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Abstract

Covid-19 turns out unprecedented shock globally. The impact is far above the shocks that have occurred previously such as the 2008 and 1998 crises. Indonesia is one of the countries affected by the spread of Covid-19. The highest policy is taken by the Indonesian government so far is through the implementation of Large-Scale Social Restrictions (PSBB) in handling Covid-19. However, at the same time as there is a higher burden on economies, there is also pressure on healthcare systems in all over Indonesia.

This study uses a qualitative descriptives method by using secondary data and Pierre Bourdieu’s “Theory of Practice” on how Indonesian government policy dealing with Covid-19 in controlling economic growth and all the capital resources. This study is also seeking how the governmental habitus addressing the pandemic along with social institution and youth communities in helping public health sector.

A sample of statistical evidence regarding the spread and impact of Covid-19 in the Society have offered various projections. The findings from the research reveal that the government still tends to embody the welfare on economic capital rather than health aspects. In the other hand, The government are struggling to mobilize social-community resources to address Covid-19 through a platform Called “Gugus Tugas” which is focused on the acceleration of handling Covid-19 by accumulating youth power and social institution agency. This Social capital developed by online-based government organization from all disciplinary backgrounds as the only capital strategy to maintain public health sector in Indonesia.

Keyword: Economic, Health, Bourdieu
Introduction

At present, the world is in an uncertain condition due to an outbreak of the coronavirus called SARS Cov-2 which is the cause of Covid-19 pandemic. Arguably, this virus was first detected to appear in Wuhan City, Hubei Province, China, at the end of 2019. SARS Cov-2 is a new virus that is still a family with the virus that causes SARS and MERS. However, SARS started from China infecting around 8096 people and killed 774 people worldwide in 2003. While MERS came from the Middle East, infected around 2494 people and around 858 people died worldwide in 2012 (Zhou et al., 2020).

WHO (2020) states that the time needed by the virus to cause symptoms (incubation time) is around 14 days. There are also some cases that take from 2-10 days with an average of 5 days. Detailed epidemiological information from the number of infected patients is needed to determine the period of COVID-19 transmission, especially whether the spread can occur asymptptomatically or comes from people who show mild symptoms or before the onset of symptoms.

In general, the patient's clinical symptoms appear to be mild to moderate, although further investigation is needed to make a more accurate assessment. However, the process of spreading this virus can come from someone who does not have any symptoms but can transmit it to others so that it needs to be a concern for the community, especially the government to take appropriate steps to break the chain of virus spread. To date, there has been no strong evidence from the Random Control Test (RCT) that states the success of any potential drugs in patients with suspected or confirmed Covid-19 and no clinical trial data are supporting prophylactic therapy in Covid-19 patients. However, trials of 300 clinical drug candidates are ongoing in several countries both in America, Europe, and Asia (Sanders, Monogue, Jodlowski, & Cutrell, 2020).

There are several test kits used to detect Covid-19, but some are only as a support tool not as a tool to enforce Covid-19 patients, including rapid tests (Joseph & Moslehi, 2020). The government must reproduce oropharyngeal or nasopharyngeal swabs to be examined using a Polymerase Chain Reaction (PCR) tool, which is the gold standard for determining positive or negative Covid-19 disease. The check is carried out several times to avoid false negatives. However, this virus initially only came to the attention of the Chinese government but immediately became the world’s attention after it spread so quickly throughout the world, on March 12, 2020, WHO established Covid-19 as a global pandemic. The rapid spread of Covid-19 globally is predicted by Pablo M et al., (2020) which estimates that many countries accept Covid-19 import cases due to delays in closing flight routes to and from China, especially Wuhan City as the first place for Covid-19 to appear.

In the other hand, President Joko Widodo (Jokowi) has formed the Task Force for the Acceleration of Handling Covid-19 through Presidential Decree (Presidential Decree) Number 7 of 2020. The Presidential Decree was signed by Jokowi on Friday (3/13/2020) The tasks include: First, establishing and implementing plans operational acceleration of handling Covid-19. Second, coordinating and controlling the implementation of the acceleration of COVID-19 handling activities. Third, supervise the implementation of the acceleration of handling CovidD-19. Fourth,
mobilize resources for the implementation of the acceleration of handling of Covid-19. And fifth, report the implementation of the acceleration of handling of Covid-19 to the President and Director (Tristia, Lenny, 2020).

Furthermore, the delay of many countries to close flight access to and from China is one result of information that is not yet valid and clear when the Covid-19 deployment occurred in China. In fact, it is suspected, during January 2020, there are still many actual cases that were not revealed compared to the official cases that were revealed so that many countries have not yet realized that there will be a global pandemic before their eyes. The government continues to review the best efforts to break the chain of spread of Covid-19. The Distribution of Positive Covid-19 Cases in Indonesia not to do a lockdown is still taken because of the very heterogeneous background of cultural, geographical conditions, especially in terms of social and economic aspects. However, the choice to lockdown also really needs to be considered to slow down or even break the chain of spread of the Covid-19 pandemic. However, both lockdown and not, both of them will have an impact that must be a concern that is in terms of health and economy.

Figure 1.
Confirm cases vs unconfirmed cases of Covid-19 in China

Source: Wu and McGoogan, 2020

Figure 1 becomes one of the important points that shows the initial pattern of the spread of Covid-19. The yellow bar indicates the number of cases officially revealed while the gray bar indicates the actual cases that were not yet revealed. The first important timeline was on December 26, 2019, in which four strange cases with pneumonia had been found, three of which were one family. Then many similar cases emerged until January 12, 2020.

However, the first test kit was officially used on January 13, 2020. After the test kit appeared, the number of cases began to rise drastically until finally Wuhan City was closed on January 23, 2020,
and followed by 15 other cities in the Hubei Province tomorrow. In line with the closure of Hubei Province, the number of officially revealed cases continues to increase exponentially. However, what is of concern is the gray bar which also continues to exist and this is one of the causes of the rapid spread of Covid-19 globally because many real cases are not revealed through test kits and have spread beyond Wuhan and even beyond China.

Several countries later reported cases of Covid-19, especially those with many flight routes to and from China as a consequence of economic and political relations. At present, the increase in the number of cases that occur outside of China is even very high, especially in European countries and America.

Figure 2.
Cumulative case in selected countries

![Cumulative case in selected countries](source)

*Top 10 countries up to 19 April 2020

Figure 2 provides a clear picture of the journey of the Covid-19 case from 1 January 2020 to 19 April 2020. All countries in January 2020 tend to have no cases. However, it is strongly suspected that many real cases are not revealed. Furthermore, when WHO began declaring the Covid-19 as a public health emergency of international concern on January 30, 2020, many countries began to recognize the threat and immediately conduct tests to obtain a Covid-19 case. Speed in conducting tests will be very helpful in recording official cases that are revealed even though there are still many actual cases that were not revealed in the previous time.

*Source: ecdc.europe.eu, www.worldometer.info, covid19.go.id (proceed)*
During February 2020, the official case that was revealed was still quite flat but immediately experienced an exponential increase in the following month. This increase indicates that many countries are still trying to meet their internal logistical needs including the readiness of medical personnel, hospitals, medicines, and medical equipment. When these internal needs are deemed sufficient and ready, the government immediately tests massively and gets a positive number of Covid-19 cases with an exponential increase. When the Chinese curve began to slide, countries outside China such as the United States of America (USA) continued to conduct massive tests to screen the population infected with Covid-19 so that data on the number of official cases that would be revealed were revealed, although behind there are still more actual cases that are not revealed.

Regarding the rapid and exponential development of the Covid-19 pandemic certainly has implications for various aspects, especially in terms of health. Hospital readiness in accommodating patients is needed, including the number of medical personnel, personal protective equipment, isolation rooms, the number of beds for COVID-19 patients, and all other supporting equipment with each other to support each other for maximum patient care. Besides, several countries have also implemented physical restriction policies even to lockdowns to reduce the spread of the Covid-19 outbreak so that the distribution curve becomes flat.

**Figure 3.**

*Flattening the curve of pandemic Covid-19*

*Source: Adapted from CDC*

The main objective in carrying out physical restrictions and even lockdowns is to slow down the transmission of the spread so that more patients, especially those with severe congenital diseases, will get more appropriate treatment. This is done because of the constraints on the health system, especially the availability of space. If there is no policy to flatten the curve of the Covid-19 pandemic, there will be many positive cases of Covid-19 which then do not get proper treatment. Furthermore, the capacity of the health system will prioritize patients who tend to experience mild-severe to severe symptoms. About 20 percent of cases require hospitalization, 5 percent of cases require intensive care, and 2.5 percent require serious intensive care with equipment such
as ventilators and Extra-Corporeal Membrane Oxygenation (The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 2020). Indonesia’s delay in announcing its first case has caught international attention. When neighboring countries such as Singapore and Malaysia announced their first case in February 2020, Indonesia only announced its first case on March 2, 2020. Of course, if look back at Figure 1, it is suspected that more actual cases were not revealed than official cases that were revealed in Indonesia. The fundamental matter which then becomes a concern is how fast and how many test kits can the government do to find as many positive cases of Covid-19 as possible. This is important to then become a consideration of government policy.

When many countries then carry out physical restrictions and even lockdowns, the Indonesian government needs to consider this to stop the process of spread of Covid-19. So far, the government has implemented a policy of implementing Large-Scale Physical Restrictions (PSBB). However, since the announcement of the first case on March 2, 2020, the number of positive cases has continued to increase. That is, the policies that have been made have not been effective. Considerations for lockdowns continue to emerge, but questions also emerge about whether the implications are for economic aspects.

Based on this situation, the Governmental Habitus concept will try to find out where the mental and cognitive government structures work in the process of producing identity and representation. As in Bourdieu, Habitus is a "mental or cognitive structure" with which people relate to the social world (Ritzer and Goodman, 2003). In addition, habitus is also defined as the mental or cognitive structure that actors use to deal with social life. Habitus is imagined as a social structure that is internalized and realized. In this case, the government is trying to give birth to a "Gugus Tugas" Platform that can gather and represent the Power of Youth and experts/academics. Through this platform, social capital can be created by minimizing the loss and impact caused by the Spread of Covid-19 in Indonesia. The government hopes to be able to synergize with the community in conditions of such a crisis so that there will be no chaos both at the economic and social levels in various structures. Like what Bourdieu said that: Habitus tends to shape individual action so that existing opportunity structures are perpetuated. Chances of success or failure are internalized and then transformed into individual aspirations or expectations; these are in turn externalized in action that tends to reproduce the objective structure or life chances (Bourdieu and Passeron, 1977).

Capital (Economy and social) plays a fairly central role in the relationship of social power. Where capital provides the means in the non-economic form of domination and hierarchy, as a class that distinguishes itself. The concept of "capital" is used by Bourdieu because of its characteristics which explain the relations of power, as mentioned above. Based on that, Bourdieu gives his theoretical construction of capital as follows: “capital is a social relation, i.e., an energy which only exists and only produces its effects in the field in which it is produced and reproduced, each of the properties attached to class is given its value and efficacy by the specific laws of each field” (Bourdieu, 1984).
Methods

This study collects secondary data sources issued by various parties that have the capacity, trustworthiness, and can be accounted for such as WHO, government websites, any relevant publications, and online journals. The analysis techniques are to organize them into economic, social and health themes in which the government should consider the epidemiological prospect, lockdown, and the impact on economic and social aspects. Secondary data results from the statistical source indicate a tendency for the Government to prioritize the national economic sector rather than the public health sector. Regarding to this data interpretation, then the data were analyzed by using Bourdieu’s “Theory of Practice” related to "economic capital" which tends to be a priority for the government and how the government habitus create a "social capital" through the Platform "Gugus Tugas" that is able to accumulate a social relation and institutions as their strategy in accelerating the handling of Covid-19 in Indonesia.

Figure 4.
Conceptual of the framework of the study

Source: Author’s illustration
Results

Covid-19 pandemic is able to ravage the world’s health and economic order. The Indonesia government tends to use perspectives on economic aspects rather than health aspects. There is no definite formula to overcome with Covid-19 so that the Indonesian government should mobilize all resources to address Covid-19 as a top priority before moving to the formula of economic recovery after the end of Covid-19. On the other hand, the implementation of social distancing through a lockdown policy and PSBB will have economic consequences. Both of them will make a contraction of economic activity due to restrictions on activities outside. Furthermore, PSBB policy must be accompanied by close supervision in the field so that this policy runs properly because currently, the PSBB policy is the highest policy of the government can take in breaking the chain of the spread of Covid-19. Therefore, it can be said that governmental habitus is an internalized social structure so that it becomes a habit that continues to be realized. During this pandemic, the Government tends to create a habit, as follows:

1. Habitus as the knowledge of actors

This kind of understanding leads to ideas that were born by governments that accommodate and invite young people to intervene through the "Gugus Tugas" Platform to together eradicate the spread of the Covid-19 in Indonesia. That the way of government gets the contribution of ideas and knowledge from various sectors.

2. Habitus as a process of interaction

In this level, the government sees the economic condition is increasingly worrying so that it takes an action from various groups and elements of society both top-down and bottom-up so that all the aspirations of the community can be accommodated properly.

3. Habitus as a disposition

This stage shows a process where the government needs to be ready and alert in dealing with the Covid-19 problem in Indonesia by looking at available resources and various regulations applied such as the PSBB because the policy is not relevant to be applied in various regions but is deemed sufficient to reduce the level of Covid-19 distribution in Indonesia. Although the directors are sufficient to inhibit the spread of Covid-19 in Indonesia, the regulation also has several social and economic impacts where there is so much unemployment and economic recession in some areas that some people are also very disadvantaged by this condition. Based on this condition, Bourdieu said: “According to Bourdieu, habitus merely “proposes” what people should think and what they should choose to do better (Ritzer and Goodman, 2003). So that the common thread can be drawn that habitus is the result of skills that become practical actions (not always realized) which are then translated into abilities that seem natural and develop in certain social environments. Habitus produces different lifestyles and life practices derived from individual experiences in interacting”.


Discussion

The condition of the Covid-19 pandemic in Indonesia

The spread of the Covid-19 pandemic is rapid and massive. Starting from the first case on March 2, 2020 in Jakarta, currently the Covid-19 case has spread to almost all provinces in Indonesia including Papua. In its distribution, there are two types of cases, namely local transmission, and imported cases. The first case was the result of an imported case from a Japanese foreigner living in Malaysia and then visiting Indonesia at the end of February 2020. The Japanese foreigner then transmitted to several Indonesian people who had contact with him. These Indonesian people were later declared to be the first official case to be revealed in Indonesia. The government then carried out tracing to look for people who had contact with them before so many cases were discovered using the local transmission approach. Furthermore, some people then did not realize that they were suffering from positive Covid-19 but were asymptomatic so that many people passed on to other people who were in contact. Immediately, the number of cases was evenly distributed throughout Indonesia with the addition of several new cases in several regions resulting from imported cases, especially those who had just traveled from abroad.

![Figure 5. Distribution of positive Covid-19 cases in Indonesia](source: www.covid19.go.id)

*The greater the circle represents the number of more cases
*Up to 19 April 2020

Figure 5 reveals the spread of Covid-19 in Indonesia, which is almost evenly distributed to all provinces in Indonesia. Jakarta became the epicenter with the largest number of cases followed by surrounding areas such as West Java and Banten. The physical distancing policy adopted by the government then caused many informal and daily workers in Jakarta to no longer get income. People groups like these become a dilemma when following the government’s advice to stay at home, they also do not get income but work outside will not get income as well because of the limitation of social activity. Finally, they chose to temporarily return to their hometowns, who
then unknowingly among them were carriers and spread it to those who were more vulnerable. Regions outside of Java, especially in the eastern region, get Covid-19 cases allegedly through imported cases due to migrant workers being repatriated from their home countries who are also facing COVID-19, such as Malaysia, Hong Kong, South Korea, and countries in the Middle East.

**Figure 6.**
**Daily case, death, recovery, and cumulative case, death, recovery**

*Source: www.covid19.go.id*

*Up to 19 April 2020*

Figure 6 illustrates the growth of daily cases, which statistically continues to increase. Based on these data, it can be said that the spread of Covid-19 continues to occur in Indonesia. Furthermore, if there is no drastic policy to slow the spread of the Covid-19 epidemic, the number of deaths will also continue to increase. The increase in positive cases of Covid-19 in Indonesia tends to be still in the initial stages and will not reach the peak point so it is estimated that it will continue to experience a significant increase in the future.

Furthermore, what deserves attention due to the increasing trend of Covid-19 cases in Indonesia is the number of deaths, which also continues to increase. High death rates represent high vulnerability because of the increasing number of official cases revealed through tests. That is, the more cases the more the number of deaths. Furthermore, the level of testing conducted in Indonesia is relatively low when compared to the total population. Whereas, the level of testing is increasingly high and massive will provide many opportunities to get a positive case of Covid-19.

**Figure 7.**
**Test performance, death rate, and the recovery rate in selected ASEAN Countries**
Figure 7 shows some facts such as Indonesia’s death rate being the highest in ASEAN at 8.9 percent. This shows many allegations, among others, that the capacity of the Indonesian health system is still not optimal, mainly due to the limited medical staff, treatment rooms, and the number of hospitals. On the other hand, the level of testing per one million people in Indonesia is the lowest compared to neighboring countries, only reaching 156 people per one million population. Of course, this is a concern because with testing levels that are still very low, but the capacity of the health system has been overwhelmed to handle positive patients with Covid-19. The low level of testing also has implications for the high number of actual cases that have not yet been revealed, and even the estimated number of cases revealed so far is still 5.3 percent of actual cases.¹

In line with these allegations, there may be still many people who are positive in Covid-19 but are asymptomatic and continue to transmit to those who are vulnerable so that it will contribute to higher mortality rates. Meanwhile, in line with the high mortality rate and low testing rate due

¹ Using a delay-adjusted case fatality ratio to estimate under-reporting accessed from https://cmmid.github.io/topics/covid19/severity/global_cfr_estimates.html
to the limited capacity of the health system resulting in a relatively low cure rate compared to neighboring countries. If these findings will continue, it is estimated that Covid-19 in Indonesia will be prolonged due to the overall system that has not been strong in finding positive cases of Covid-19.

**Figure 8.**
Hospital beds per 1000 people

*Source: OECD, 2019*

The capacity of the Indonesian health system based on Figure 8 is the second-worst among several countries in the world. Per 1000 people, there is only one bed. Thus, the low capacity of the health system will have implications for the handling of COVID-19 patients whose numbers tend to continue to increase in recent times. Although the death rate of COVID-19 is relatively low compared to Severe Acute Respiratory Syndrome (SARS), serious handling is needed for some patients especially those who are elderly and have congenital diseases. Serious medical equipment is needed in large quantities to help those who experience severe symptoms such as shortness of breath. On the other hand, elderly people tend to have lower immunity than young people do. Thus, this will increase the mortality rate if elderly people are infected with Covid-19.
Figure 9.
The death rate of Covid-19 by age globally and the percentage of the population in Indonesia 2020

Source: www.worldometer.info, BPS (proceed)

Figure 9 explains the death rate of Covid-19 patients is even higher and even Covid-19 patients aged 80 years and over have a mortality rate of nearly 15 percent. Conversely, the younger the age of Covid-19 patients, the mortality rate is relatively low and even reaches 0 percent at the age of 9 years and under. Thus, elderly people must be concerned when infected with Covid-19 due to this vulnerability. Meanwhile, the percentage of the elderly population in Indonesia is relatively low compared to young age. Elderly people aged 70 years and over reach a percentage of 6 percent of the total population. Meaning, there is around 9 million population that must be prioritized because they are the most vulnerable population infected with Covid-19 and tend to have high mortality rates. More specifically, the death rate of male Covid-19 is higher than that of women at 2.8 percent compared to 1.7 percent (The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 2020).

Besides, elderly people tend to be more passive but are most vulnerable when many young people who are actually infected with Covid-19 but are asymptomatic and then make contact with elderly people. However, the elderly population tends to have a weak condition due to the increasing number of body cells that degenerate thereby reducing the ability of the immune system. Furthermore, the low power of the body makes them more likely to be susceptible to disease even some who first had a congenital disease. This also further increased the death rate of Covid-19 patients.
Pre-existing condition before being infected with Covid-19 has a significant effect on the death rate of patients. Based on Figure 10, Covid-19 patients who have pre-existing conditions i.e., suffering from cardiovascular-related diseases tend to have 10.5 percent of deaths while Covid-19 patients who do not have pre-existing conditions only reach a mortality rate of 0.9 percent. Meanwhile, the Ministry of Health (2018) found that hypertension is a type of chronic disease that has the highest mortality rate in Indonesia reaching 34.1 percent. Interestingly, cancer is a chronic disease with the lowest mortality rate that only reaches 1.8 percent. However, three out of five types of chronic diseases in Indonesia are included in pre-existing conditions which contribute to the increasing death rates of Covid-19 patients. Diabetes, hypertension, and cancer each increased the death rate of Covid-19 patients to 7.3 percent, 6 percent, and 5.6 percent respectively.

Considering the health system capacity that is still low, the vulnerability of elderly people, and pre-existing conditions, the combination of these variables can exacerbate the condition of handling Covid-19 in Indonesia. Likely, the drastic policy will not cause the health system capacity to reach the threshold and then result in patients infected with Covid-19 in the category of elderly people and has one of several pre-existing conditions not getting proper treatment. Especially seeing the condition of young people who tend to be indifferent because it is asymptomatic but infected with Covid-19 can spread to those who are vulnerable to this virus. Measurable and massive drastic policies must be a concern of the government and prioritize the health aspects as the main compared to the others.

**The government must prioritize the health aspect among others**

The first and foremost policy that must be carried out by the government is to prioritize public health asphalt above all else. However, the government has taken several steps to break the chain of the spread of Covid-19. The government began to appeal for social distancing coupled with
work from home, study at home, and worship at home. Over time, the term social distancing was changed to physical distancing as an effort to keep people socializing with others through social media without physical presence. However, this appeal is not enough to break the Covid-19 chain. An increasing number of positive cases are still increasing. Even since the appeal was implemented, many residents began to travel to return to their respective home areas because of declining income due to social distancing.

At the regional level, some have begun to apply local lockdowns to limit the flow of people in and out. However, policies that have not been synchronized between the central and regional governments have resulted in an increase in the number of positive cases in the regions due to population mobilization from the Covid-19 epicenter to their respective home regions. Arguably, the call for social distancing is not enough to break the chain of spread because this policy tends to only reduce the level of transmission but not to the level of termination of the transmission.

**Figure 11.**
Model of cumulative cases of Covid-19 with social distancing measures taken one day apart

![Chart showing the cumulative cases of Covid-19 with and without social distancing measures.](https://example.com/chart.png)

*Source: Tomas Pueyo*²

However, Figure 11 uses a model made similar to the number of positive cases in Hubei Province, China. Delaying one day to do social distancing can increase 40 percent more cases of Covid-19 infection. Meanwhile, in Indonesia, the first official case revealed was reported on March 2, 2020, but the social distancing was only implemented on March 16, 2020. There was a considerable distance that was then feared to further strengthen the suspicion of the spread of real cases, which were not revealed more. This is reinforced by the continued increase in the number of positive cases of Covid-19 since the social distancing policy was implemented. In a crisis, mere appeals are not enough for the people of Indonesia because the condition of the road is still busy since

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² Coronavirus: Why You Must Act Now
this appeal was made. Furthermore, this is not solely related to the economy and livelihoods but more than that the community tends to show itself as the unprepared society or people who are less aware of the worst possibilities in the future (Okthariza, 2020).

Over time, more local governments began to close their respective territories with consideration to prevent the spread of Covid-19. Moreover, the capacity of the health system in the regions is vastly different from the Covid-19 epicenter, Jakarta. There is an action of waiting for making a drastic policy between the central and regional governments after a failure to break the spread of Covid-19 through the application of social distancing. Furthermore, an issue emerges among the people to lockdown in order to break the chain of the spread of Covid-19 more effectively. Yet, the local government could not do it immediately because the lockdown policy was the authority of the central government. Issues related to locking the area or lockdown have fulfilled public discourse. Legally applicable in Indonesia, through Law No. 6/2018 on Health Quarantine, there are only two types of social restrictions related to lockdown discourse, namely regional quarantine and large-scale social restrictions (PSBB).

Regional quarantine consists of three main elements namely; 1) there are population restrictions in an area including the entrance and its contents; 2) suspected of being infected and/or contaminated in such a way; and 3) the purpose of this restriction is to prevent the possibility of spreading disease or contamination. Fahrizal (2020) explains the quarantine of the area can be interpreted as a protocol to isolate the population and all its contents in an area that is suspected of being infected or contaminated so that it is not allowed to leave the area. However, regional quarantine still allows residents to carry out certain activities or activities within the designated area. Furthermore, because regional quarantine emphasizes that there is no outflow of people in an area, the central government, regional government, and related parties as state administrators are responsible for the livelihoods of the people including livestock.

So far, neither vaccine nor drug has been found to cure patients infected with Covid-19, so the government has no choice except to slow down and break the spread of Covid-19. However, since the announcement of the first case on March 2, 2020, the spread of Covid-19 has not shown a slowing trend. The lockdown discourse is strengthening as the number of cases continues to increase. Maharani and Jauhari (2020), recommend three important things if Indonesia wants to make a lockdown option, namely; 1) risks that must be calculated before and after lockdown; 2) purpose, scope and lockdown period; and 3) resources that need to be mobilized based on practices that have been carried out by other countries.

In the implementation of lockdown in several other countries, there is a tipping point from the Covid-19 case itself, which is a kind of psychological threshold that makes the country carry out drastic policies. For example, the Malaysian government implemented a lockdown after the Tabligh Akbar in Kuala Lumpur produced at least 190 new cases a day. In Spain, the lockdown was implemented on March 14 after a surge of more than 30 percent per day that occurred since March 10-13. The same thing happened in Italy where lockdown was applied because cases that suddenly increased dramatically with a higher level of tightness day by day. New York began to shut down on March 22 after the number of cases increased by more than 3000 a day. Meanwhile, India made a lockdown after experiencing a significant increase in the number of cases a day.
However, based on several other countries’ policies that apply lockdowns, not everything is going well. Readiness for all aspects of running a lockdown must be ready. An example is India that applies a lockdown policy but is not followed by a readiness to provide logistical and economic guarantees so that as soon as the lockdown policy is implemented, many informal and daily workers who are looking for life in a big city like New Delhi mobilize a large scale to return to their hometown. As a result of this surge, there was a mass buildup so large in the terminal and border area that it encouraged the spread of Covid-19 more quickly because there was no physical distancing between them.

Pro and contra of lockdown discourse occur in the community. Those in the upper-middle class economic and social groups agree to the option. On the other hand, those in the lower middle economic and social groups oppose it, especially informal workers who depend on daily income. Arguably, Covid-19 has changed the order of people’s lives in the world for work, school, and worship. This rapid and massive change has an impact on almost every aspect of life. However, this drastic change is expected to only be temporary to break the chain of the spread of Covid-19.

Furthermore, after some time there was an argument in the community regarding lockdown, finally the central government issued a policy of Large-Scale Social Restrictions (PSBB). Basically, PSBB consists of three main elements, namely; 1) limiting certain activities of residents in an area; 2) there is a suspicion that the area is infected with a disease and/or is contaminated; and 3) as an effort to prevent the possibility of spreading disease or contamination.

PSBB is fundamentally a response to public health. The limitation of these activities according to Law No. 6/2018 at least includes freeing schools and workplaces, restrictions on religious activities, and restrictions on activities in public places/facilities. Furthermore, PSBB is regulated through PP No. 21/2020 which explains that every region that wishes to apply for PSBB must meet the criteria for the number of cases and/or the number of deaths due to disease increasing and spreading significantly and rapidly to several regions, and there are epidemiological links with similar events in other regions or countries.

Indonesia reached the highest level to break the chain of the spread of Covid-19. The government prefers to implement a PSBB policy rather than a lockdown or quarantine area. Arguably, the government prefers PSBB because this policy does not require the government to fulfill basic needs for the community including livestock, whereas if the government chooses lockdown, a heavy burden arises because the government has an obligation to meet the basic needs of the community.

Furthermore, lockdown will cause massive economic activity to stop, further aggravating the condition of the country. However, PSBB tends to still allow people to carry out activities but is regulated in such a tight social movement on the ground especially through social distancing. The reason for the PSBB then became an impetus for economic activity to continue despite many shortcomings. Nevertheless, allowing people to do activities outside the home will only slow down efforts to break the chain of the spread of Covid-19.
The consequences of Large-Scale Social Restrictions (PSBB) on the economy

The PSBB policy forced the community to change habits drastically. Limitation of activities outside the home greatly affects economic activity, especially from a decrease in public consumption. Furthermore, the decline in public consumption makes the industry’s performance contracted due to a decrease in people’s purchasing power. This then makes the industry experience an even worse income loss that disrupts cash flow that makes the industry have to make a policy of layoffs of employment (PHK) against employees. The layoffs carried out by many industries are increasingly aggravating economic activity that has declined, becoming worse and worse because people’s purchasing power has declined. Furthermore, the industry has reduced production capacity, which has further worsened economic conditions. The gloomy outlook for the industry caused an investment contraction due to the lack of encouragement to expand. These variables then become some of key indicators due to the PSBB policy that is a difficult choice but must still be taken as an increase in the spread of Covid-19.

Figure 12. Fiscal stimulus globally and breakdown of fiscal stimulus in Indonesia

Source: International Monetary Fund, Ministry of Finance (proceed)
*Up to 19 April 2020

Figure 12 shows a comparison of the fiscal stimulus carried out by the governments of several countries in the world in dealing with Covid-19 where Singapore and Australia are the largest reaching more than 10 percent of GDP. Meanwhile, India has implemented a lockdown policy, only 0.1 percent along with the Philippines. Furthermore, Indonesia is one of the countries that provide a large enough stimulus to reach 2.5 GDP. This fiscal stimulus has forced the government to exceed the state budget (APBN) deficit limit to reach 5 percent of GDP in the next three years. However, the fiscal stimulus provided by the government was Rp. 405.1 trillion, divided into four
priorities, in which the aspect of national economic recovery was the first to reach Rp. 150 trillion, while the health aspect ranked third, reaching Rp. 75 trillion. The fiscal stimulus explicitly shows that the government still prioritizes economic aspects over health aspects.

Nonetheless, the PSBB policy tends to focus more on the economy compared to the aspects of public health. This is evident from the still permissibility of the community to carry out activities outside the home. Especially with no guarantee, for people who stay at home, to get the right to fulfill basic needs will make people have no other choice, that is, to stay out of work or return to their hometowns. In fact, the spread of Covid-19 is still quite difficult to stop due to the government’s limited capacity. Worryingly, PSBB is estimated to still not be enough to break the chain of spread of Covid-19. This is reinforced through the government’s focus on fiscal stimulus policies to deal with Covid-19.

Considering the impact of the PSBB policy on economic activity in the midst of the Covid-19 pandemic is natural but must still be behind the health aspect of the priority scale. The choice of a firm policy in breaking the chain of spread of Covid-19 must prioritize health aspects. Arguably, the PSBB policy tends to prioritize the economy even with the consideration that economic activity will continue. In fact, with the PSBB policy and lockdown, economic activity remains contracted due to Covid-19.

In line with this, the latest projection from World Bank (2020) reveals that the Indonesian economy will only grow 2.1 percent in 2020 using a moderate scenario and even reaching a minus when using a pessimistic scenario. However, Covid-19 in Indonesia has not yet entered its peak period. Various projections using both optimistic and pessimistic scenarios agree that the tendency of cases in Indonesia will continue to increase. At one point, the number will soar beyond the capacity of the existing health system (Ariawan et al., 2020; IPB University, 2020; Pratama, 2020; Nuraini et al., 2020).

A drastic policy that could immediately break the chain of spread of Covid-19 must be taken. Every second during Covid-19 is something that cannot be valuable in economic. The government fights against time. The sooner Covid-19 ends, the faster the economic recovery process. Conversely, the longer the Covid-19 ends, the deeper the economy contracts and makes the economic recovery slow.
Figure 13 explains that the Covid-19 curve's flatten policy will have a direct impact on the length of the economic recovery. Covid-19 will obviously reduce economic growth even to the level of minus but how long the growth will be minus toward positive again depends on the policy in dealing with Covid-19. Baldwin and Mauro (2020) revealed that a government that failed to contain the spread of Covid-19 would be like a red line, which illustrates the growth of positive cases that then led to high mortality rates resulting in economic growth reaching minus like the dotted blue line. Furthermore, the dotted blue line takes longer to achieve recovery. Meanwhile, good and measured handling of Covid-19 causes the spread and low mortality rates such as the red line. This then has an impact on economic growth minus the not too deep so it requires faster recovery time as in the dotted green line or dotted red line.

Thus, the handling of Covid-19 must be a top priority in every action taken by the government. The speed of the government in responding will greatly affect the national economy, which in turn will again shift all sectors. The political policies of a state leader must be strict, especially in coordinating policies at the central and regional government levels. Policy synchronization must occur using comprehensive data in every decision making because the handling of Covid-19 cannot be done partially. Furthermore, refocusing fiscal stimulus must also be carried out by prioritizing health aspects over economic aspects.
Conclusion

There is no evidence to date that recommends specific anti COVID-19 treatments for confirmed patients. The government needs to encourage research institutions in Indonesia to immediately conduct clinical trials on several vaccine candidates or the Covid-19 drug to prevent outbreaks. The most effective long-term strategy for the prevention of this virus in the future is the development of vaccines that provide protective immunity to the body. Nevertheless, this requires a minimum of 12 to 18 months to get it. Therefore, the government needs to continue to encourage the community to conduct social distancing until treatment for Covid-19 is found.

However, if since the implementation of the PSBB there is still a case of transmission among the community, it means that this policy is no longer relevant especially since the community is still permitted to work outside the home. Thus, the next drastic policy that can be done is lockdown by forcing all people to be at home to stop the spread of Covid-19 with the consequence that the state must guarantee the basic needs of the community. This is much better than continuing to impose an ineffective PSBB policy in the term in breaking the chain of the spread of Covid-19.

One dimension of habitus that Bourdieu emphasizes is the adjustment of aspirations and expectations to what he (adopting the expression from Bachelard) calls the "causality of the probable." Habitus adjusts aspirations and expectations according to the objective probabilities for success or failure common to the members of the same class for a particular behavior. This is a "practical" rather than a conscious adjustment (Swartz, 1997: 105). Bourdieu has also used the wording "cultural unconscious, "habit-forming force", "set of basic, deeply interiorized master-patterns" "mental habit" 'mental and corporeal schemata of perceptions, appreciations, and action," and "generative principle of regulated improvisations" to designate his key concept. The concept has broadened in scope over time to stress the bodily as well as cognitive basis of action and to emphasize inventive as well as habituated forms of action…and the product of particular social conditions though transposable to others (Swartz 1997: 23).

Hereafter, the longer duration in handling Covid-19 will affect economic activity, which also decreases for a long time. The drastic policy is needed even though it is bitter but for the sake of better life sustainability, both in terms of health and economy. Also, this drastic policy must be followed by massive testing both for people who come in contact with positive patients with Covid-19 and those who are not so that the community will feel the sense to protect themselves and those around them if they know their condition in an infected condition or not. Moreover, the fiscal stimulus, which is one of the main instruments of the government, must prioritize the health aspect to be able to save many lives of the Indonesian population because the economy can recover but dead bodies cannot. Therefore, it can be said that the main purpose of the government's tendency is to prioritize the economic sector and save the country's assets from its health crisis in Indonesia. The Government together with the "Gugus Tugas" seeks to minimize losses that occur in all sectors and hopes that all elements of the society contribute to helping the government in the midst of this global crisis. The platform "Gugus Tugas" is a country's asset (social capital) focused on distributing the existing human resources so that all bad impacts can be reduced in various regions in all over Indonesia.
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