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The Vertical Problem of COVID-19 in Indonesia: Differences in Concerns and Values between Government and Society

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Abstract: *This study aims to deeply understand the care provided by Indonesian society and the government in addressing the COVID-19 issues in Indonesia. As is known, COVID-19 in Indonesia led to challenges in the economic and social sectors. In the early stages of COVID-19, the responses from the government and the public varied, with the government initially exhibiting apathy toward COVID-19. In contrast, the public independently took efforts to manage its spread. A qualitative research methodology was employed in this study. Data were collected through a literature review of relevant books, journals, and news sources. The study illustrated that the government and the public had their respective ways of addressing the spread of COVID-19. Despite the differences in approaches, both entities shared a common goal: to suppress the spread and resolve the issues related to COVID-19. The study briefly demonstrated the changes made by the government in its perception of COVID-19 and how the public's concern evolved. Two value positions emerged between the government and the public. First, when the government did not rely on scientific knowledge to assess COVID-19, it contrasted with a knowledgeable public. Second, when both the government and the public shared similar values regarding COVID-19, but employed different approaches to resolve conflicts. This study enriches theoretical discourse on the relationship between values, care, and public policy, highlighting that value differences between the state and society can serve as a foundation for constructive conflict resolution.*

Keywords: *COVID-19; Care; Society; Indonesian government; Crisis communication*

INTRODUCTION

This study explores the controversy of different knowledge capacities between the government and the public in viewing COVID-19. This study divides the COVID-19 period into two periods. The first period starts from the emergence of COVID-19 in Wuhan until February 2020. The second period is after the first detection of COVID-19 cases in Indonesia until the government determines that Indonesia has overcome the COVID-19 problem. An adequate understanding of science is the key to successfully handling COVID-19. However, in the early period of COVID-19, the Indonesian government did not make knowledge the basis for taking appropriate action.

The discovery of Coronavirus Disease 2019 (COVID-19) is known to have started when a pneumonia outbreak in Wuhan, China, was discovered in December (Mohan & Vinod, 2020). This outbreak has become an international public health concern as the virus has caused a high number of deaths and confirmed cases has continued to rise since

its discovery (Altakarli & Tawar, 2020). With the increase in death cases and the detection of the spread of COVID-19, the World Health Organization (WHO) on January 31, 2020 declared that COVID-19 is a global health problem that requires internationally coordinated action (Eurosurveillance, 2020). In the period 2020-2021, the WHO revealed that as many as 16.6 million people lost their lives due to the pandemic (Rahadian, 2022).

WHO has issued a global health threat warning since January 31, 2020, but the Indonesian government has not done anything to prepare for the arrival of COVID-19. One day before the WHO issued a warning regarding global health threats, the WHO formed an emergency committee to discuss the pneumonia outbreak. This committee asked China to identify the virus. The WHO emergency committee advised each country to carry out prevention, surveillance, early detection, isolation, and case management related to this virus (WHO, 2020). This paragraph is important to keep in mind, as the author will base the warnings delivered by WHO on the Indonesian government not being a priority in the early days of the pandemic.

On March 2, 2020, Indonesia first detected COVID-19 (Jaya, 2021). One month later, COVID-19 had spread to 34 provinces, with DKI Jakarta, West Java and Central Java as the provinces with the highest case confirmation rates. Indonesia had the highest case increase of 56,757 on July 15, 2021 (Fitra, 2022). A total of 6,810,599 people have lost their lives due to COVID-19 (Ulya, 2023). This number coincides with the government announcing that people have been free not to wear masks since June 14, 2023 (Sandi, 2023).

During the early days of the COVID-19 pandemic, the Indonesian government showed an anti-knowledge attitude by considering COVID-19 not a threat. Even though the WHO has warned every country to prepare for the arrival of COVID-19. With the Indonesian government's assumption, handling COVID-19 through policies was not considered important in the early days of the pandemic. In contrast, the community tends to show a caring attitude towards the spread of the COVID-19 pandemic, characterized by the community's independent initiatives. This difference in knowledge capacity goes hand in hand with easy access to information about COVID-19. The government and the community are important actors in this conflict. De-escalation of conflict occurs when the government begins using a view of COVID-19 based on science.

In the early days of COVID-19, the author sees that the government did not make this disease a priority that needed to be addressed quickly. Even though the WHO had given a warning three months before COVID-19 cases were detected in Indonesia. With the government not prioritizing handling, the information absorbed by the government about this virus is limited. As a result of the government's 'indifference' about this disease, the handling policy issued by the government is late. The first question the author will answer is what makes the government not care about the spread of COVID-19? After answering this question, the author turns to how the government steps to be 'concerned' about solving the COVID-19 problem. The author answers how, with the condition that the government has been concerned with the "Science" that COVID-19 is a disease that spreads.

Along with answering questions from the government side, the author will look at the side of the community trying to solve the problem independently. At this point, the government and the community are trying to prevent the spread of COVID-19. To explore further, the question is how communities prevent and solve COVID-19 problems. In this paper, the author wants to underline the difference in knowledge capacity, a source of conflict from the government's unpreparedness at the pandemic's beginning and the community's independent actions.

In analyzing the caring done by the two subjects in this study, the author was inspired by Solveig Joks and John Law's (2017) article entitled "*Sámi salmon, state salmon: TEK, technoscience and care".* The author frames the analysis of this study with the thoughts of Druckman et al. (1988) in Value Difference and Conflict Resolution and Tronto's (1993) study on caring, Bellacasa (2011), and Engster (2007). This difference is at least in terms of interests and values. Druckman et al. (1988) see value as important in various types of conflict. Referring to Rokeach (1973), value is an enduring belief that a particular mode of behavior or end state of existence is personally or socially preferable to the opposite or opposite mode of behavior or end state of existence. Then, according to Schwartz (1992), value is a concept or belief related to a desired state or behavior. This value distinction is at the level of knowledge that shapes the person in this context of society and government.

In formulating the problem, the author tries to understand the different 'concerns' of the community and the government regarding knowledge capacity and time to become concerned about COVID-19. The author tries to frame some questions about how governments and communities have different efforts to care with Bellacasa's (2011) thinking. As in Bellacasa (2011), the main definition of care refers to Tronto's (1993) definition that care is everything done to maintain, continue, and improve the 'world' so that it can live as well as possible. Bellacasa's thinking continues Latour's shift from matters of fact to matters of concern, in which Latour emphasizes the vital components of human existence. Bellacasa intensifies "matters of concern" into more care matters, where care is more binding than a 'concern' (Brons, 2019). The author defines caring as the same as caring, where caring requires more active involvement than just providing concern. Engster (2007) defines caring as everything that is done to (1) help individuals in terms of biological needs such as food, clothing, or basic medical care, (2) develop or maintain basic capabilities, and (3) help individuals to avoid or reduce pain and suffering. Through this framework, the author sees that differences in knowledge capacity create differences in values between the government and society, resulting in differences in actions to be 'caring' in COVID-19 conditions.

RESEARCH METHOD

This study used qualitative research by collecting literature studies such as books, journals, and news from the media related to the problems examined by researchers (Cresswell, 2009). This study was conducted in two main periods of the COVID-19 pandemic, namely the first period starting from the emergence of COVID-19 in Wuhan until February 2020, and the second period covering the period after the first detection of COVID-19 cases in Indonesia until the government stated that it had overcome the COVID-19 problem. The research site focuses on Indonesia, with special attention to the interactions between the government and society in understanding and dealing with the COVID-19 pandemic. The subjects of this research are two main groups: the government and the general public in Indonesia. The subject selection technique in this study is purposive sampling, where the researcher specifically selects subjects who have a significant role in handling COVID-19.

The research process involved identifying relevant data sources, collecting data from various written sources, and analyzing the data using the author's theoretical framework of care. The data collected consisted of information related to the development of COVID-19, government actions, and community reactions. The instrument used in data collection is a literature study that includes books related to crisis management and public health, scientific journal articles on the COVID-19 pandemic, and news and reports from mass media that provide information on the development of COVID-19 in Indonesia. The data

collection technique involved a systematic and critical literature search of these sources. The data obtained was then analyzed qualitatively using the theoretical framework of care to understand the differences in knowledge capacity and response to the COVID-19 pandemic between the government and the community. The author interprets the meaning of the various study materials to conclude how the government and society carry out a series of care in their respective ways to solve the COVID-19 problem in Indonesia.

RESULTS AND DISCUSSION

Government and the Initial Phase of COVID-19

In the early days of the COVID-19 pandemic in Indonesia, the government tended to show a response that was not based on knowledge. Savirani and Prasongko (2020) divided into two phases regarding changes in government actions in response to COVID-19 in Indonesia. The first phase is a phase where the government does not use "science" in seeing the COVID-19 pandemic in the period December 2019 to February 2020, and the second phase is when the Indonesian government began to see the COVID-19 pandemic problem using "science" (Savirani & Prasongko, 2020).

In the first phase, the government, through public officials, showed a non-serious attitude in dealing with the COVID-19 problem. As a result, handling COVID-19 in Indonesia is deemed unnecessary with the right policy approach because public officials think COVID-19 is not a problem that must be addressed. For example, the Minister of Health during the early days of COVID-19, Terawan Agus Putranto, stated that COVID-19 did not exist in Indonesia because of public prayers (Rina, 2020). In addition, the Minister of Transportation, Budi Karya Sumadi, stated that Indonesians will be immune to COVID-19 because they eat cat rice (Tempo.co, 2021). The statements issued by these public officials are not based on science. Even though China imposed a lockdown in January 2020, this proves that COVID-19 is a serious problem to be handled (Reuters, 2020).

The government's priorities during the early days of COVID-19 showed it was more interested in economic opportunities in other countries as the outbreak emerged. The government prioritizes the economic sector over public health, which should be a priority. The government's logic regarding the discovery of the virus in Wuhan is an opportunity to open up tourism opportunities when other countries are spreading the virus. Several ministries also made policy adjustments to bring foreign tourists to Indonesia by providing incentives for tourists through the Ministry of Tourism and Creative Industries and the Minister of Finance, who encouraged "Let's Travel" (Sitorus & Rahmadi, 2021).

The rejection of "science" means the government does not care about the spread of COVID-19 worldwide. Even though the WHO has informed countries to prepare for COVID-19, the Indonesian government has made COVID-19 an economic opportunity. With the government's view that refuses to use "science" in seeing the dangers of COVID-19, the prevention policy at the beginning, before the arrival of COVID-19 in Indonesia, is deemed unnecessary. The government should have prepared steps before COVID-19 entered Indonesia, but the government chose to focus on other priorities by avoiding knowledge about COVID-19.

Community Concerns related to COVID-19

During globalization and technological advances, people can already access information through the internet. During this period, much information about COVID-19 was easily accessed to the public. The public can judge for themselves about the COVID-19 case by searching for information on the internet. It then assesses the statements issued by previous public officials, which are considered not to be based on science. Savirani and Prasongko (2020) raised the issue of doctors from the Faculty of Medical Sciences, University of Indonesia, who issued an official letter to President Joko Widodo to

carry out a local lockdown or regional quarantine immediately. During this time, social distancing had been carried out but was ineffective in containing the surge in COVID-19 cases in Indonesia (Savirani & Prasongko, 2020). But in the end, the Indonesian government did not implement a local lockdown.

The difference in knowledge between the community and the government is a source of vertical conflict. The community finally took its initiative in tackling the spread of COVID-19, which caused overlapping policies. Initiatives taken by the community include conducting independent lockdowns, implementing independent health protocols, providing a place for independent isolation in school buildings, making and distributing masks, hand sanitizers, and Personal Protective Equipment for health workers, as well as house-to-house education on healthy living behavior, and promoting the #dirumahaja movement on social media (Sitohang et al., 2020). Apart from the health aspect, the community also conducts independent fundraising for neighbors affected by COVID-19 (Gandhawangi, 2020). Initiatives taken by the community appear automatically because they are related to survival (Norberg & Rucker, 2020). Of course, COVID-19 has caused casualties, so people desire to suppress the spread of COVID-19 with different initiatives.

These efforts come from initiatives taken by the community. The community has good knowledge capacity in tackling problems regarding COVID-19. The community does not need to wait for direction from the government to carry out certain initiatives, especially with the government's attitude at the beginning of the pandemic, which showed an anti-science attitude. Community concerns about the spread of COVID-19 have led people to carry out independent lockdowns in several areas, including several villages in Yogyakarta (Rasyid, 2020). The community carried out an independent lockdown by closing the main access to the village. Many people expected the Indonesian government to impose a lockdown then, but the policy was not enforced, so the community took independent initiatives. The community's assessment of intergovernmental performance was also poor. The community assesses that the government does not have a handling policy design, seen through ministries, local governments, and the central government, which have their initiatives without synchronization (Sitorus & Rahmadi, 2021).

Phase Two: Government Concern for COVID-19

In the second phase, post-March 2020, the government began to look at COVID-19 with a science-based approach. The government began to issue policies to suppress the spread of COVID-19. The COVID-19 Task Force was the first step for the government to care about "science". This task force must accelerate the handling of COVID-19, increase national resilience in the health sector, and improve the synergy of operational policy making (Kominfo, 2020).

In terms of policy, the government in the early days of COVID-19 has issued nine legal products related to handling the pandemic, including (1) the establishment of the Task Force for the Acceleration of Handling COVID-19 through a Presidential Decree, (2) changes in the composition of the COVID-19 Task Force which involves more government elements through a Presidential Decree, (3) Refocusing activities, budgets, and procurement of goods and services through Presidential Instruction, (4) construction of observation and shelter facilities for COVID-19 countermeasures through a Presidential Regulation, (5) budget adjustments in extraordinary conditions through a Government Regulation in lieu of law, (6) determination of public health emergencies through a Presidential Decree, (7) large-scale social restrictions through a Government Regulation, (8) transfer of the state budget for COVID-19 through a Presidential Decree, (9) determination of non-natural disasters through a Presidential Decree (Widaningrum & Mas'udi, 2020). This policy is a political step by the government to be concerned and in favor of science to solve the COVID-19 problem.

At the same time, the government has been concerned about science, and different views on tackling the spread of COVID-19 have caused friction between the government and the community. The community took the initiative to conduct an independent lockdown by closing access to their village, while the government did not enforce the lockdown policy. The source of conflict in the form of differences in knowledge in seeing COVID-19 is resolved by the community through a knowledge-based approach. Independent efforts made by the community are a conflict resolution for disappointment with public officials who do not see COVID-19 in terms of science. The community movement indicates this through independent regional quarantine, initiatives to raise donations of daily necessities, compiling information governance at the *Rukun Tetangga* level, and others (Damayanti, 2020).

Different Values but Similar Concerns

In the early days of COVID-19, there were different values believed by the government and society. Especially in viewing COVID-19 through 'science'. The government initially rejected the existence of COVID-19, which threatened public health, and the government believed more in COVID-19 being an economic potential, especially for tourism. When COVID-19 was detected in Indonesia, the community took the first step by quarantining the area on a small scale, namely the Neighborhood Association (RT) level. On the other hand, the government did not issue regulations regarding these restrictions. Druckman, Broome, & Korper see value as important in various types of conflict (Druckman et al., 1988). The difference in values held by the community and the government becomes a conflict. The knowledge received by the community is different from the government, which initially thought that COVID-19 did not cause potential harm to public health.

Through Tronto's framework that caring is everything that is done to maintain, continue, and improve the 'world' to live as well as possible (Tronto, 1993 in Bellacasa, 2011). Communities take self-initiative to sustain life, especially when looking at Engster's (2007) framework that caring is done to help individuals to avoid or reduce pain and suffering. Communities undertake independent initiatives ahead of the government on a life-sustaining basis. The community carried out this initiative in various ways, from conducting self-quarantine, improving health facilities and helping provide food, as an act of caring and maintaining basic needs and survival.

The government also took steps to deal with COVID-19 after caring about "science" by issuing several policies. The government then sees COVID-19 as a disease that endangers public health, so the government takes steps to become concerned so that the wider community can get basic needs and capabilities and avoid suffering and pain. This concern can come too late, especially after realizing that these events cause a crisis of concern.

Two-Phase Comparative Analysis: Policy Implications and Dynamics of Care

A comparison between the first and second phases of the government's response to the COVID-19 pandemic shows an important shift in the approach and values used in policy-making. In the first phase, governments tended to show denial and ignore science as a basis for policy. Non-science-based statements from public officials marked the absence of a data-driven approach and epidemiological research. In contrast, the community independently demonstrated critical awareness and concern for the pandemic threat through various grassroots initiatives.

Different values between the community and the government regarding views on COVID-19 can lead to a good conflict resolution. Druckman, Broome, & Korper mentioned that bringing together two different values assumes that the contesting actors get a new view that reduces conflict and improves relationships (Druckman et al., 1988). There are

two value positions between the government and society. First, the value of the government when it does not use science as a basis for understanding COVID-19 and a society that is aware of science. Second, when the government and society have the same values regarding COVID-19, but have their own ways to resolve conflicts.

The government's concern came too late because it rejected science at the first stage. The rejection of knowledge in the early days of the pandemic made the difference in knowledge capacity between the government and the community. This difference in knowledge capacity gives each actor different initiatives in dealing with the COVID-19 pandemic. The community has made itself care at the beginning of the pandemic, which is related to public awareness of needs and survival. After the government paid attention to COVID-19, the government took caring steps to prevent and restore public health due to this pandemic.

The second phase marked a turning point when the government began accepting a science-based approach, established the COVID-19 Task Force, and released various mitigation policies. These changes represent a shift in values and policy logic that is more responsive to the health crisis. However, these changes did not erase the traces of previous conflicts that arose due to unsynchronized and unequal perceptions between the state and citizens.

The second position with the same value view to resolve the COVID-19 pandemic, the government and society have their efforts to prevent transmission of the virus. In this condition, caring is done in their way, but has one goal: solving the COVID-19 problem. Care at this point is in different efforts but with the same goal, as in Helen Verran (1998, 1999, 2001) "go on well together practically in difference". Differences in efforts to prevent the spread of COVID-19 are not a destructive conflict, but each actor has its nature to care about the COVID-19 problem.

The implications of these two phases can be seen from several aspects. First, policies taken in the second phase were delayed due to the lack of early anticipation in the first phase, leading to a significant spike in cases and an urgent need for resources. Second, the emergence of independent community initiatives shows the vacuum of leadership in the early days of the crisis, as well as proving that the collective capacity of citizens in responding to disasters is vital, especially when the state is not fully present.

Third, the difference in concern stemming from non-uniform values between the government and the community shows asymmetrical concern dynamics. The government only shows a caring attitude when a crisis has occurred, while the community takes autonomous preventive steps earlier. In this context, Tronto (1993) and Engster (2007) become relevant to explain that care is not only about action, but also about values and time.

The role of the community is still needed to solve this spread. After the government imposed quarantine on certain areas, the community began to adjust to government policies, including limiting activities in public spaces such as shopping centers, schools, places of worship, and others. The public had been educated before the government enacted the policy. In the end, the community can adjust to the government's direction and still take the initiative to suppress the spread of COVID-19. Problems that start from differences in knowledge capacity are solved with knowledge. The government, which from the beginning did not have an initiative to suppress the spread of COVID-19, was handled by a separate initiative by the community. When the government has enacted certain policies, the community adjusts to the habits that have been formed.

These comparisons show that successfully handling public health crises depends on institutional capacity and values alignment between state actors and citizens. When the concerns of the government and the community are not in the same framework, the

policies that are born become unsynchronized and potentially exacerbate the impact of the crisis.

COVID-19 Today: A Shared Reflection

On May 5, 2023, the WHO announced the end of the COVID-19 global health emergency (Rigby & Satija, 2023). Following this announcement, Indonesia revoked its COVID-19 pandemic status on June 21, 2024 (Nugraheny & Meiliana, 2023). The revocation of the COVID-19 pandemic status in Indonesia was accompanied by a decrease in COVID-19 cases compared to the critical period in 2020-2021. Figure 1 shows the decline in confirmed COVID-19 cases from the beginning of 2024 to June 2024.

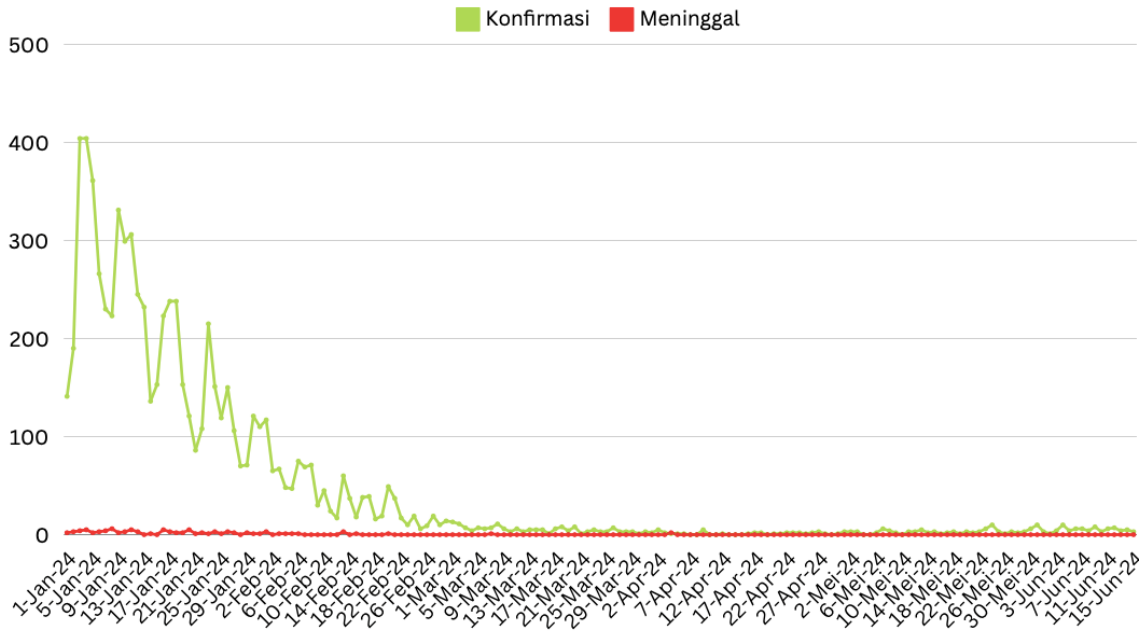

Figure 1. Development of COVID-19 Cases in Indonesia in 2024
Source: *(Tim Kerja Penyakit Infeksi Emerging, 2024)*

In the 18th week of 2024, the Ministry of Health report showed an increase in COVID-19 cases by 11.76%, which was associated with a new variant of COVID-19 (Zahrani, 2024). Although the COVID-19 cases have not ended, people have become accustomed to the New Normal Order, which familiarizes people with normal activities but still pays attention to health protocols. The Indonesian government has also relaxed health protocols, such as the free use of masks (Asmarini, 2023). The decline in cases, mortality rates, and relaxation of health protocols is largely due to the effectiveness of vaccines. COVID-19 vaccines have been shown to reduce virus transmission, so increasing vaccination coverage among the population contributed significantly to the decline in new cases. In addition, vaccination reduces the severity of the disease, where individuals infected after being vaccinated tend to experience milder symptoms and have a lower risk of death than those who are not vaccinated (Tim Medis Siloam Hospitals, 2023). As a result, with a decrease in the number of cases and deaths, and an increase in vaccination coverage, governments and health authorities feel safer to relax health protocols.

This easing is usually done gradually based on epidemiological data analysis showing better control over the spread of the virus. In addition to vaccination, the decline in cases and deaths was also influenced by other factors, such as increased testing capacity and contact tracing, improvements in medical care, and community compliance with existing health protocols. Changes in public behavior, such as increased awareness and

implementation of preventive measures, have also contributed. However, the emergence and spread of new variants of the COVID-19 virus remains a challenge, so a flexible and dynamic response from health authorities must address this pandemic effectively.

The COVID-19 case can be interpreted as a repeated historical event, considering that infectious diseases have occurred in the past. History records various pandemics, such as the black death that hit Europe in the 14th century, the Spanish influenza pandemic in 1918, and the more recent Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) outbreaks (Sabbatani, 2003; Trilla et al., 2008). These events provided valuable lessons about the rapid spread of infectious diseases and their widespread impact on public health and the global economy. More importantly, there is a need to learn from this history. Past experiences should guide a more effective response to the current pandemic. COVID-19 has emerged as a global threat, reaffirming the importance of preparedness and rapid response in the face of disease outbreaks. Despite having gone through a wide range of infectious diseases, each experience emphasizes the need for strong health systems, early detection mechanisms, and close international cooperation in tackling the spread of disease.

Policy makers can identify successful strategies and avoid past mistakes by understanding the patterns and responses to previous pandemics. For example, the importance of information transparency, inter-agency coordination and the use of science to inform decision-making. A lessons-learned approach can improve the effectiveness of handling current and future pandemics, thereby minimizing their negative impacts and protecting public health and well-being more quickly and efficiently. What needs to be underlined is the importance of prioritizing science in responding to crisis events that occur, so that crisis events that have occurred can be overcome quickly.

CONCLUSION

This study examined how differences in knowledge capacity between the government and the community resulted in different values in viewing and responding to the COVID-19 pandemic, and how these differences shaped different patterns of caring in the two phases of the pandemic. In the first phase, the government was uncaring because it rejected a science-based approach. This attitude can be seen from various statements by public officials who downplayed the threat of COVID-19 and prioritized the economic sector. Meanwhile, the community showed the initiative to care by accessing information from global science sources and taking preventive measures independently. The difference in caring between the government and the community in this phase shows unequal power relations and differences in values that can cause conflict. Ideally, this kind of conflict is approached through a problem-solving approach with the help of a third party. Still, in this context, conflict de-escalation occurs when the government finally moves to a position that favors science. In the second phase, the government and the community showed concern for handling the pandemic, albeit in different ways. The government began to design science-based policies, while the community continued to carry out independent initiatives by adjusting to the prevailing policies. At this point, caring comes in plural forms but runs side by side.

The difference in caring between the two phases is significant: in the first phase, values led to inequality of action and misalignment between state actors and citizens, whereas in the second phase, values began to be aligned to form caring harmony in a diversity of actions. These findings suggest that knowledge capacity becomes the main foundation for effective care in crises. When knowledge is not grounded by authority, communities can fill the void, but unequal relations can lead to fragmentation of care.

Thus, early and active government engagement with science-based approaches is crucial to prevent conflicts of interest and strengthen collective solidarity in crises.

This research makes a theoretical contribution to enriching the discourse on the relationship between values, care and public policy in health crises. Utilizing a normative and reflective approach, value differences between the state and society can be an entry point for productive conflict resolution, rather than a source of social disintegration. In addition, this study also emphasizes the importance of adopting a "care" perspective in looking at the relationship between the state and citizens, especially in crises.

However, this study has limitations, especially regarding descriptive and qualitative data coverage, without a quantitative survey to measure broader public perceptions. In addition, this study has not discussed non-state actors such as the private sector or the media in shaping concern dynamics. In the future, further studies can expand the analysis with a multi-actor and cross-sector approach in understanding the construction of values and public policies.

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