



Policy Brief

COVID-19 VACCINE RISK COMMUNICATION FOR THE *KOLOK* COMMUNITY IN BALI



AUSTRALIA INDONESIA
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Executive Summary

The *Kolok* community in Bengkala Village, Bali comprises people with speech and hearing impairments. For daily communication, these people use a specific local sign language (*kata Kolok*), which is different from the broader Indonesian sign language (*BISINDO*). The literacy rate in the community is very low, with the majority of the people classified as illiterate. For people of the *Kolok* community, decisions around COVID-19 vaccination and preventive behaviours are very much dependent on information from family members, surrounding communities, village leaders and neighbourhood heads. Communication, information, and education services using the *kata Kolok* language are required to allow a voluntary and informed decision-making process on COVID-19 prevention measures among the *Kolok* community.

Introduction

People with disability are prioritised in the implementation of COVID-19 vaccination programs to ensure that they can access services in any health facility or vaccination centre, and are not limited to the domicile address on their identification cards.¹ The province of Bali is a priority for inclusive national vaccination and receives assistance with the *Sinopharm* brand vaccine for people with disability.² Among people with disability in Bali, there is the *Kolok* community, comprising people with speech and hearing impairments.

The *Kolok* community, which consists of 48 people, lives in Bengkala Village in Buleleng District, Bali.³ Around 2.2% of Bengkala's population was born with hearing and speech impairments due to the recessive gene *DFNB3* and this condition has been ongoing for 6 generations.⁴ A majority of the *Kolok* community are classified as illiterate: only 4 people finished junior high school and 5 people finished elementary education.⁵ For daily communication, the *Kolok* community uses a local sign language that is different from the more widely used Indonesian sign language (*BISINDO*) or International Sign Language. The *Kolok* sign language (*kata Kolok*) has been mastered by at least 80% of the Bengkala Village community and thus is regarded as the local language.⁶

The limited communication and low literacy skills of the *Kolok* community present a distinct challenge during the COVID-19 pandemic. Therefore, it is important to understand the community's perception, acceptance, concerns and accessibility regarding COVID-19 vaccines, testing, tracing, treatment (3T), and coronavirus disease prevention. To this end, qualitative research was conducted by inviting 3 men and 2 women from the *Kolok* community into a focus group discussion, along with another 4 men and 4 women with disability (visual and mobility disabilities). Subgroups were created for men and women to ensure information disclosure, and their discussions were assisted by 2 *kata Kolok* language interpreters.

¹ Minister of Health Circular Number HK.02.01/MENKES/598/2021 on the Acceleration of Covid-19 Vaccination for Elderly, People with Disabilities, Educators and Education Personnel

² Kementerian Kesehatan Republik Indonesia. 2021. Coverage of First Dose Vaccination for Persons with Disabilities in Java-Bali Nearly 100%. Retrieved June 30, 2022 from <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20210930/0938648/38648/>

³ The Moves of Deaf-Mute Dancers From Bengkala Village, Bali. Accessed June 30, 2022 from <https://nationalgeographic.grid.id/jx/desa-bengkala>

⁴ Lestari, Wenny dan Yuli Luthfiana. 2012. Kolok People and Most People: A Case Study of the Social Inclusion of Deaf Disabilities and Management of Sensory Health in Bengkala Village, Buleleng, Bali. Health Systems Research Bulletin - Vol. 15 No. 4 Oktober 2012: 398-407.

⁵ National Geographic Indonesia, 2018.

⁶ Kontan.co.id. 27 September 2019. Pertamina Assists Bengkala Village in Bali, where 2% of the population was born deaf and mute. Retrieved June 30, 2022 from <https://industri.kontan.co.id/news/pertamina-bantu-desa-bengkala-bali-yang-2-penduduknya-lahir-tuli-dan-bisu>



Results and Conclusions

The focus group study found the following challenges related to risk communication faced by the *Kolok* community in Bengkala Village, Buleleng District, Bali Province:

1. Low literacy skills make some communication options ineffective for the *Kolok* community

With their limited literacy skills, the *Kolok* residents were not enthusiastic about reading information related to COVID-19 in electronic and print media, including banners and billboards. Prior to the massive use of social media as a means of communication, information and education about COVID-19, the Buleleng Regency Government had widely used banners and billboards placed in strategic locations in cities and remote villages.

2. Limited information about COVID-19 is restricted by the use of inappropriate sign language

The *Kolok* community receives limited accurate information about COVID-19. The information received is not always complete and correct, and may include hoax news from family, surrounding communities, or friends. Community members are unable to fully understand information broadcast on television regarding vaccination and the process of managing COVID-19, despite the assistance provided by *BISINDO* sign language interpreters. Few in the *Kolok* community understand *BISINDO* because they use kata *Kolok*, which is simpler than *BISINDO*, for daily communication.

3. There is a tendency among *Kolok* people to ignore the use of masks and physical distancing

Members of the *Kolok* community, especially teenagers, often violate the rules for wearing masks and maintaining social distance. Due to their speech and hearing impairments, the use of face masks limits them in reading lips, even though they prefer to use the kata *Kolok* sign language, which prioritizes hand movements and gestures. In addition, the perception that, once a person is vaccinated, they become totally immune to the effects of COVID-19 has made many *Kolok* teenagers neglect the health protocols.

4. Contact tracing via the *Peduli Lindungi* application ⁷ is limited due to low smartphone ownership

Very few people with hearing and visual disabilities in the *Kolok* community have smartphone: those who do are generally teenagers who are members of the *Janger Kolok* dance community. The *Peduli Lindungi* application (designed for contact tracing purposes) is only used when the young entertainers are travelling out of town to perform the *Janger Kolok* dance. Travelling across districts or to cities and entering hotels or theaters requires the *Peduli Lindungi* application. Those without a mobile phone are required to present a vaccine certificate when travelling between cities and entering the theater.

Aside from a number of challenges, this study also found some potential innovation that can further improve the COVID-19 vaccination coverage among *Kolok* community, namely:

1. Village authorities play a key role in decisions about vaccination by *Kolok* members

Decisions about COVID-19 vaccination among the *Kolok* community depend largely on information provided by family members, the *Kelian Banjar* (head of the neighbourhood association) or the *Perbekel* (head of the village). *Kolok* community members fully trust the information provided by the *Perbekel* and *Kelian Banjar*, and they tend to obey when they are advised to get vaccinated.

⁷ Now migrated to SATUSEHAT mobile app



2. Vaccination for the *Kolok* community is carried out together with the general public

Vaccination activities for the *Kolok* community are not distinguished from those for the general public and are carried out in stages according to a predetermined schedule. The vaccination program is centred at Bengkala Village Community Hall or Puskesmas Kubutambahan 1, not far from where *Kolok* members reside. There is no special treatment for the *Kolok* community, including the type of vaccine given (the vaccine brand does not have to be Sinopharm and is adjusted according to availability on the day of vaccination). For the *Kolok* community, there is no rejection of certain types of vaccines: they will accept any type of vaccine given.

Policy Option

New considerations must be made around the effective communication of COVID-19 risks to address the particular needs and circumstances of the *Kolok* Community. Relevant authorities must ensure that the *Kolok* community receives comprehensive and correct information about COVID-19 vaccination, allowing them to make voluntary and informed decisions on COVID-19 management and prevention measures.

Recommendation

Encourage the Buleleng District Health Office Perbekel, and Kelian Banjar to develop communication, information and education videos using the *kata Kolok* sign language, enabling informed decision-making on COVID-19 prevention measures among the *Kolok* community.

Encourage the Education, Youth and Sports Office in Buleleng District and the Social Affairs Office, as well as other related agencies or institutions, to provide the *Kolok* community with further education on the Indonesian sign language (*BISINDO*). This will help *Kolok* people, especially teenagers, to adapt, interact with wider community, and to be able to retrieve more information from other reliable sources outside of *Kolok* community.

Engage with the Head of Bengkala Village to ensure active involvement of the *Kolok* community in every policy concerning their rights and livelihoods, especially in the human development of *Kolok* children.

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For more information

Australia Indonesia Health Security Partnership (AIHSP)
International Financial Centre (IFC), Tower 2, Level 18, Jl. Jendral Sudirman Kav. 22-23 Jakarta 12920

Website: www.aihsp.or.id

E-mail: info@aihsp.or.id