

COVID-19 IN INDONESIA: BETWEEN RULES AND HUMANITY?

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ABSTRACT

COVID-19 is a deadly virus. However, some countries have managed to handle it, but in a different way to Indonesia, it is still difficult. The difficulties faced were caused by the Government itself and its communities that lack support of government measures. Therefore, the purpose of this research is to know the handling of COVID-19 in Indonesia which currently occurs contradictory rules or policies and raises humanitarian problems. The Data in this study was gathered through secondary sources and was analyzed qualitatively. Research findings showed that contradictory rules or policies have made the spreading of the virus increasingly widespread and many people do not understand the COVID-19 protocols to make rejection of the patient and the corpse of COVID-19. Contradictory rules or policies pose gaps in their implementation and generate humanitarian problems. With regards to contradictory rules or policies, the government is completing by issuing government Regulation No. 21 of 2020 on large-scale social restrictions (PSBB) in order to accelerate handling of COVID-19. While solving the problem of rejection of the COVID-19 patients and corpse, the Government has sought to educate and improve the community's understanding through socialization by governments, religious figures, and community leaders.

Key Words: Coronavirus; Indonesia; Policy; Rule; Outbreak.

1. INTRODUCTION

Policy problems in Indonesia become a phenomenon because it often raises tensions between people with Governments in various regions (Wahyuningsih, 2011). Sometimes it develops into a social problem. Social problems are social realities that occur in communities caused by individuals or systems (Soetomo, 2011). Based on this, the social problems can indirectly be resolved based on the cause. Nowadays there is a social inequality in the field of health in Indonesia related to the dissemination and transmission of deadly virus outbreak. The gap is estimated because there is contradictory rules and behavior of people who are not controlled, causing social problems in the community. Social problems are created because something goes wrong in social life (Soetomo, 2011). The social problems that occur in Indonesia are currently caused by the dissemination and transmission of Coronavirus disease (COVID-19) which may be due to individuals or systems.

The Covid-19 is a detected virus in the city of Wuhan Province of Hubei, China which was originally unknown, but was quickly identified and caused by the new Corona virus (Almuttaqi, 2020; Paules et al., 2020; WHO, 2020), increased cases and deaths caused by this virus is very fast (Rasmussen et al., 2020; Sohrabi et al., 2020), spreading throughout China (Wilder-Smith & Freedman, 2020; Zu et al., 2020) and the World (Fisher & Wilder-Smith, 2020; Wilder-Smith &

Freedman, 2020). The enhancement of the COVID-19 in China and the international world made the WHO emergency committee to declare the World Health emergencies on January 30, 2020 (Almuttaqi, 2020; Gilbert et al., 2020; Hua & Shaw, 2020; Rothan & Byrareddy, 2020; Sohrabi et al., 2020; Velavan & Meyer, 2020). Human mobility is the source of the spread of COVID-19 cases in Wuhan (Kraemer et al., 2020).

Indonesia is one of the countries in Asia until 23 January 2020 does not stop direct flights from Wuhan which is the main source of COVID-19. It can potentially spread the COVID-19 in Indonesia, and finally it happens. Indonesia is not separated from COVID-19 (Anggarina, 2020). The case of COVID-19 first entered Indonesia on 2 March 2020 which was announced by President Joko Widodo about the first and second cases that were positively infected (Almuttaqi, 2020). The first case patients infected with Covid-19 were Indonesia citizens who made contact with Japanese citizens at the dance club Paloma and Amigos in the Jakarta area on 14 February 2020 which emerging from various countries, and on 28 February 2020 the Japanese citizen is also infected with Covid-19 while in Malaysia which is the country where he lived (Taher & Bernie, 2020).

Meanwhile, the second case patient is the mother of the first case patient in Indonesia (Taher & Bernie, 2020). This indicates that the spread of this virus from person to person, and if it sees the first case that its spread through people and means of transportation, meaning that the transportation journey made by Japanese citizens from Malaysia to Indonesia caused its spread to Indonesia which started at the dance club Paloma and Amigos on February 14, 2020. This is the initial history of COVID-19 cases spread in Indonesia. The main cause is the same as it is happening in Wuhan, Provisni Hubei China is through human mobility and means of transportation (Kraemer et al., 2020), as well as person to person (rothan & Byrareddy, 2020).

The impact of the growth of COVID-19 in Indonesia makes the current situation is not conducive, blame, mutual criticism, even the contradictory rules that lead to the growth of this virus faster to the entire province in Indonesia. In connection with the control of COVID-19, Indonesia is actually able to implement law No. 6 of 2018 on health, but until now it is not done by the government. Government public communications related to COVID-19 are undervalued, many cases pose different opinions that government-issued information and related stakeholders can cause public misunderstandings and even public confidence in the government can decline (Puspa, 2020).

The Head of the National Disaster Management data and Information Center (BNPB) calls THE COVID-19 data between the Ministry of Health and the local government is not the same problem (farisa, 2020). For the government is not a problem, but for this society is the problem that must be explained, because this part of the public communication of the Government to the people of Indonesia and such things can be disturbing and the belief of society decreases to the ability of the government control COVID-19. In relation to this, Arcana said that the first and second cases COVID-19 in Indonesia only knew that they were infected through the media, not health officers (Almuttaqi, 2020). The fault of many major measures taken by the Government will pose serious questions about the ability to respond to COVID-19 (Almuttaqi, 2020).

Various Circles of both politicians, academics, and civil activists criticised the government for the obscurity of THE COVID-19 outbreak which later became the pandemic (triwibowo, 2020). If there is no rapid intervention, it could be at the end of April 2020 transmission of COVID-19 in Indonesia translucent 11-71 thousand because of consideration in late April began fasting Ramadan, many activities afternoon and evening prayers Tarawih in congregation, then the end of May Idul Fitri which makes the community much home from the village (Elyazar et al., 2020). If the control of COVID-19 is still slow and only a lot of arguing, then do not close the possibility of Indonesia will be the center of virus spreading in southeast Asia. WHO Highlights Indonesia and India potentially becoming a new epicenter virus Corona (Pranita, 2020).

The situation happens to be polemic and very troubling in society because it relates to humanitarian issues. Polemic between the central government and local governments always arise in connection with the issue of territorial quarantine. The governor of DKI Jakarta plans to close public activities, but was answered by President Joko Widodo that the regional head could not lockdown the city because it was fully central government policy, and should not be taken by the local government (Briantika, 2020; Setiawan, 2020). This is something that is difficult for the local government, where the center of the spread of COVID-19 cases in Indonesia is in Jakarta, if it does not take preventive measures as the Governor's plan, it will impact the growth of the virus and this is a dilemma between the rules and humanity.

Speaking humanity, the government must be responsible for what is happening in Jakarta because the more days there is a significant increase in cases. This happens because the system (rules) are contradictory so that the people become victims. According to the government spokesman in the handling of COVID-19 that DKI Jakarta has the most cases increased because of its population mobility (Mashabi, 2020). Through these statements, the Government should have synergized with local governments for the benefit of the community, but seeing this, it seems that local government communications with the central government need to be questioned. In the city of Wuhan, the spread of COVID-19 through human mobility and transportation (Kraemer et al., 2020), is similar to that in Jakarta so that the policy lockdown or regional quarantine is considered worthy to be applied as a humanitarian policy because it can break the spread of viruses. Even the COVID-19 that spread to various regions in Indonesia today is mostly from DKI Jakarta.

The Implementation of a lockdown or regional quarantine policy in Wuhan is considered successful because the number of COVID-19 cases is decreasing even to zero point (Kraemer et al., 2020). The success made by the Chinese government in particular and some countries implementing lockdown or quarantine policy, made many local governments in Indonesia to quarantine their territories (Azanella, 2020c; Garjito & Aditya, 2020).

The attitude of the local government aims to humanitarian issues because of the safety of society in spite of the rules or policies of the central government. Another problem related to humanitarian issues is the sheer number of medical personnel exposed and dying. A total of 161 of DKI Jakarta medical personnel was positive COVID-19 (Umasugi, 2020) and as many as 31 medical personnel who died due to the limitations of personal protective equipment (APD) (Bernie & Primary, 2020). This problem is caused by a system problem that is not good, not an individual problem. But all can be handled if help each other, especially the support of the community. For example, some health personnel who were expelled from their quarters (Saubani, 2020), patients

lied (Ipelona, 2020; Liptan6.com, 2020a; Nursastri, 2020; Safhira, 2020). Rejection the corpse of COVID-19 (Aida, 2020; Harsono, 2020; Purbaya, 2020).

The events are a set of problems that Government must resolve, how the government solves the problem of contradictory rules and cause humanitarian problems, because if not completed then the growth of COVID-19 in Indonesia will likely increase significantly as predicted by experts. Therefore, it is necessary for all stakeholders (central and local governments, ministries of health and related ministries, National Disaster Management Agency (BNPB), TNI/POLICE, and society) to synergize for safety together, with the aim to know the handling of COVID-19 in Indonesia which currently occurs contradictory rules or policies and raises humanitarian problems.

2. METHOD

This Research is designed in a descriptive basis based on the data and facts on the field related to the handling of COVID-19 in Indonesia. The data in this study is mostly sourced from secondary data (World Health Organization, Ministry of Health Republic of Indonesia, National Disaster Management Agency (BNPB), acceleration Task Force handling COVID-19, mass/electronic Media, as well as books, documents, or journals that are relevant both nationally and internationally. For research purposes, the data collected will be analyzed using a qualitative approach.

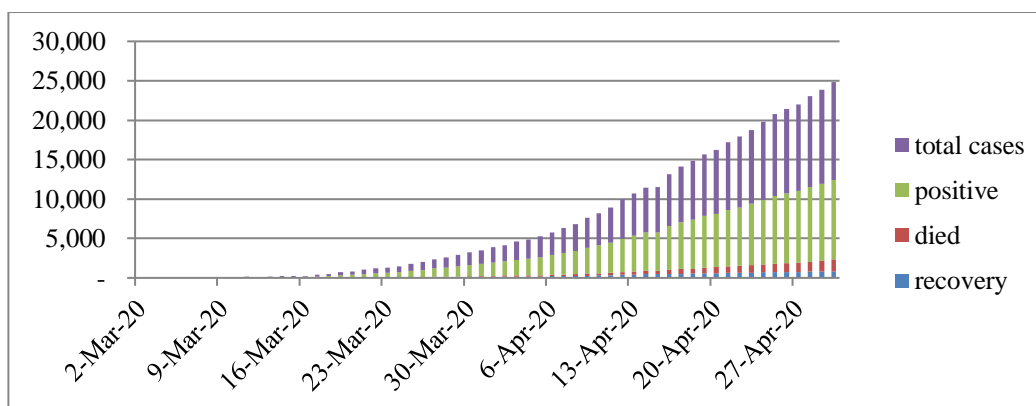
3. RESULTS AND DISCUSSION

RESULTS

The results of this study included several things that could support the discussion, including the development of COVID-19 cases in Indonesia, Data of infected medical personnel and died by COVID-19, rejection of patients and corpse of COVID-19, areas implementing territorial quarantine policy, and the application of large-scale social restriction policy (PSBB).

A. Development of COVID-19 cases in Indonesia

The case of COVID-19 every day experienced an increase in numbers, even spread throughout Indonesia (Liptan6.com, 2020b; Widhana, 2020b). Here data COVID-19 case in Indonesia.



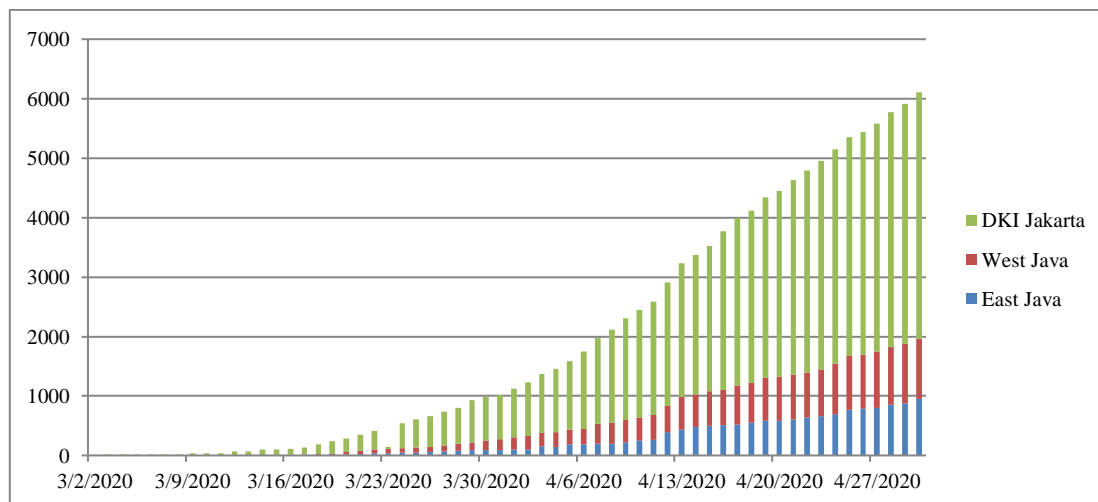
Source: obtained from secondary data

Figure 1. Growth of COVID-19 in Indonesia March - April 2020 Periode

Since the COVID-19 detection in Indonesia, the growth of cases is increasing. Until the end of the April 2020 period, the total cases reached 12,432. Positive cases reached 10,118, died 1,522, and recovered 792 cases.

B. Positive confirmed cases in DKI Jakarta, West Java, and East Java

The case of COVID-19 in Indonesia most in Jakarta, then province of West Java and East Java Province (Wareza, 2020). A positive confirmed COVID-19 plant is increasing. The following case data is confirmed in three major provinces in Indonesia.



Source: obtained from secondary data

Figure 2. Positive Confirmed Case DKI Jakarta, West Java, East Java March - April 2020 Period

The positive confirmed case in three provinces during this period of research was highest in the show by DKI Jakarta Province as much as 4,138 cases, then West Java as much as 1,013, and East Java as many as 951 cases. Every day DKI Jakarta province has increased the case because it is the center of the distribution of cases in Indonesia, in addition to the level of human mobility in DKI Jakarta is very high and this encourages positive case growth.

C. Data on infected and deceased medical personnel COVID-19

Until now Tuesday 28 April 2020, Indonesian Association of Doctors (IDI) confirmed that there have been lost 25 members due to the ongoing Corona Covid-19 pandemic virus. The information received by PB IDI there are at least 25 doctors who reportedly died because of positive and PDP COVID-19 (Azanella, 2020b). The age of the 25 doctors is quite diverse, from old to young. In fact, the last two cases of death happened to young people with 28 years of age, Dr. Mikhael Robert Marampe and Dr. Bless Indrawan Janguk. Until now, from all the doctors who died, some are certainly exposed to the COVID-19, but there are also some who are still allegedly exposed.

Meanwhile data nurses who died because COVID-19 reached 19 people and positive 53 people. Nurses who are currently treated have 68 patients. From internal monitoring data independently of the Indonesian Care Association (PPNI) dead numbers and exposed to Covid-19 medical nurses are still growing. Based on the figures, if paired with internal data from PPNI on

04 May 2020, the death rate of medical personnel due to COVID-19 increased from 18 to 19 people and positive numbers grew from 50 to 53 people. Then ODP numbers from 593 so 596 people increase 3, PDP from 47 to 48 people, while OTG from 93 to a total of 97 people (Alam, 2020).

D. Rejection of the corpse of COVID-19

Rejection of the corpse of COVID-19 is an act against the rules. In Indonesia there are various rejections to the corpse exposed to COVID-19. The corpse of an RSUP nurse Dr. Kariadi Semarang who passed away for being infected with Corona virus was rejected by the citizens to be buried in the public Cemetery (TPU) Sewakul in RT 06, Ungaran Barat, Semarang District on 10 April 2020 (Azanella, 2020a; Tarmidhi, 2020; Widhana, 2020a). This is contrary to the law and raises the injustices especially for nurses who died exposed to COVID-19, because during this time no medical personnel reject the patient, but instead many people reject the corpse of the nurse being exposed. Nurses fall in the duty of humanity and citizens who refuse to have no sense of humanity and tend to fight the law (Widhana, 2020a).

The refusal of the funeral of the allegedly infected COVID-19 also occurred in the area of Ambon City (Kabartimur, 2020), the rejection of the COVID-19 corpse in Banyumas (Anugrah, 2020), and then the rejection of the funeral of the COVID-19 corpse also occurred in Papua, Mimika on 13 April 2020 (Tarmidhi, 2020). The patient's corpse died because the COVID-19 rejected a number of residents to be buried at the public burial site (TPU) of Bungus Teluk sackcloth subdistrict, Padang City, West Sumatera, on 15 April 2020 (CNN Indonesia, 2020b). Various reasons for rejection, one of which is due to worry about being a source of virus spreading (Azanella, 2020a).

E. Regions implementing territorial quarantine policy without central government permission

Some regions in Indonesia have been conducting territorial quarantine without permission from the central government. It was done because earlier several local governments proposed to quarantine the territory but were rejected by the central government, as the policy was a central government and not regional authority. Regional quarantine areas include, West Sumatra, Aceh (Garjito & Aditya, 2020), Kabupaten Ciamis, Kota Tegal, Kota Tasikmalaya, Papua, Makassar (Azanella, 2020c; CNN Indonesia, 2020a; Garjito & Aditya, 2020), Solo, Bali, Maluku (CNN Indonesia, 2020a) and Toli-Toli districts (Larassaty, 2020).

F. Implementation of large-scale social restriction policy (PSBB)

Large-scale social restrictions (PSBB) are one of the government's attempts at disconnecting the COVID-19 spread chain. As of 03 May 2020, the Minister of Health has published 14 judgments regarding the determination of large-scale social restrictions (PSBB) for a number of regions. Based on the results of the team study and consideration of the Task Force acceleration handling of COVID-19 there were 14 pre-followed proposals with the determination of PSBB through 14 Ministry of Health decree for a total of 26 territories, covering 64 Kabupaten/city (Hidayat, 2020). The region that has been approved to conduct PSBB including DKI Jakarta province, Bogor District, Bogor City, Depok City, Bekasi District, Bekasi City, Tangerang District, Tangerang City, South Tangerang City, Bandung City, Cimahi, Bandung District, West Bandung District, Sumedang District, Pekanbaru City, West Sumatra province, Tegal City, Gorontalo Province, Tarakan City, Makassar City, Gowa District, Surabaya City, Sidoarjo District, and Gresik District.

The determination of the PSBB is conducted in accordance with the criteria set out in government Regulation No. 21 of 2020 on large-scale social restrictions in order to accelerate the handling of Corona Virus Disease (COVID-19), and also regulation of the Minister of Health No. 9 year 2020 about PSBB guidelines in order to accelerate handling COVID-19. The determination of this PSBB considers the regional readiness in matters of availability of basic people's life needs, availability of health facilities and infrastructure. Then the availability of budget and operational social safety nets for the affected people and other security aspects.

G. Contradictory rules or policies on handling COVID-19 in Indonesia

COVID-19 is a deadly virus and its spread is very fast through human mobility. Based on this, it is mandatory for the central and local governments to implement a good and integrated healthcare system supported by government rules or policies. But the fact of the field is different, because some rules or policies issued by the Government are contradictory. This makes the handling of COVID-19 slow and the virus spreading increasingly widespread.

Rules or policies: Law No. 6 of 2018 on health literacy. The policy is the authority of the central government so that local governments are not entitled to quarantine the Territory. Facts in the field: Some local governments apply regional quarantine such as West Sumatra, Aceh, Ciamis District, Tegal City, Tasikmalaya City, Papua, Makassar, Solo, Bali, Maluku and Toli-Toli District.

Rules or policies: Government regulation number 21 year 2020 on large-scale social restriction (PSBB) in order to accelerate handling of COVID-19. Regulation of the Minister of Health No. 9 year 2020 concerning PSBB guidelines. Facts in the field: There is a contradictory rule or policy, namely the issuance of regulation of the Minister of Transportation No. 18 year 2020 concerning transport control in order to prevent the distribution of COVID-19. Regulation of the Minister of Health set up a motorcycle based application with restrictions only to transport goods and not for passengers. While the Minister of Transportation regulation allows motorcycles based applications transporting passengers in the period of PSBB; The Minister of Transportation confirms that the electric Railway (KRL) will continue to operate as long as the large-scale social restriction policy (PSBB) is valid in Jabodetabek.

Rules or policies: The President prohibits the public from returning home through regulation of the Minister of Transportation No. 25 of 2020 concerning transport control during Eid al-Fitr year 1441 H. Facts in the field: Some local governments do not prohibit their communities from returning to their hometowns.

4. DISCUSSION

The plague of COVID-19 has become a pandemic and makes various countries in the world must prepare a good and integrated health system from both the central and local governments. Since COVID-19 entered Indonesia, its spread has expanded to the present time, especially in the research period during March – April 2020. This Virus spreads from human to human (Hopman et al., 2020; Kraemer et al., 2020). Based on that, it is necessary to preventive action from the Government and it must be done quickly. Preventive measures can be a handling step and the steps must have a legal basis for ease of implementation.

The actual legal basis for simplicity but in fact the handling of COVID-19 in Indonesia is a problem that inhibits handling. The main issue is a rule or policy that is both asynchronous and contradictory. This was caused by the existence of Law No. 6 of 2018 concerning health, which cannot be applied by local governments. Suppose, some local governments propose to implement the law but have been denied from the central government because the rule or policy is the authority of the central government (Briantika, 2020; Setiawan, 2020). This raises serious questions about how the government actually has the ability to handle the COVID-19 in Indonesia (Almuttaqi, 2020).

The current conditions give rise to uncertainty and criticism (Triwibowo, 2020), especially on the best way in handling the COVID-19 in Indonesia, especially the problem of rules or policies that do not support each other. This uncertainty problem makes the spread of viruses increasingly widespread. Data showed the growth of COVID-19 cases in Indonesia from March to April 2020 increased and by the end of April reached 12,432 cases of positive confirmed and this was in prediction (Elyazar et al., 2020). The growth of the number of cases is caused by some provinces have the highest case growth in Indonesia, one of which is DKI Jakarta 4,138 cases in late April.

Growth of increased cases made panic in the community and made several regional heads in Indonesia took steps by implementing quarantine areas such as West Sumatra, Aceh, Ciamis District, Tegal City, Tasikmalaya City, Papua, Makassar, Solo, Bali, Maluku and Toli-Toli District (Azanella, 2020c; Garjito & Aditya, 2020). The move aims to break the spread of the COVID-19, but it infringes the rules because the policy is the authority of the central government. This condition makes noise in the community because it raises pros and cons in various circles relating to contradictory rules or policies.

The actions undertaken by the area are humanitarian action, as they do not see the rules or policies that oppose it, but for the safety of the people. Local governments are more sensitive, what is happening right now in areas in fact aligned with the recommendations of experts to stop the spread of COVID-19, the area assessed not much to take into account the calculation of losses and better prioritize the safety of citizens (Briantika, 2020). Although the policy taken by the local government contradictory to the law on the health of the humanities, but the purpose of the district was a humanitarian problem and community insistent, while the rules also had to be enforced and this was very dilematically so that the increase in the case of COVID-19 to date has not been controlled.

The increase in the number of positive cases and the pros and cons make the situation increasingly rowdy, even assuming that the contradictory rules cause humanitarian problems in the handling of COVID-19 in Indonesia. This means that conflicting rules will make handling slower so that the spread of viruses expands and affects positive cases and high deaths and is a humanitarian problem that all parties. Some contradictory rules or policies in Indonesia pose an unending social problem, in addition to the application of Law No. 6 of 2018 concerning health issues that cause problems, still there are other contradictory rules or policies such as government Regulation No. 21 of 2020 on large-scale social restrictions (PSBB) in order to accelerate the handling of COVID-19 and regulation of the Minister of Health No. 9 year 2020 concerning PSBB guidelines which contradict with regulation of the Minister of Transportation No. 18 year 2020 concerning transportation control in order to prevent Spread of COVID-19.

The implementation of PSBB is actually to solve the problem of contradictory rules or policies since the beginning of COVID-19 in Indonesia. As time passes, the implementation of PSBB demonstrates positive trends. However, the application also had problems due to the enactment of regulation of the Minister of Transportation No. 18 year 2020 which makes the rules or policies contradictory because they do not support each other, contrary to conflict. Regulation of the Minister of Health number 9 year 2020 about PSBB guidelines governing motorcycles based applications with restrictions only for transporting goods and not for passengers. While regulation of the Minister of Transportation number 18 year 2020 allows application-based motorcycles transporting passengers in the period of PSBB (Hakim, 2020; Hikam, 2020).

Moreover there are also things that contradict the PSBB, namely the Minister of Transportation asserted that the Electric Railway (KRL) will continue to operate during the large-scale social restriction policy (PSBB) in Jabodetabek (Sulestyono, 2020). The contradictory rule also occurred on the president's prohibition to return home through regulation of the Minister of Transportation No. 25 year 2020 concerning transport control during Eid Mubarak years 1441 H. Some regional governments do not even prohibit the community from returning home as done by the district of Batang, Wonogiri, Klaten (Al Alawi, 2020; Herlambang, 2020; Kumairoh, 2020).

If this condition continues to run, then the spread of the virus will not be controlled by the government, because the rules or policy contradictory will cause uncertainty and make the handling of COVID-19 ineffective. In addition to the contradictory rule or policy side, another thing that raises humanitarian problems is the issue of the corpse rejection of COVID-19 patients that many occur in some areas of Indonesia and this reflects humanitarian problems.

The problem of humanity that slicing the hearts, the number of medical personnel exposed to the dead. DKI Jakarta reported a total of 161 medical personnel or positive health workers COVID-19 (Umasugi, 2020). Until April 7, 31 medical personnel died handling COVID-19 due to lack of personal protective equipment (APD) (Bernie & Pratama, 2020). The last Data on 04 May 2020, the death rate of medical personnel due to COVID-19 increased from 18 to 19 people and positive numbers grew from 50 to 53. Then the number ODP from 593 so 596 people increase by 3, PDP from 47 to 48 people, while OTG from 93 to a total of 97 people (nature, 2020), and there are 25 doctors who died because of positive and PDP COVID-19 (Azanella, 2020b).

This is a humanitarian problem that the Government should consider and this is not an individual problem, but the problem of the system is not running, because the medical personnel are the leading guard so that they should be protected with appropriate equipment procedure handling fixed COVID-19. Not only the government, but also the community must be aware because of the many health workers who were expelled from the place of residence because the community feared contracting (Saubani, 2020). Many of the lying patients make many of the infected medical personnel (Ipelona, 2020; Liputan6.com, 2020a; Nursastri, 2020; Safhira, 2020). Even the many infected corpse were also denied the citizens to be buried (Aida, 2020; Harsono, 2020; Purbaya, 2020), and this is an act that contradicts humanity's values.

Rejection of the corpse of COVID-19 in Ambon City, Banyumas, Mimika Papua, Padang City West Sumatra and the corpse of a nurse RSUP Dr Kariadi Semarang (Anugrah, 2020; Azanella, 2020a; CNN Indonesia, 2020b; Kabartimur, 2020; Tarmidhi, 2020; Widhana, 2020a).

These rejections are a social problem caused by a system that does not walk, such as rules or policies that are not socialized so that society is less informed. If such an action continues, it will cause humanitarian problems and this raises social jealousy, especially among medical personnel who are the leading guard against the COVID-19 because when one dies from them, the community instead rejects it. Nurses fall in the duty of humanity and citizens who refuse to have no sense of humanity and tend to fight the law (Widhana, 2020a).

Various reasons for rejection, one of which is due to worry about being a source of viral propagation (Azanella, 2020a). This picture shows that generally people do not know the protocols on the handling of COVID-19 corpse and this makes the community confused. This confusion could be caused by the implementation of inconsistent rules or policies, so that in the implementation is also ineffective because it is not socialized to the community.

5. CONCLUSION

Indonesia is one of the countries affected by COVID-19 and is still struggling to deal with the spread of the virus. The dissemination of many rules is contradictory and the participation of low society in supporting government step. The contradictory rules or policies have made the spread of the virus increasingly widespread, while many people do not understand the COVID-19 protocol to reject the patient or the corpse of COVID-19. This raises a gap in the execution of rules or policies and raises humanitarian problems that Governments should resolve. With regards to contradictory rules or policies, the government has issued government Regulation No. 21 of 2020 on large-scale social restrictions (PSBB) in order to accelerate handling of the COVID-19 which aims to resolve the opposition. While solving the problem of rejection of the COVID-19 patients and corpse, the Government has sought to educate and improve the community's understanding through socialization by governments, religious figures, and community leaders.

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