Adaptation effort on dense residential areas to encounter COVID-19: A case study on urban area of Kalianyar in West Jakarta

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Abstract. COVID-19 has been spreading rapidly and turning Jakarta into the epicenter of COVID-19 deployment. Based on data as of 10 April 2020, there are 50 urban villages in Jakarta whose areas are in free status or do not have confirmed cases of COVID-19, one of which is Kalianyar, Sub-district of Tambora, West Jakarta, which is the most populous urban village in Jakarta and even the most populous in Southeast Asia. This study aims to determine the efforts implemented by people in the urban village of Kalianyar to encounter and survive the spread of COVID-19 in the region. This study was conducted using a qualitative approach through descriptive analysis by in-depth interviews and collecting data, identified the efforts to encounter COVID-19 from the people of Kalianyar. Based on the unit analysis in the science of human settlements (Ekistics) on elements of health behavior and control systems, indicated that Kalianyar Kelurahan implemented efforts through changes in behavior and control in each ekistics unit supported by the example from the headman of Kalianyar. Therefore, Kalianyar had formerly carried out a "New Normal" habit, which was practically implemented according to the people in Kalianyar. The adaptation efforts of the Kalianyar can be an essential lesson for other densely populated areas or urban villages in honing sensitivity to respond to problems that arise due to the COVID-19 pandemic.

1. Introduction
The emergence of the Coronavirus Disease 2019 (from now on abbreviated as COVID-19), which was first reported by the Wuhan Municipal Health Commission in December 2019 in Wuhan City, has spread rapidly throughout the world, including Indonesia. On 2 March 2020 Indonesian government announced the first cases occurred to two Indonesian citizens who were confirmed positive for COVID-19. Within 40 (forty) days of the first case, positive cases of COVID-19 in Indonesia as of 10 April 2020 based on the official national government report, covid19.go.id, reached 3,512 positive cases; 282 patients were declared recovered, 2,924 were under treatment, and 306 died. On the same date, based on the official website of the Corona Jakarta Provincial Government, Jakarta.go.id. There were 1,810 cases in Jakarta, 82 patients were declared recovered, 156 died, 1,139 were under treatment, and self-isolation totaling 433 people. Based on the data dated 10 April 2020, it is known that 51.53% of the cases were in Jakarta.

This exciting phenomenon occurs amid the high number of COVID-19 spread in Jakarta. Following the data above, from 276 urban villages, there are 50 urban villages in Jakarta, which until 10 April 2020, in their areas were recorded as in free status or had no confirmed cases of COVID-19.
Ekistics, the science of human settlements, explains that the rate of urbanization and the rapid increase in population and failure to respond (Doxiadis, 1970: 7) raises many issues in urban areas. The hope of living in a beautiful house with a favorable and supportive environment can no longer satisfy its owner due to the rapid and constant changes in the environment. Thus, there is a confusion of ideas regarding the justification for a house's standard, which is considered acceptable and can satisfy its owner. Due to the creation of these standards, houses that were considered substandard were forced to move, so they had to go through long distances in case they wanted to access facilities in that area. Ekistics is a science that studies settlements, namely the place of humans (either as individuals or social groups) as content that lives and interacts in and with their container/place of residence, both natural and artificial containers, which are connected through a network. Combining the contents to reach a balance will form a successful/reasonable settlement (Doxiadis, 1970: 22). The only way to properly understand a settlement is through separating every aspect of it (its function and structure) and then learn the interconnections that make it up as a whole. "We shape our buildings, and they shape us" delivered by Winston Churchill (in Doxiadis, 1970: 24) illustrates that what happens in the formation of a settlement is the result of interaction between humans and their environment, and their interactions with others, that determines the quality of a settlement. In studying a settlement, Doxiadis made a classification of settlements based on the size of the ekistics unit, determined by the width of area, several populations, and ekistics elements (nature, humans, society, protection, and networks) and the interrelationship among them. The relationship between the ekistics unit and the ekistics element can also be studied by focusing on the field phenomena as a unit of dimension that discusses changes in the ecological units and elements themselves. Based on the distribution of the ekistics units described by Doxiadis, that Kalianyar (total population of 29,038 people with an area of 3.18 km²) is units that lie between the small town unit (total population of 9,000 people with an area of 1.2 km²) and the town unit (total population of 50,000 people with an area of 7 km²). The study in this paper will be carried out through an in-depth study of each ekistics unit and element, down to the level of the ekistics unit of Kalianyar as a small town.

Doxiadis (1970) stated that a fair city's formation could be done by developing a normative theory that connects a city's value with its spatial characteristics. The normative theory presented by Lynch is through a dimension of performance series, namely five criteria (vitality, sense, fit, access and control), plus two "meta-criteria" (efficiency and justice) (Lynch, 1981). The control work dimension needs to be implemented with two meta-criteria. Efficiency is a balancing criterion related to a person's level of achievement of others. This meta-criteria will indeed cause a contradiction between the criteria, which will ultimately achieve an optimal balance. Justice is a criterion that ensures costs and benefits are appropriately distributed. The constituent of the control element is congruence, namely equality in utilizing the city; responsibility, a sense of duty for the facilities provided; and certainty, as the assurance of everything owned or used by city residents.

The recommendation to prevent the spread of COVID-19 for individuals is by washing hands and wearing masks, and implementing social distancing, making it difficult for people living in high-density levels such as Kalianyar. Shaping health behavior requires knowledge, attitudes, and understanding of a health risk supported by the availability of health facilities and reinforced by the behavior of influential figures in society. In shaping behavior, there are three determining factors (Green, 1980 in Oktapriana, 2008), namely Predisposing factors: factors that facilitate behavior such as knowledge, belief, and attitudes; Enabling factors: factors that enable or facilitate the formation of behavior such as the
availability of infrastructure, health facilities, medicines, and so on; Reinforcing factors: factors that encourage and strengthen the occurrence of behavior because sometimes humans already knew and can behave healthily but not to do so, they need role models to encourage them. For instance, include healthy behavior exemplified by health workers, religious leaders, community leaders, government, laws, and regulations.

The early days of the spread of the SARS Cov-2 Novel Coronavirus, classified as a new type of virus, was crucial. Densely populated residential areas such as the Kalianyar are very prone to become centers of the virus's spread. It takes various forms of adaptation, both from governing institutions, community behavior, and regional leaders, or to physical changes on homes and environments must be done immediately in the early days of the spread of the virus to suppress the growth in the number of cases. This research aims to determine the efforts made by the people of Kalianyar to encounter and survive the spread of COVID-19. It can also be an essential lesson for other areas or communities, incredibly dense residential areas with similar characteristics as the Kalianyar.

2. Method

The COVID-19 pandemic condition, which is worrying in Jakarta in recent days, has resulted in data collection not being subject to direct review. However, information regarding housing forms in Kalianyar and social interaction patterns between the community is obtained from contact persons' information through online interviews. This qualitative research uses a descriptive analysis approach through the following methods:

1. Conducting in-depth interviews with the headman of Kalianyar, virtually through the “zoom meeting” and “google meets” application to find out the latest conditions of Kalianyar during the COVID-19 pandemic and the steps that have been taken in the field as a form of control. Virtual interviews were held on 27 May and 3 June 2020.
2. Through searching news articles on the website to see events during a pandemic, especially in densely populated areas.
3. We are conducting data and information collecting by searching on Instagram social media accounts and Youtube channels belonging to the Kalianyar to document residents and urban villages' efforts.

After conducting in-depth interviews and collecting data, we identified the efforts to encounter COVID-19 from the people of Kalianyar by looking at patterns of changes in people's behavior and forms of controlling the spread of COVID-19 based on each ekistics unit and elements.

3. Results and discussion

3.1. Kalianyar Village during the COVID-19 Pandemic

Based on the distribution of the ekistics units described by Doxiadis, that Kalianyar (total population of 29,038 people with an area of 3.18 km²) is units that lie between the small town unit as the total population of 9,000 people with an area of 1.2 km², and the town unit as the total population of 50,000 people with an area of 7 km². Previously, Kalianyar was named Kalibaru, which was a part of the Krukut Sub-district. Then, there was an area expansion so that it became part of the Tambora Sub-district. Kalianyar comes from the Sundanese language, which means: "anyar = new". The naming of "new" is also inseparable from the West Flood Canal development history because there were no rivers in this village.

Kalianyar Sub-district has an area of 31.8 Ha. The boundaries of Kalianyar are Duri Selatan railroad in the east; Kali Banjir Kanal Barat in Grogol in the west; Kalianyar I street, the urban area of Jembatan Besi in the north; and Railroad Tracks in Duri Pulo, Gambir in the south. Based on data obtained from Kalianyar in 2019, the area has a population of 29,038 people with an area of 31.8 hectares. With an average density of 913 people/ha, it can be seen that nearly 11 people inhabit 1 m². The people who live in the Kalianyar are heterogeneous communities consisting of various ethnicities and ages. Based on ethnicity, the Kalianyar area is dominated by 8,238 Javanese, 5,473 Sundanese, 4,525 Chinese, 4,019
Betawi people (the origin of the Jakarta population), and the rest are other ethnicities. Based on the age range, the Kalianyar area has a population of 2,900 people aged 0-4. This is the largest age group compared to other age groups.

Kalianyar is an area designated as residential areas. Therefore most of the land is used as residential areas (80%) consisting of housing, public infrastructure buildings, and roads. Meanwhile, a small proportion of housing is used as a home industry in the form of food handicrafts and the convection industry, so it is rare to find buildings specifically used as factories/industries. Some 20% of the land is used as a trading area for community goods and services. Residents of Kalianyar belong to the middle to lower economic class with an average per capita income of Rp.2,000,000 up to Rp.5,000,000 ($135 - $338). However, as the community's education level increases, slowly, the population's per capita income begins to improve, supported by economic demands that require people to work more optimally. The development of Kalianyar Kelurahan into a small industrial area has also greatly affected residents' income.

Based on the official website of DKI Jakarta, the Provincial Government regarding the development of COVID-19, it is known that Kalianyar is surrounded by other urban villages with many total cases, as shown in Figure 1. This indicates Kalianyar is at high risk for the spread of COVID-19, and thus, the control function becomes very important. Based on the data obtained, after almost six months from 21 January 2020 (the date when the COVID-19 case was published on the official website of the DKI Jakarta Provincial Government) to 10 June 2020, Kalianyar Village can be said to have succeeded in holding back the spread of COVID-19 infection in total. As many as 6 (six) cases of COVID-19, amidst dense residential conditions.

Figure 1. Map of COVID-19 cases deployment processed by authors from www.corona.go.id and data from the Public Health Center of Kalianyar.

Based on an in-depth virtual interview with the headman of Kalianyar, the following are the tactical steps that were carried out by the village officials:

1. The headman of Kalianyar stated that the most significant time in determining the response to the COVID-19 pandemic was since the first case appeared on 2 March 2020. This case's response determines the region's readiness, especially the citizens, in facing the pandemic. Before the official appeal from the central and provincial governments, the headman of Kalianyar implemented the initiative and attitude to carry out mitigation efforts and plans to deal with COVID-19.

2. The headman of Kalianyar has started monitoring the development of the COVID-19 pandemic in Wuhan City until the case that emerged in Depok, which was the first case in Indonesia found. The
urban villagers were swift in preparing to prevent the virus from spreading because they have learned from experiences in other countries.

3. It gave home convection entrepreneurs instructions to produce cloth masks that will be distributed freely to the public. At that time, masks had become a rare item, and even if they were available, the price was unaffordable. This received a positive response from convection entrepreneurs, so at the beginning of March, before implementing Large-Scale Social Restrictions (LSSR) and prior, it was mandated by the national government, residents of Kalianyar had and have used masks.

4. The headman of Kalianyar has made local-scale social distancing efforts. Residents must have close access to vehicles, especially those directly adjacent to the sub-district, which has relatively high cases, namely bridge access to Grogol and road access to Tomang. The closure is done by welding the iron door to allow vehicles to pass by, except on foot.

5. They were spraying disinfectants regularly. It was conveyed that masks, hand sanitizers, and disinfectants were provided not using the local government budget but through the sub-district staff's collective personal costs. Collective results were also carried out to make banners, modify spraying equipment, and provide basic groceries for the community. He said that the budget for disaster conditions in Kalianyar could not be disbursed because the provincial government had taken overall handling. At that time, he described it as "fighting without ammunition," but they must survive.

6. The headman of Kalianyar activates communication through social media accounts, mostly to colleagues who wish to assist, for example utilizing a network of associations of school friends who joined the group. Besides, communication is also carried out through hamlets (a smaller settlement). In Indonesia, it is known as Rukun Warga (RW) to encourage business and community self-help to protect the condition of the environment jointly.

7. The headman of Kalianyar built an effort to foster community participation by forming a task force for the acceleration of handling COVID-19 for each hamlet by compiling a membership structure and job descriptions.

8. The headman of Kalianyar gave an appreciation towards them who could control the spread of COVID-19 to zero positive cases in the form of gratitude in the neighborhood.

9. Monitoring of immigrants outside Jakarta who do not have a Jakarta’s Exit and Entry Permit (JEEP). In case an immigrant resident who does not have JEEP is found, the citizen will be required to carry out a rapid COVID-19 test.

Quoting what was conveyed by the headman in the interview:

"... before the first outbreak emerged... likely before Ramadan...there was a restriction on performing Friday prayers ... I gathered the ustaz who usually prayed in crowded mosques... 2-3 times approximately..... There is a Mosque Prosperity Council ... I gathered, and I invited them to enlighten them ... however, some of them did not obey... they were still praying (in the mosque) ... but the number dropped to 60% ..."

".. If we... as the urban villagers did not do anything ... such as jointly buying disinfectant... I am sure... that the case would be even crazier ... there needs to research, but I am sure that the crucial one was one and a half months ago (March 2020)."

"... And as the head of handling COVID-19... I also discussed with my lecturer, who is in the United States, and my best friend who works at the RSUP Persahabatan (one of the COVID-19 Referral Hospitals) ... we are honest ... we had already shared the masks long before the government announced that wearing masks is important."

3.2. Community adaptation efforts

The community of Kalianyar is a heterogeneous society, the majority of whom are immigrants. However, with different backgrounds, it turns out that they give adequate responses to participate in securing their territory. The hamlet level task force that was established and actively monitoring the security system every night, patrolling the crowds who were not wearing masks, also active in distributing social assistance to be forwarded to the neighborhood level (smaller than hamlet level, in
Indonesia known as Rukun Tetangga/RT) with residents in need. As quoted from the statement of the headman:

"...so there is indeed intervention from us ... the government... as if illustrated by the graph, it increased significantly in its peak phase in Tambora, maybe 2-3 weeks ago ... however, it is downward sloping again. Once there was a case, we immediately intervened... we closed the football field, our mosques, some were locked ... so in RW.08 there was someone infected with COVID-19, we closed up... the one who locked up was not me.. but the community figures... the reason was that it is easy to talk to community leaders, such as "Kyai/Muslim community leader", to perform lockdown...

"RW in our neighborhood... The awesome thing is that the management is active ... they implement monitoring on LSSR... every night... they go around ... they rebuke people who still gathered and did not use masks... this is their initiative..."

The headman of hamlet also had a hand in spraying disinfectant routine in their neighborhoods, and they are even self-sufficient to buy the lack of disinfectant equipment. This task force also monitors residents in their neighborhood who are indicated to have symptoms and then escort them to the headman for a rapid COVID-19 test.

Based on an in-depth interview, quoting what the headman said:

"... so because I already formed the hamlet (RW) task force ... I asked the headman of hamlet for assistance... in case there is someone infected in the area.... I asked the committee to disinfect it every day ... we supply disinfectant ... I did not get any other assistance than this ... the community managed to buy it themselves ... so I did collect my staff at the beginning to ask for a joint venture due to lack of budget... the results of the consultation with the inspectorate of disaster funds could not be disbursed because the authority was transferred to the center... we bought the disinfectant, and then we sprayed all over the area... our job is also to empower the community... that is to say... disinfectant does not work at once, it should be repeated... it is impossible for us to beg the community ... It's embarrassing when the government begs them... we have to give an example to them.. this is us.. the village has five gallons of disinfectant, the rest is regular disinfectant...

"... I agreed... with the hamlet (RW) task force... which in the vicinity of the house is their responsibility.... some of us supply disinfectants for them.... without assistance from the province... joint Apparatus State Civil (ASC) in the village."

The community appeared to have implemented recommended health protocols, such as providing a place to wash their hands in front of houses and worship places. The headman of Kalianyar admitted that at first, it was indeed difficult to change people's behavior to implement health protocols. However, by providing examples and active community participation, people gradually became accustomed to it.

3.3. Adaptation efforts in each Ekistics unit

Adaptation efforts in dealing with the COVID-19 pandemic in Kalianyar as the most densely populated residential area are achieved by adjusting behavior and control functions in each ekistics unit. Based on the results of several interviews with the headman of Kalianyar and tracking of the implementation documentation in the field, it can be obtained an overview of how Kalianyar adjusted and the forms of control were carried out. The following is a description of each of the mentioned ekistics units.

3.3.1. Adaptation efforts in the Anthropos unit (human). Changes in health behavior that occur in the smallest ekistics unit, namely humans, especially as residents of Kalianyar, are using masks to prevent transmission of COVID-19. Based on the interview results, the headman of Kalianyar said that before the instruction of the central and provincial governments to use cloth masks, almost all residents already owned and used cloth masks.

Green (1980) stated that health behavior is influenced by three factors: predisposing, enabling, and reinforcing. In shaping health behavior, knowledge, attitude, understanding of health risk is needed. This is supported by the availability of health facilities and reinforced by influential figures' behavior in society. For instance, people do not want to use masks to prevent transmission of COVID-19 because people do not perceive the dangers of COVID-19, or it could be challenging to get masks due to its
scarcity in the market and the price is unaffordable. Another reason is that community leaders, local authorities, or influencers on television do not use masks so that people do not think that wearing masks is essential for preventing COVID-19 transmission.

The behavior that was formed in the residents of Kalianyar was due to enabling and reinforcing factors. The enabling factor here is the availability of cloth masks facilitated by the headman. In addition to distributing free masks, the headman and other local authorities also provided examples of using cloth masks while interacting with residents. There is a reinforcing factor that plays a substantial role in changing the individual behavior of the Kalianyar community.

According to Notoatmodjo (2005), the behavior is a form of activity of living observable things, such as walking, singing, running, and so on. An unobservable such as thinking, acting, fantasizing, and so on. Thus, health behavior can be defined as the activity of living things, both observable and non-observable, related to illness and disease, health service systems, and the environment (Setiawati, 2008).

There has not been much change within the relationship between family members considering the limited space and space occupied by more than five people. Life goes as it is because it is difficult to perform physical distance.

In this ekistics unit, psychological and the driving force factors towards achieving happiness and security are the main factors in behavior adjustment and personal control factors for virus prevention efforts. However, the interview results revealed that in the implementation of wearing masks, supervision from outside the hamlets and sub-district level are still needed. Quoting from the headman: "...and before the provincial government distributed masks... one person got two masks ... almost 80% of my residents already wear masks ... well sometimes they don't... you know..but they already have masks .."

3.3.2. Changes to the room unit. An ekistics unit in a room is displayed in a room used by a person (human). The rooms' size as rooms owned by residents of Kalianyar are minimal; on average, only 6 to 12 m² in size are used by more than two people. The ekistics unit overlaps with the dwelling unit or residence because the average residence consists of only one to two rooms that function for rest and dwelling.

3.3.3. Changes to a dwelling unit. Changes in space use in the dwelling unit or residence in Kalianyar were not found considering the limited living area and the number of residents up to more than five people (10.9 people per m²). This makes it impossible to limit the distance or change the spatial pattern because they tend to fill in the space to be used as much as possible. When examined in the documentary evidence previously presented, it is found that the house as a residence owned by the residents of Kalianyar generally only consists of one room measuring 3x4 meters, so there are many other functions outside the house. The function referred to the kitchen's position, which is in front (outside) of the house, shared bathroom, and washing toilet facilities.

Adjustment efforts only occurred in the effort to limit the number of receiving guests. Although this seemed unclear in the documentary evidence, it was conveyed from the interview results with the headman. Restrictions on accepting visits are also supported by efforts to control the neighborhood (RT) and hamlet (RW) groups as a form of control.

3.3.4. Changes to dwelling group unit. Changes in health behavior that occur in the dwelling group unit, namely in the neighborhood around the house/neighbor, is the availability of a communal hand washing area in the alley of residents' houses or places of worship. In addition, the community in this unit appealed for their living area as a mandatory area for masks by posting a sign in front of the alley. This behavior change occurs due to individual predisposing factors of the Kalianyar community. There is a typical attitude, understanding, and knowledge of the Kalianyar community towards preventing COVID-19 transmission. The same collective attitude to protect the environment from the spread of the virus. The intensity of the supervisory and control functions in this ekistics unit is higher than the previous units because the behavior is carried out as a form of shared responsibility.
3.3.5. Changes to small neighborhood. Behavioral changes that occur in small neighborhood units, namely the neighborhood (RT) level, are the active role of its headman in monitoring the community in implementing health protocols, closing access to crucial locations, actively collecting data on residents who have the right to receive social assistance and monitoring their residents who are indicated by COVID-19 and the immigrants who are not equipped with JEEP. This behavior change occurred as a result of the reinforcing factor driven by the hamlet level task force. This unit also features a form of control in the element of responsibility in ensuring the distribution of social assistance to residents who need it.

Behavior change is included in the control efforts at the neighborhood level. This can be seen in the documentary evidence when its headman was conducting joint monitoring with the headman of Kalianyar, especially in monitoring the use of masks and providing a place for washing hands. The intensity of control efforts in this ekistics unit can be high because it has an essential role in ensuring the distribution of resources fairly and appropriately (including the meta-criteria presented by Lynch, namely justice and efficiency).

3.3.6. Changes to neighborhood units. In the neighborhood unit, namely the hamlet (RW) level, the changes that occur are the progress of its duties and functions in forming a local scale COVID-19 handling task force. Based on the interview with the headman, the hamlet (RW) Task Force, which was formed, was very active as it was very influential in breaking the chain of disease spread. This behavior was formed due to a reinforcing factor where the headman issued a decree for each hamlet in Kalianyar to form a COVID-19 handling task force. Besides that, in supporting the implementation of prevention efforts, it was previously mentioned that collectively the headman provided infrastructure in the form of disinfectant liquid for those affected hamlets. This triggered them to independently buy disinfectant for spraying in their area (enabling factor).

The control measures that run within the control criteria presented by Lynch (1984) are running well in Kalianyar. The certainty use of facilities, congruence rights of citizens to receive protection through spraying disinfectants, and responsibility in mobile monitoring provide encouragement to take personal responsibility and in their neighborhood. Another major factor that Lynch might not mention in his normative theory is the trust factor mentioned by the headman of Kalianyar as an essential key in the control system's operation in the neighborhood unit or hamlet level.

3.3.7. Changes to small-town units. In urban village units, the changes that have occurred are an increase in monitoring and control of the spread of COVID-19 at crucial times, namely when the first cases entered Indonesia. The headman made early preventive efforts based on a sense of responsibility for the position he holds. Realizing that the area that is his responsibility is the most densely populated and armed with the knowledge obtained through his colleagues, the headman as a manager of small-town administration makes decisions by compiling strategies to suppress the escalation of positive cases of COVID-19 in his area, namely through the actions already mentioned previously.

The control measures carried out in particular by the headman as a regional leader are the main tasks and functions carried out by the village heads in other areas. However, the success of Kalianyar in dealing with the pandemic by containing the spread of the virus is due to its sensitivity in responding to the situation long before the spread of the virus entered Jakarta. In addition to educational background, a high level of concern from a regional leader is very important in determining attitudes and making adjustments.

Behavior changes occur in each of the logistics units. However, they are still heavily influenced by the control system or control from the community's joint supervision, starting from the dwelling group unit. This is in line with what Doxiadis (1970) stated that achieving happiness, satisfaction, and security is very much determined by the quality created in the relationships between humans who live in their environment, not solely on specific physical standards or certain materials. However, this statement also does not justify ignoring the importance of environmental quality. However, the efforts made by the
residents of Kalianyar to create an adjustment in the face of a pandemic emerged from the quality of human to human relations.

4. Conclusion
The urban village of Kalianyar illustrates that the elements in each ekistics element have a significant interrelationship and influence in dealing with the COVID-19 pandemic. This interrelationship is through a balance created within the limitations of each element. The balance is through the optimization of the elements' strength to overcome space limitations in performing physical distances that cannot be implemented. Optimization and efforts are created through behavior change and control from other ekistics elements, namely humans and society, supported by the example of the Kalianyar headman to be used as role models and encouragement to implement the necessary health behaviors. All the descriptions in writing can be obtained as a picture of the achievement of happiness and security as the goal of living, including in situations with the threat of a pandemic. This achievement was made through adjustment efforts, which were subsequently announced as the "New Normal" by the government through habituation of wearing masks, washing hands, and performing physical distance. In the case of Kalianyar, the wider the units, the more visible changes in health behavior that occur. It is also reinforced through the relationship between humans and the community. This indicates that a control system occurred as a shared responsibility. As Lynch (1981:118) said, "Control is the degree to which the use and access to spaces and activities and their creation, repair modification and management are controlled by those who use work or reside in them". It can be said that Kalianyar has already implemented the "New Normal," which is practiced according to the appropriate context for the local people of Kalianyar. The adaptation efforts of the Kalianyar can also be an essential lesson for other areas or communities, incredibly dense residential areas that have similar characteristics as the Kalianyar, especially in sensitivity to response and creativity in fulfilling resources.

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