity shown 367 by their participation in *banjar* than their adherence to the health protocols set by the government.

368 2.3 Attitude in working together during the pandemic

369 This indicator of solidarity was measured based on attitudes that encourage individual actions to help 370 others, such as borrowing money or goods and visiting sick neighbours. In general, it can be 371 concluded, based on the results in Table 2, that there were significant rural-urban differences. In rural 372 areas, people generally had a greater concern, even during the COVID pandemic about the 373 importance of working together. In rural communities, respondents who answered "high" or "very 374 high" stood at 60.2%. In contrast, the percentage from the same two categories for respondents from 375 urban communities was only 39.0%. Again, the difference in the percentage of high and very high 376 standards between people in rural areas and urban communities shows the difference in their 377 adherence to health protocols, especially in terms of maintaining recommended distances. The chi-378 square value indicates a p-value of 0.00, which means the difference was statistically significant. For 379 people in rural areas, there was a greater need to interact with each other to meet daily needs, and in 380 terms of visiting those who are sick, they tended to ignore health protocols. In other words,

381 government policies related to health protocols for rural areas cannot be implemented as effectively
 382 as in urban because of differences in social solidarity.

383 2.4 Willingness to Help Each Other

384 In this indicator of solidarity, the willingness to help each other is measured based on donations of 385 money or goods. Like the previous two indicators, there was again a significant difference between 386 the attitudes of respondents from rural and urban communities in the effort to set aside money and 387 goods for social donations. Based on the data in Table 2 it can be seen that those who indicated either 388 "high" or "very high" in rural communities was 46.0%, while people in urban areas added up to 389 34.6%. Although this difference is not as large as the previous two indicators, the chi-square analysis was still statistically significant with a p-value of 0.00. Again, it means that the social solidarity of 390 391 respondents living in rural areas is higher than those from urban areas.

392 Health issues during the pandemic are not only based on physical health, but also has many social 393 issues. Research Egcas et al. (2021) shows that mental health is a topic that was quite intensely 394 discussed during the pandemic. This issue is connected with the level of community welfare during 395 the pandemic. Efforts to help each other form a type of defensive social ecology in terms of financial 396 and mental health. The impact of the pandemic on the economy also supports findings related to the 397 actuality of mutual assistance carried out by the community during the pandemic. In their research, 398 Nguyen et al. (2021) showed a significant pandemic effect on the global economy, which includes 399 manufacturing, education, finance, pharmaceuticals, aviation, tourism, and food.

400 2.5 Sharing of Information

401 The indicator of willingness to share information included shared knowledge on market prices for 402 agricultural products, developments in agricultural technology, and detailed information on 403 government policies related to the pandemic. For information-sharing indicators, respondents from 404 rural areas who answered "high" and "very high" was 56.8%. Meanwhile, for the same indicator, it 405 only reached 35.7% for respondents from urban communities. This is understandable considering that 406 in rural communities dominated by agricultural activities, the need for sharing information should be 407 much higher than in urban communities. The tradition of informing each other about the process and 408 means of production and marketing of agricultural products has been long-established and is not 409 easily influenced by external factors. From the results of this study, for example, the existence of a 410 pandemic did not dampen the enthusiasm and motivation of farmers and other rural residents to keep 411 sharing information. The solidarity of rural residents that has been built over the many generation is 412 also useful for sharing current information related to the pandemic and to associated government 413 policies. According to Jamal et al. (2009), other factors that influence sharing include the availability 414 of information in the form of brochures and other educational materials about health protocols and 415 the extent of publicity about the threat and impact of Covid-19 in the community.

416 2.6 Number exposed to Covid-19 on Lombok Island

The next part of this article is related to the number of those exposed to Covid-19. From the data released by the West Nusa Tenggara Province Covid-19 Task Force, until the end of 2021, when this research was conducted, the number of those exposed can be seen in Table 3. This is in line with the data released by the National Covid-19 Task Force (Nugraheny, 2020), which are categorized as rural areas (rural) are those who come from the regency area. In comparison, those from the municipality are categorized as cities (urban). Comparison of data in rural areas and urban areas can be seen in Table 3.

<Table 3>

Lombok Island is an area in Indonesia with a relatively high population exposed to Covid-19,

426 including the number who died. From the data in Table 2, it can be concluded that the number and 427 percentage exposed in rural areas are relatively higher compared to those in urban areas. From the

427 percentage exposed in rural areas are relatively higher compared to those in urban areas. From the 428 percentage level, it can be concluded that the difference between rural and urban areas is quite

429 significant (41% and 59%). However, from the fatality rate, the percentage in rural areas is lower

430 than in urban areas (3.49% and 3.79%).

431 3 Discussion

432 Durkheim viewed changes wrought by the industrial revolution in Europe as a reference for

433 understanding differences between more traditional societies and those that were industrializing

434 (Albrow, 2013; Hanifah, 2019). Durkheim (2019) explained that social solidarity is a state of the

relationship between individuals or groups based on shared morals and beliefs and that is

436 strengthened by shared emotional experiences. In line with changes in interaction patterns that occur

437 due to the pandemic, it will also encourage the escalation of cooperation. People living in

438 communities of different sizes will work more hand-in-hand in planning and overcoming phenomena439 like pandemics.

440 The five indicators measured in this study (*gotong royong*, enthusiasm for marriage *banjars*,

441 cooperation, willingness to help each other, and sharing of information among residents), show that

social solidarity in rural and urban areas on Lombok Island is relatively different. The five indicators

443 can be divided into three types in order to clarify the discussion. The first type is related to gotong

444 royong and marriage *banjar*, which can be described as community-based social activities and events 445 (local social gatherings). Based on the analysis and description above (Table 2), we see that social

solidarity in terms of indicators of social solidarity is significantly different between those living in

447 villages compared to those in the city. This reality implies that various social and cultural activities

that provide opportunities for people to gather in rural areas were still carried out, despite advice to

the contrary by governmental entities (Derung 2019). On the other hand, in urban areas, cooperation

450 as an indicator of social solidarity was weaker. According to Muqsith et al. (2021), this situation is 451 because urban people's awareness and understanding of the dangers of Covid-19 was higher than for

451 rural people. Weaker law enforcement against health protocol violations in rural areas was another

452 runar people. Weater haw enforcement against neural protocol violations in runar areas was another 453 contributing factor that enables their ability to sustain cooperative activities during the pandemic.

454 The second type is mutually beneficial cooperation, a combination of a willingness to cooperate and

455 a desire to help others during a pandemic. From the analysis described previously, it can be

456 concluded that there were significant differences between rural areas and urban areas. This

457 conclusion implies that the behaviour of people in village communities in terms of working together

and helping others during the pandemic has not changed much, or not at all. In other words, the

459 existence of a pandemic, along with various government policies, does not dampen people's

460 enthusiasm in rural areas to work together and to help each other, maintaining the social solidarity of

461 rural communities despite the challenges of COVID and preventive measures. A campaig by fellow

462 citizens to comply with the health protocols is a form of citizen effort to jointly fight this Covid-19
463 (Szczesniak et al., 2020; Gunasekaran et al., 2020). According to research by Meinzen-Dick (2020)

463 (Szczesinak et al., 2020), Gunasekaran et al., 2020). According to research by Meinzen-Dick (2020) 464 and Valeriani et al. (2020), this social solidarity is indispensable in dealing with a pandemic. With

465 high solidarity, many community members have become very helpful in overcoming the various

466 problems they face, both in terms of their health and the economy. Even in Canada, as reported by

424

the results of a study by Smythe et al. (2021), with high social solidarity, problems in the education sector that were severely affected by this pandemic can then be resolved.

469 The dilemma that has become the subject of discussion in this research is that the government hopes 470 that the public will comply with the health protocol rules to prevent the spread of the Covid-19 virus 471 quickly. Meanwhile, health protocols, such as maintaining distance and limiting direct contact cause 472 social solidarity in society to decline, as evidenced by this study, occurs more in urban areas than in 473 rural areas. In their article on social solidarity in the pandemic era, Haryadi and Malitasari (2020) 474 stated that this sense of solidarity arises because of empathy for those infected by the Covid-19 475 virus. The community also appreciates community groups who take the initiative to assist others, 476 especially those who are less fortunate. According to researchers (Mishra and Rath, 2020; Sayuti, 477 2020), the goal is to increase the community's resilience in facing this pandemic. With the high level 478 of community resilience, the level of community exposure to Covid-19 will also be lower. The 479 higher level of solidarity in rural communities compared to urban areas can be thought to be a 480 contributing factor to the lower death rate of those in rural areas compared to those in urban areas 481 (Table 3). With higher solidarity, efforts to prevent deaths from exposure to Covid-19 can be 482 reduced.

483 The third type of indicator of social solidarity is the sharing of information. This information-sharing 484 activity is a strong indicator of solidarity because it involves at least two aspects. The first aspect is 485 how people are affected by the pandemic when they have to disseminate information to others on a 486 day-to-day living. For example, farmers sharing of information about production facilities and market 487 prices is very important and affects their economic well-being. This traditional pattern of information 488 exchange was continued and even improved in order to disseminate information related to the 489 pandemic (Sayuti and Hidayati, 2021). As described previously, the information-sharing systems that 490 are part of the social fabric of agricultural communities can be utilized to monitor the spread of 491 Covid-19 and how to avoid catching COVID, and to treat COVID symptoms if it is acquired. 492 Second, how people can take advantage of existing technology to share of information during a 493 pandemic without reducing the sense of social solidarity among each other becomes a challenge for 494 health care and prevention initiatives by health care organizations and various governmental 495 agencies. According to Mugsith et al. (2021), this information technology is an alternative means that 496 is guite affective for communication between residents because of the prohibitions on leaving the 497 house. Based on the results of this study, it can be concluded that during the pandemic period, there 498 were significant differences between rural and urban areas. Specifically, the results show that the 499 pandemic has affected information sharing activities more so in urban areas than in rural localities. 500 Activities usually carried out directly to and from other community members are limited because 501 urban residents generally adhered to the health protocols more so than people living in rural 502 communities. This means that they keep their distance and avoid crowds as stipulated by the 503 government. According to Zahri et al. (2018), people living in urban communities use various social 504 media to stay in touch and share of information.

Meanwhile, information-sharing type activities still rely on direct relationships and interactions in rural communities more so than in urban communities. Rural communities tend to be more homogeneous than urban communities and rely on primary-type relationships (i.e., mostly face-toface) as the basis for the glue of their mechanical social solidarity. The economic needs of rural communities on islands like Lombok are highly dependent on the agricultural sector, while urban neighbourhoods with more diverse economies tend to be heterogeneous, with communication based on the expertise of the person with whom information is exchanged. Hence, in urban areas that

display higher levels of organic solidarity, the pandemic more likely disrupts information-sharing
 because of the health protocols that the government can more readily enforce in a strict manner.

514 The need for rural communities to share their resources reflects the pandemic's impact, which then 515 results in greater income inequality, a widening health crises, and ultimately causing limited access to 516 economic opportunities beyond agriculture. Physical distance restrictions on all indicators of social 517 solidarity are translations for the ways people conduct their lives on a day-to-day basis (Paskov and 518 Dewilde, 2012). The findings of this study provide important information regarding the 519 characteristics of rural social solidarity, which are relatively different from the character of social 520 solidarity in urban areas during the pandemic. Whether these findings will also occur when the 521 pandemic has passed, will require further study, shedding light not only on how to respond to 522 pandemics, but on the fundamental sociological character of rural and urban communities in 523 contemporary times.

524 **4.1. Implications for future policies**

525 The occurrence of a worldwide pandemic affecting every community on earth has shown how 526 geographical distances are becoming less relevant and the shadow of globalization shows us the 527 reflection of its impact on the daily lives of people everywhere (Mas-Coma et al., 2020; Osotimehin 528 and Popov, 2020). The pandemic also shows both communal and individual expressions of social 529 solidarity among members of both rural and urban communities. In line with Reichlin's (2011) view, 530 social solidarity has the potential to unite universal morality to the needs of humanity. Both 531 Durkheim's and Weber's reflection on social solidarity refers to the intimacy of a community group 532 with its members and vice versa (Johnson, 1994; Ritzer, 2012). The emphasis of this argument lies 533 on social cohesion, which is fostered using collective values. The findings from this study open up 534 more critical questions for future policy development in at least two main areas, namely health and 535 the economy. The health crisis has disrupted economic activities, becoming the basis for evidence of 536 how inequality is expressed in rural and urban communities.

537 From a policy-making point of view, Durkheim emphasized the importance of law as a guiding 538 compass for constructing social solidarity. Classification of law in Durkheim's view is divided into 539 repressive and restitutive. The repressive rule refers to collective sanctions, while restitutive is 540 attached to sanctions for violations. From a health perspective, preventing the spread of the epidemic 541 using both methods is still relevant for Covid-19 (Fisher and Wilder-Smith, 2020; Tiffany, 2020). 542 Various policies that insulate physical and social distance to mitigate the spread of Covid-19, such as 543 the analysis in this study, shows that normative and affective compliance have not been clearly 544 defined. Physical and social distancing based on government regulations is likely to be more 545 inconsistent with the social solidarity of rural people than urban people, that is, requires a bigger 546 adjustment to their lifestyles. Hence, social solidarity in this study plays a vital role as a scientific 547 basis for further empirically based studies on social resilience and the fine-tuning of policy agendas. 548 From this viewpoint, it can be seen that policies implemented in urban areas cannot necessarily be 549 applied to people in rural areas in the same manner. Indeed, local context will influence the 550 effectiveness of policies related to health and many other areas as well.

551 The future challenge is formulating inclusive but effective policies amidst the diversity of forms of 552 social solidarity found in rural and urban settings. Furthermore, how is the communication strategy 553 regarding the substance of the approach taken so that it can be implemented by all community 554 members, both those who live in rural and those who reside in urban areas? From this research, it can 555 be seen that not all existing policies can be implemented. The policy of social distancing, for example, is more difficult to implement in rural areas. Hence, this and other restrictions where the policy does not pay attention to the location of implementation will less likely be successful. Policies between rural and urban areas are generally not differentiated. Therefore, a location-specific policy formulation is needed so that if there is a failure in its implementation, the improvement of the formulation is also location-based (Sayuti et al. 2021). This means that we should not assume the conditions of one community are the same as another, whose socio-cultural patterns may be different. People in rural areas with greater mechanical solidarity and urban communities with greater organic

563 social solidarity should receive locality-adjusted treatments because their needs and demands are also 564 distinctive.

565 What is needed is collective awareness from various levels of society without exception, including 566 policymakers in the government. The rural-urban differences in social solidarity require more in-567 depth research. One way to go about this kind of research is to ask how social solidarity at different 568 kinds of places is influenced by and in turn influence things like a Covid-19 Pandemic? This 569 research provides only a glimpse at the ways the context of local places can affect the 570 implementation of various policies during a pandemic so that they can be improved. The number of 571 exposed and the rate of mortality could be minimized if the policies were more locality-oriented, and

572 not simply one-size-fits-all guidelines applied uniformly and often ineffectively to diverse places.

573 4 Conclusion

574 This research found that the existence of social solidarity in both rural and urban communities during 575 the pandemic. The level of social solidarity in rural areas is higher than in urban areas. While related 576 to the number of those who were exposed and died, from the data released by the Provincial Covid 577 Task Force, conditions were higher in rural areas compared to the number of those who were exposed 578 or who died in urban areas. However, in terms of the death rate, the level of death rate in urban areas 579 is higher than in rural areas. This condition indicates differences in the characteristics of rural and 580 urban communities, which can be considered in implementing policies during a future pandemic. 581 This research provides evidence for local governments in formulating policies with a social solidarity 582 perspective by taking into account the different characteristics of rural and urban communities.

583 The existence of the Covid-19 pandemic that has occurred in almost all countries has raised 584 awareness that their level of resilience, in terms of such sociological dynamics as social solidarity, is 585 variable. When dealing with this pandemic, attitudes or behaviours also vary according to their 586 educational, socio-cultural background, and especially the area where they live. Therefore, by the 587 findings of this study, we can suggest several things. First, public awareness must be improved that 588 social solidarity must still be maintained in the face of the Covid-19 pandemic. The second 589 suggestion is that policies related to the pandemic or other procedures in dealing with extraordinary 590 phenomena like this must pay attention to the socio-cultural character and the location of the 591 community's residents. The third suggestion is related to further research. Research on social 592 solidarity needs to be repeated in the post-pandemic period. It is necessary to know whether the 593 current study results are different or will remain the same when the research is carried out after the 594 pandemic no longer exists.

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599 5 Conflict of Interest

600 The authors declare that the research was conducted in the absence of any commercial or financial 601 relationships that could be construed as a potential conflict of interest.

602 6 Author Contributions

"RHS, MT, and MZM contributed to conception and design of the study. SAH organized the
database and performed the statistical analysis. RHS wrote the first draft of the manuscript. AE wrote
sections of the manuscript. All authors contributed to manuscript revision, read, and approved the
submitted version."

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609 8 Data Availability Statement

The original contributions presented in the study are included in the article/supplementary material,
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