

COVID-19 and the Local Tradition of the People of North Maluku

Susanto Zuhdi,^{1*} Irfan Ahmad,² Andi Sumar Karman,³
Safrudin Abdulrahman,³ Noor Fatia Lastika Sari¹

¹Department of History, Faculty of Humanities, Universitas Indonesia - Indonesia

³Department of Anthropology, Faculty of Humanities, Universitas Khairun Ternate – Indonesia

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Abstract

Dealing with pandemics has never been a new issue, seen from the perspective of the history of mankind. It was a manifestation of *l'histoire se répète*. As an example, a few centuries prior to the Black Death and Cholera Outbreak, Galvao wrote that a respiratory disease had broken out in Ternate around 1553, while De Clercq mentioned a deadly plague in Bacan throughout 1706-1709. Traditionally, these issues were treated as a result of badly conducted supernatural rituals. They opted for herbal treatments, and exorcism, and even migrated to the hinterland as an act of self-quarantine. Today, COVID-19 has become a global pandemic and reached the islands of North Maluku province, with Ternate as the *epicentrum* of the outbreak. However, there has been a resolution, which facilitates another traditionally crafted effort, such as *Liliyan*, *Barifola*, and *Rera*, based on the oral tradition mentioned in *Dora Bololo*. We seek to discover how far cultural aspect would affect the economic and social life of the locals, as well as in what domain tradition and local practice should contribute to the current situation. Thus, this research aims to understand and analyze such a combination of traditionally generated solutions within a current scientific framework, especially on how history, anthropology, as well as archival, and memory study could understand the living aspect of the locals and therefore apply Vansina's (1985) approach in oral tradition as historical sources.

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Corresponding author:

susanto_zuhdi@yahoo.com

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Introduction

As recorded in many historical documents, the people of North Maluku had encountered various deadly diseases, as well as the plague, which they considered dreadful and unfortunate events. Such hair-raising occurrences were known as *bobako* by the people of Togutil, North Halmahera, or *manguis* by the people who inhabited East Makeang (Makian). They believed that they had no option left but dying and perished, whenever a contagious and violent plague scoured the islands around. An anticipative measurement should be taken to avoid mass death that could wipe the population out. Hypothetically speaking, they generally believed that an extraordinary calamity usually comes by the arrival of east monsoon wind, so they would have extra precautions as counter measurements.

The east monsoon wind carried warm air, blown from the land to the sea, to the eastern archipelago to Indonesia. It was blowing hard at night, thus believed to be the source of all diseases traveling from outside of the archipelago. Therefore, during the season, the people of Wayoli and Gorab ceased to carry any fishing activities out, for they were afraid that such negligent behavior could be the death of their family members and themselves (Latif, et al. 2015). They alternated fishing activities to sago plant cultivation, or other agricultural activities (Kleden & Imelda 2011, 84)

Antonio Galvao, a Portuguese governor in Ternate from 1536 to 1540, had one occurrence recorded in his writing, titled *Historia das Mollucas*. He mentioned a plague that stroke North Maluku in 1535, as stated (Jacobs 1971, 179):

“A deadly plague once happened in Ternate and its surrounding area in 1535. It came along with the east monsoon wind. Contracting the disease means that they had to embrace chilling cold or burning fever, inflammation of the hymen (?), irritation on the vocal chords, and weariness. They kept on vomiting anything they consumed, followed by a bad cough and tightness along the chest and abdomen. Furthermore, they had also had to deal with boiling blister lesions. None of them could survive the plague. They were dying and died after eight or nine days, or even less than I mentioned. Some young adults, perhaps, could endure much better, for they have stronger immune systems.”

Unfortunately, Galvao did not mention anything further about the plague or specifically analyzed the occurrence thoroughly because he was assigned for reporting daily activities and development of Portuguese trading partnership in Ternate. However, in Hovenkamp's *Memorie van Overgave* (1930, 59 & 75), it was reported that the plague was identified as *bobento* (warts), *koheba* (scabies), beriberi, and malaria. The similar plague was also found in northern New Guinea and Banda Islands, but no further insight about the plague was mentioned.

Centuries after, Valentijn (1724) mentioned a respiratory disease spreading in Makian around 1646, a few weeks after a volcanic eruption. Many people decided to leave their houses to steer clear of the disease, as Resident of Makian, F.S.A. de Clercq stated that they even emptied a village in Malo Tangteng Beach (De Clercq 1890, 85).

In fact, during 1706-1709, a series of plagues were also attacking the surrounding area of the Sultanate of Bacan in Bacan Island.¹ The casualties soared high, to the point where the sultanate lost its 10.000 *kawula* (loyal servants). The Public Health Office of the Dutch East India Company (*Verenigde Oost-Indische Compagnie/VOC*) reported that the remaining 2.000 *kawula* continued to decrease in number (Valentijn, 1724). Such a phenomenon got the Sultan of Bacan confused and satirically perceives himself as the king of nobody since everyone had left the palace (Brumund 1856, 364).

Several diseases were often found in Morotai, Loloda, and Tobelo, such as *bobento*, *koheba*, and malaria, with a larger population affected than the one mentioned before in Bacan. Besides, Halmahera was also once the epicenter of tuberculosis, beriberi, leprosy, and cholera from 1530 to 1709 (Brumund 1856, 447).

It was rather a miserable era, until the beginning of the 19th century, when the colonial government introduced a private-based hospital, maintained by the Catholic-based organization in Maluku, in spite of the fact that this could be a part of the Catholic sending mission. Therefore, the colonial government prioritized treatment of and isolation from contagious diseases, such as plague caused by bacteria, cholera, leprosy, smallpox, malaria, beriberi, and tuberculosis (Abdurrachman 1973, 259). It is compulsory for multiple governmental offices and levels of authority to track and report on the growing cases. By the end of the century, the mortality rate slowed down while the health service grew successful (Ahmad 2014, 164).

High-ranking officials of the public health office in Maluku, known as *Eerst Aanwezend Officier van Gezondheid*, assigned a coordinator in each area of settlement in Maluku, who would directly and regularly report to their respective residents. The colonial government was also quick to realize that Ternate and its surrounding area needed more hospitals to cope with another spread of smallpox and cholera in 1867-1868. The decision was based on the letter-number 2889 from the Second Class Officer of the Public Health Office in the Governorate of Maluku, dated December 14th 1866, as the number of casualties were exponentially increasing (Koloniaal Verslag 1870, 14).

Prior to the decision, there was a hospital in Ternate since 1711. However, the hospital was only available for the Dutch military officers that they failed to comply with the situation at large (Boomgaard 1993, 85-90). Death was becoming an inevitable consequence when the locals dealt with

¹ Further detail about the Sultanate of Bacan would give a lengthy addition to the article. However, the four main sultanate of Maluku lies in four different islands. Therefore, the Sultanate of Bacan was located in Bacan Island, while Makian Island is apart from Bacan.

various diseases unknown to them. Doctors and other medical practitioners had no ideas to cope with demands, so that the locals were opting for self-crafted medication. They decided to leave their settlements for a while, traditionally quarantining themselves in the middle of the forest for weeks. They consumed herbal potions, concocted by indigenous practice and belief, until they felt better. Some of them made it, while some others did not (Boomgaard, 1993).

Such traditional practices and beliefs were introduced as various rites and potions, though it was later proven to be inconclusive as the recovery rate was still under the mortality rate. In spite of the effort on making a proven point, such traditional practice and belief could be the point of identification of indigenosity and wisdom of the local people. They carried an annual ritual out to spiritually clean the settlement from the evil spirit and bad luck. The outbreak of any diseases was perceived as a manifestation of a demonic presence, so they need to purify the land by conducting spiritual cleansing. They also combined it with the consumption of traditionally brewed roots and leaves as herbal treatments. They gathered various roots and leaves, believing that Mother Nature is the best cure of all. If these two practices were less potent or effective, they quickly opted for self-quarantining themselves by isolation in the outside area of the settlement. The basis of such perception was an ancient tenet, believed and passed through generations, which implied that bad luck came from frivolous and mundane acts that defiled the land (Baretta 1917, 42, 43, & 45-53).

The people of Ternate and Tidore were also aware of the spiritual cleansing ritual, as was mentioned by Brumund (1856, 438) in order to elaborate on the connection between the presence of evil spirits and the changing physical condition of the people. The people of Ternate knew the ritual by the name of Kololi Gam, a tradition of roaming the settlement around whenever an outbreak started. The elders of the community conducted the ritual in order to sweep negativity out, as well as to seek guidance and salvation from Allah. In Tidore, there were also two other rituals, called idu-idu and salai jin. These rituals were not always as effective as they promised, because they barely cured the disease (Tobias 1857, 73).²

In Modole, there was this interesting ritual called gomatele (or gomater, according to the local tradition of Boeng ethnic group), practiced by local shamans who diagnosed the physical and spiritual condition of a sick person after entering the state of trance. The ritual was then called off after the arrival of Catholic missions in the area, for it was seen as an act of heresy. A less heretic version of spiritual cleansing was introduced after the encounter between the people of Maluku Islands with Islam. The people of Makian, for example, adopted the tolak bala ritual to deal with misadventures and adversity. The elders of the community, along with the religious leaders, held the ritual by wandering around the settlements in a large group while chanting prayers and dzikir (praises to Allah), after they had Tahajud prayer in the mosque altogether.

Such practices were then completed with various traditional potions called *o a'ele mahau'u*. It was more like a self-treatment or homemade remedy prepared by an o hou hounu or a witch doctor. Various herbs, roots, and spices were believed to possess certain effects that could reduce sickness and even symptoms. The people of North Maluku were still keen on the method as they managed to keep the traditional practice and beliefs alive. They found the local practice pretty much convenient and simultaneously sustainable for curing most illnesses they had experienced. The people of North Maluku preserve their local wisdom because of this reason. The practicality of their local practice allowed them to let their tradition endure, while helped them to adapt with changes in life, including when they had to deal with pandemic/plague. As an example, they mixed water from rattan (take), banana tree, hanging roots (*abete*), *dangota* tree, and many others to cure high fever, headache, and inflammation, caused by infections. The mix of water was known as *mama'ta*.

² The tradition and the ritual conducted by the people of Ternate and Tidore (in the sultanates) were mainly an Islamic practice. However, according to the oral tradition gathered through interviews, there was once a Dutch mission/zending institution that once built a leprosarium in a village for people who suffered from leprosy in Halmahera. The name of the village is Gamdora, located at north of Tobelo. There are archives regarding this village in *Het Utrechts Archief's* website that could support the orally transmitted testimony, even though the Gamdora Village is no longer exist (hetutrechtsarchief, n.d.).

Other than that, they were also familiar with the concept of self-isolation or quarantine. The idea came after the series of plagues hit North Maluku hard, compromising the chance of survival of the locals. As explained above, those who acknowledged the severity of the plague affecting their settlements would prefer to move out temporarily, and then isolated themselves in the hinterland area of the islands, mostly in the forest. The colonial government also made a quarantine center, according to Decree No. 1680/2071 of September 4th, 1856, which was caused by the spread of leprosy among the people of Ternate, Tidore, and most Halmahera. The situation escalated precaution measurements taken by the colonial government, for they had to alter the Fort of Castella into a quarantine center, only seven pals (1 pal equals 1.500 meters) away from the heart of the Residency of Ternate.

The colonial government made two large buildings with sixteen rooms each. The first building was intended as a treatment ward for female patients, while the second one was for male patients. A maximum of two patients occupied one room. The emergency decision was taken care to counter the spread of leprosy, a highly contagious disease that could spread easily through airborne respiratory droplets and aggravated by an unhygienic environment (Tobias 1857, 82).

However, the establishment of two quarantine buildings was inadequate. The number of people who contracted leprosy grew higher each day. In his writing, Tobias (1857, 83) mentioned at least 18 individuals from Tidore and 41 individuals from Ternate were hospitalized in the treatment ward inside the Fort of Castella. The colonial government also banned the people within the area of the residency from carrying out their daily activities. Some of them were not allowed to host family members or relatives coming from outside of the residency, even if it was just a matter of delivering food. The colonial government enforced the people to be more alert to the formidable situation and implement basic health protocols, such as a healthy and sanitary lifestyle, as well as introducing the way the people could contribute to the treatment and prevention of such infectious diseases.

The public and Military Health Office of the Dutch Colonial Government settlement received f. 25 (25 guildens) as a monthly allowance, once every two months (Bosscher 1859, 204). Moreover, the colonial government had the residency rearranged according to the regulation about residential and village arrangement, to eventually oblige every resident to maintain cleanliness and to only use clean water for every purpose, so that they could hold the disease transmission rate down.

By the early 20th century, the people of Halmahera started to encounter similar infectious diseases, especially the Alifuru people who lived in most hinterlands on the island. The Catholic mission was quick to contribute further in introducing a healthier and cleaner lifestyle that these people should adopt if they wished to stay alive, as Baretta elaborated (1917, 71). First, improving the condition of existing housing, as well as building better housing for the sake of the community. Second, providing clean water for daily consumption. Third, prohibiting women and children to harvest sago in the forest (because it was considered a less nutritious foodstuff). Fourth, initiating free first aid and basic medical treatment pieces of training for all. Fifth, educating a number of individuals to become midwives (to help laboring mothers). Sixth, establishing a smaller treatment ward in several areas for local patients. Seventh, distributing medicine packages to cure cholera, malaria (Chinine/Quinine, an anti-malaria medication), and syphilis in various areas.

Thus, we might see such occurrences of the past as the shape of misfortunes, and sometimes a more cogent argument about this was that the arrival of foreigners had caused it all to happen because most diseases were unknown to the locals prior to colonization. However, we could also consider it as a part of what history is always for an honest record of how humanity deals with life challenges. The lesson learned is how the locals also contributed to the menacing situation, giving additional solutions to treatments through local indigenoussness and wisdom.

Previous studies on the relationship between tradition, history, and pandemic were conducted by Purwanto (2020) and Amin (2017). Purwanto's article, titled "Learning from the Corona Virus Pandemic: Interdisciplinary History and Strategic Issues of Historical Research" shed light on the function of history as a science that can be used to formulate strategies to face various challenges as well as present and future opportunities based on knowledge, understanding, and the meaning of the past. Purwanto also gave an emphasis that the existence of influenza as a disease caused by a virus has

a strong root in human history. On the other hand, Amin, in his article titled *Menyikapi Kearifan Lokal: Menggali, Menghargai, dan Mengkritisi* tried to rediscover the local wisdom of the indigenous people of North Maluku, in regards to map the cultural values existed amongst the people. Both studies provided substantial baselines to this article, as it elaborated much on how pandemic could shape our understanding toward history, while the recognition toward local wisdom allowed us to discover their method of adaptation toward changes.

A Highlight on the Spread of COVID-19 among the People of North Maluku

It was quite unpredictable when the Indonesian government declared COVID-19 as a national disaster in March 2020, following similar notions given by the World Health Organization a few weeks prior. The local government in various districts began to adjust themselves to the alert status, especially on how the government decided to imply the Large-Scale Social Restriction (*Pembatasan Sosial Berskala Besar/PSBB*) to hold the spread down while preparing better options of treatments and act of preventions. Relatively, in the Ministerial Regulation issued by the Ministry of Health No. 9 of 2020, every district in North Maluku Province was among the 124 districts with decent resistance to the global pandemic, as each district followed the instruction given willingly (Bramasta 2020).

The local government shut most public places down, starting by putting limitations on all passage of entry and discharge. Sultan Baabullah Airport was closed to the public, while small-, medium-, and large-scale harbors were not allowed to carry sea travel out. All scheduled trips to and from Ternate were canceled, by plane, ship, or even speedboat. Weeks after March 2020, COVID-19 had reached Ternate and turned the blissful city at the foot of Gamalama Mountain into one of the “Red Zones” of COVID-19 infection. Cases were building up, higher and faster than any other surrounding area of Ternate, though it was a rather minor distortion in comparison to Jakarta, Surabaya, Makassar, or other big cities in Indonesia. Nevertheless, the case in Ternate was proven to be the highest among the islands of North Maluku Province, except for East Halmahera and Taliabu Island as no cases were found in both areas.

Following the negative trend in its neighboring island, the local government of Tidore Island decided to also imply PSBB, starting in May 2020. Geographically, Tidore is smaller, but not less populated than Ternate. The island got shook by the death of its city secretary, Asrul Sani Soleman, followed by the positive test result of its Mayor, Ali Ibrahim, and the death of Sulamah, Ibrahim’s wife. It sparked fear among the people of Tidore that perhaps the island would and could never be ready for another blow of COVID-19. As an act of salvage from the uncontrollable loss, the Mayor of Tidore closed any access to enter or leave the island for at least a month.

The economic sector in these islands was also not without a stir. Most people had to go back to the most basic and subsistent practices to make ends meet, which were subsistent farming and fishing. Usually, they organized two different agricultural fields to cultivate: (1) *the annually harvested field*, which they could harvest once every year, such as clove, coconut/copra, and nutmeg, to be exported outside of the islands; and (2) *the monthly harvested field*, which had shorter period to be harvested, such as cassava, yam, banana, long beans, and other kinds of vegetable that they could harvest in every three months. The later agricultural field was actually the effort on establishing a self-sustainable living, consumed as daily staples, and cultivated conveniently in vacant soil nearby or simply on their own front yard.

Other than that, these people also relied their lives on marine products, such as fish in both shallow water and deep sea. They used the technique of *mangael* (using hooks) and *basoma* (using trawls). *Mangael* was commonly used to catch skipjacks, tunas, and other large fishes, while *basoma* was used in general to catch a school of fish swimming in an installment called *rumpon*, or Fish Aggregating Device (FAD). Some fishermen would have a sail in groups, while some others would prefer to have an individual voyage. Usually, those who traveled in groups would bring ample catch to be consumed or put to sale, because they could reach the farther body of water, while individual fishermen would stick to the regular necessity by sailing on the coastal area. However, both activities required a costive initial fund of at least 30 million Rupiahs. They needed the fund to obtain fuel,

license, and permit, as well as provisions before they got to sail. These three components must be calculated meticulously, or else they would suffer a considerable loss, though individual sail would cost less than group sail.

During this trying situation, they opted to lessen the intensity of going out in groups. They limited the journey to specifically fulfill the basic needs of the people: fish for daily consumption. The initial fund might be one issue, but another concern was nobody would dare visit the ever-busy and crowded traditional market to buy fish or any other stuff. Besides, these people might be also faced with economic constrains that they were no longer able to purchase as much as they did before the COVID-19 stroke.

Thus, we could see how the pandemic had put profound tension on social activities and economic hustles of the people in North Maluku, and therefore they chose to go back to sustainable living in order to preserve their condition and cope up with the unpredictable challenges. Communities who based their living on traditional fishing and husbandry would only take a moment to adjust, and perhaps this analysis was the best notion to describe most communities in North Maluku Province.

The people of North Maluku referred this condition to the cultural pattern of *ka lao, ka dara bisa*, meaning that they could carry both fishing activity on the sea (*laol laut* in Indonesian) and agricultural work on the land (*daral darat* in Indonesian) at the same time. It showed how adaptive they could become and how a locally invented cultural pattern provided the mode of adaptation and conformity. *Ka lao* means “go to the sea (to fish)”, while *ka dara* means “go to the the land (to farm)”. The people of North Maluku, as well as other Austronesian race group inhabiting the eastern archipelago, had long been known as the ruler of both the sea and the islands. They made a good use of the natural resources available, while preserving harmony of traditional and modern experiences, knowledge, and natural phenomenon.

This cultural pattern, or perhaps we could also consider it as cultural philosophy, should be the best “safety valve” of economic puncture in the society. It had invoked the urge of versatile living, simply referring that a fisherman could also do agricultural work, while a farmer could also carry out fishing activity out. Both would be good either way and the pandemic would no longer be perceived as shackling chain that constrained them to accumulate better opportunities.

Both marine and agricultural products could be marketed and distributed further among the people, amid the existing social restriction, in various open markets, and even on the side of the road. It might be impossible for them to expect regular customers to carry transactions out, but it was much more likely for them to cater to the most basic needs of the family or even the community out. Some people were seen selling medium-sized fish along with a few vegetables in front of their houses during the holy month of Ramadhan. They also sold some cakes and snacks, as well as fresh drinks and compotes for breakfasting.

***Gotong Royong* in the Time of COVID-19, A Concept of Mutual Cooperation amongst the People of North Maluku**

Lilijan or *leleyan* was basically a volunteering activity by a group of adults, men, and women, to provide assistance to a family who had to conduct ceremonies, such as funerals for deceased family members, wedding ceremonies, or other ceremonies and thanksgiving moments among the community. They assisted the family in doing tasks and preparing amenities needed to lighten the burden. They even brought several foodstuffs or ingredients for the family for free.

All ethnic groups in North Maluku knew this practice, even though each area acknowledged the practice in many different names. The people of Makian knew it by the name *leleyani*, while the people in Tobelo called it *lelean*. In Galela, Sula, Sahu, Tabaru, Tidore, Ternate, Patani, Weda, Maba, Buli, and Wayoli, this practice was known as *lili'an*. All was referring to the same practice.

Lilijan is specifically practiced by married couples, so that the wives could help preparing and providing the guests with food and beverages, while the husbands could help with firewood and tents (known as *tenti* or *sabua*). The wives would also bring groceries, such as rice, coconut oil, and palm

sugar, called *baleta* or *boleta*, as some kind of dowry from one family to others. This dowry-like item could also be replaced by money for around twenty to fifty thousand Rupiahs.

What based the practice was the mutual help and assistance, as well as purposeful contribution to the community. It was considered to be important and somehow compulsory because there might be social sanction for those who seldom or even never contributed to the practice, which was the repugnance or aversion of others to help them in return. Sometimes, there were also act of contempt uttered by the community members who thought that these less-concerned people were complete anti-socials. One of the contempt we happened to cross by was “*kalo mati bakubur sandiri*”, which means that these people might have to bury themselves if they had died because no one would be there for help.

Other than *lilyan*, they also had *barifola*, etymologically a combination of two words; “*bari*” and “*fol*”. *Bari* or *babari* means helping each other or mutual cooperation, while *fol* means a house. So, *barifola* is mutual cooperation in infrastructural work, especially in house building.

Prior to the modern context where houses were built out of concrete walls and roof tiles, the traditional houses of the people in Tidore were made of stones and thatch midrib, or the stalk of a sago palm tree. They usually assembled the stones together by a mixture of chalk, instead of cement mix. The wall was only one meter high and then finished by a set of roofs made of thatch midrib. During the building process, surrounding families in the community should at least contribute it in the shape of manpower.

There are at least three types of house building, according to the people of Tidore; *gaba-gaba* (temporary, impermanent house), half *leger* (semi-permanent house), and *kancing* (permanent house). *Barifola* was practiced in assembling temporary and semi-permanent houses, and was no longer effective when the concept of permanent houses was introduced. The construction of permanent houses should be carried on by paid coolies with caution, and therefore turned the practice outdated.

However, we got to understand how the practice was carried out. *Barifola* started by the time the owner of the house got the materials ready. The owner of the house should have a precise calculation of the availability of the materials, such as sand, wood, nails, and others, before announcing the building plan to his/her neighbours. Various people from different settlements would come to lend their hands to the work. Some of them might not know or have been invited, but they managed to contribute as soon as they saw the house building. It was sincerely a social interaction at a different level.

In a return, the owner of the house would serve food, drinks, and cigarettes to participating neighbors. Some of the neighbors and relatives might also bring food and drinks with them, so it was more like a small-scale festivity. Such kinship and togetherness were noteworthy to the social bonding of a community.

The collective work ranged from the construction of the building foundation, and the building of the wall, to the roof installment, but it always depended on the availability of the materials provided by the owner. If the owner happened to only have materials for the construction of the building foundation, then *barifola* would end by the time they got it erected. The work was then discontinued until the owner had other materials ready for the next step, but the people who helped with the building process would commit relentlessly until the owner got to settle down in his/her new house. *Barifola* could last for three days to finish building a semi-permanent house, while temporary houses would only take a day. *Barifola* was also available for the building of permanent houses, but only to help with the construction of the foundation and the installment of the iron sheets, which could be accomplished in a day.

In hard times like nowadays, the practice of *barifola* was once again popular. Many house owners were unable to continue the construction of their houses due to the social distancing policy and the lack of income. They couldn't afford to pay for construction workers or even paid coolies to do the job, while these workers were currently unavailable due to proximity restrictions. Ironically, perhaps COVID-19 could be considered as having an integrating factor that taught people how to “work” together and responsibly.

Another shape of *bari* was the tradition of participating in digging a well as a source of clean water for the household. Usually, the owner of the house would *koro*, or walk around the settlement, to call on volunteers, and people would voluntarily gather in the morning and get all the work done by the evening. The practice lasted for a day, so the owner would carry out the remaining work if any.

Mutual cooperation among the locals was the answer to the limitation on various social and economic activities. It helped them cope with the burden, as well as gave them a new perspective on how this matter should be dealt with.

Next is *hapolas*, the tradition of the people of Makian, South Halmahera, who happened to have migrated to several districts in North Maluku. *Hapolas* was the ceremonial practice to commemorate the death of a member of the community after eleven-day he/she had passed away. The practice was quite simple, which was to give some amount of money to the grieving family, to help them finish the unfinished business of the deceased, such as indebtedness, or to pay the cost of *dina* or *tahlilan* (the uttering of good words and pray for the deceased in Islam) held in seven to nine days after the death. It was an obligatory religious ritual, no matter how the condition of the family was. Some families preferred to borrow some from their close or distant family, while some others would be in debt to their relatives or acquaintances.

By the tenth day, a representative would ask the family about the amount of debt that had to be paid. And shortly after that, the same representative would announce the minimum contribution to the members of the community, so that they would contribute to *hapolas* day, as it is supposed to be. Every member of the community had an equal moral obligation to get involved in the practice of debt repayment, and none of them considered the practice a burden.

Another similar practice might be *lompoa dohoi*, a practice from the people who inhabited the Sula Islands, derived from three words of their language group, which was “*lom*” (be together), “*poa*” (blood), and “*hoi*” (bones). *Lompoa dohoi* was then translated as the imminent relationship among the family members, symbolized as blood and bones inside of human’s body, carrying out the same duty of keeping the whole body alive. Furthermore, the people of Sula Islands used this as a reference to a traditional practice of mutual help in the islands, located 284 kilometers away southwest of Ternate and Tidore.

Functioned as an inner circle social medium, this practice was established to help the members of extended family in conducting various ceremonial rituals, such as wedding ceremonies, funerals, and celebrations of something, as well as ordinary purposes, such as contributing to the tuition fees of underprivileged family members and financing the medical treatment of sick family members. We could say that *lompoa dohoi* taught the people of Sula Islands to see a bigger picture of human existence, for it had made them willingly contribute to each other’s burden; not only as a mere ritual fulfillment or compliance but also as a humane behavior among close or distant kin.

A more relevant traditional practice to the agricultural sector was *makayol komo*, a word from Makian group language that could be literally translated to “take a hand”. The word came from the combination of words “*maka*” (mutual/reciprocal), “*yol*” (take), and “*komo*” (hand), meaning that some groups of people would reciprocally take turns helping the land owner to take care of his/her farm or plantation. Similar practices were also found in another ethnic groups in North Maluku, such as *oro gia* in Ternate and *walima* in Sula Islands.

Group work in *makayol komo* consisted of land clearing and harvesting agricultural products, such as cloves for example. The people who volunteered were divided into numbers of temporary groups, which only lasted for a day, working in shifts, and had to bring their own food and supplies.

Makayol komo was a long-lasting practice acknowledged by the people of North Maluku because it helped very much with agricultural work that needed loads of manpower, and the owner of the land did not have to bother with supplying consumption for the volunteers.

The last one was *rera moi*, derived from a word in Sahu group language “*rera*” (a family, descendants, or a group) and “*moi*” (one), meaning mutual help among close family members over the same kinship status. The practice sought active participation among close family members who happened to be in the same line of descendants.

The people living in Sahu, West Halmahera established *rera moi* to reach out to family members and relatives residing in several settlements in the district. It was a holistic practice of collective work, because *rera moi* was meant to help with various matters, such as organizing funerals and *tahlilan*, arranging wedding ceremonies, building houses, and land clearing for farming needs.

Conclusion

This research purpose is to find the attributions of how history, anthropology, archival study, and oral tradition could understand the living aspects of the locals. Collective memories are the key to the research as well because they allowed us to delve deeper into the existing local tradition and practices. After all, tradition is a part of habitus, a concept Pierre Bourdieu introduced to define a deep structure, generated by all thoughts and behaviors. At last, we could see how the people of North Maluku, especially on the islands surrounding Ternate could generate or establish an alternative trade and shipping network to keep the economic activities going. Such findings are quite important, as we started to see how they managed to be less dependent on Ternate as the main hub of various activities in the region, by carrying out a number of traditional practices beneficial for generations centuries up ahead.

Hypothetically speaking, the article had found the local wisdom and indigeneity of the people of North Maluku in the context of the ever-growing cultural values and system, in relation to the issue of a virus outbreak that has possibly become one of the recurring notions in the course of history. In such context, we found the traditional link outside of Ternate as the main hub for all economic activities in the North Maluku region. Through the concept of “*ka dara*” and “*ka lao*”, originated from the traditional ideology of economic sustainability of the people of South Halmahera, the people in the surrounding area of Ternate managed to implement a rather pre-emptive strategy to secure their livelihood, amid COVID-19 situation that strikes Ternate inevitably, which could help the North Maluku Province to cope with this trying time.

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