



Human security, social stigma, and global health: the COVID-19 pandemic in Indonesia

Hastoro Dwinantoaji^{1*}, Sumarni DW²

¹Department of Community and Mental Health Nursing, Faculty of Nursing Universitas Andalas, Padang, ²Department of Psychiatric, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

ABSTRACT

Submitted : 2020-04-11
Accepted : 2020-05-25

Coronavirus disease 2019 (COVID-19) is now a global public health threat with many medical, ethical, economic, and social impacts. COVID-19 has spread worldwide, to many Asian and Middle Eastern countries, the United States of America, and European countries. The current COVID-19 pandemic that has devastated Indonesia, has infected and killed more healthcare workers, in particular doctors and nurses, than any other outbreak in the history of this virus. People have basic needs that must be met for them to feel safe and secure. A history of the outbreak of the COVID-19 is briefly showed, before exploring the impact the virus had in Indonesia. During this exploration, some of the key issues arising from the experiences in Indonesia, in addressing the threat of COVID-19 will be reviewed. Drawing on the COVID-19 as the case study, we consider the ways in which the concept of human security expands understanding of its relationship to health. Further, we show how major public health issues can evolve into security threats. The final section of the article will be an analysis of the lessons learned from COVID-19 and policy implications in addressing health and human security threats.

ABSTRAK

Penyakit corona virus 2019 (COVID-19) sekarang menjadi ancaman kesehatan masyarakat global yang berdampak besar terhadap aspek medis, etik, ekonomi, dan sosial. COVID-19 telah menyebar ke penjuru dunia, kebanyakan negara Asia dan Timur Tengah, Amerika Serikat, dan negara-negara Eropa. Wabah COVID-19 yang saat ini melanda Indonesia telah menginfeksi dan menewaskan lebih banyak petugas kesehatan, terutama dokter dan perawat, dibandingkan dengan wabah lain yang pernah terjadi dalam sejarah virus ini. Individu mempunyai kebutuhan dasar yang harus dipenuhi agar mereka merasa aman dan terjamin. Terjadinya wabah COVID-19 diulas secara singkat sebelum penulis mengeksplor dampak virus Corona di Indonesia. Beberapa masalah utama yang muncul dari peristiwa wabah COVID-19 di Indonesia yang ditujukan untuk mengatasi jenis ancamannya, akan ditinjau dalam artikel ini. Melalui beberapa studi kasus COVID-19, penulis mempertimbangkan konsep keamanan manusia untuk memperluas pemahaman terkait dengan kesehatan. Selanjutnya, penulis menguraikan bagaimana masalah kesehatan utama masyarakat dapat berkembang mengancam keamanan. Bagian akhir dari artikel ini akan menganalisis pelajaran-pelajaran yang dapat dipetik dari wabah COVID-19, beserta implikasi kebijakan-kebijakan untuk menangani ancaman kesehatan dan keamanan manusia.

Keywords:
human security;
social stigma;
global health;
COVID-19;
Indonesia;

INTRODUCTION

The concept of human security has emerged since the idea first gained prominence in 1994. According to the United Nations on Development Program (UNDP), human security consists of several issues including: economic security, health security, food security, environmental security, personal security, community security, and political security.¹ Human security brings together the ‘human elements’ of security, rights and development. As a people-centered concept, human security places the individual at the ‘center of analysis’.^{1,2} Consequently, it considers a broad range of conditions which threaten survival, livelihood and dignity, and identifies the threshold below which human life is intolerably threatened. Human security approach to development takes account of the close interrelationships among the different elements people need to live without fear, without deprivation, and with dignity.³ People have basic needs that must be met for them to feel safe and secure. Individuals need respect from others for emotional well-being.

In Indonesia, for instance, most of the pressing security issues that pose real threats to the lives of individuals and communities are global pandemic diseases such as COVID-19 that threaten to devastate regions and entire communities, social stigma, and environmental degradation. These phenomena have posed increasing issues in societies. The purpose of this article is to understand and explore the concept of human security can be translated beyond discourse to action. Through its discussions of the case study on COVID-19 issue in Indonesia, we consider the ways in which the concept of human security expands understanding of its relationship to health. Further, we show how major public health issues can evolve into security threats. The final

section of the article will be an analysis of the lessons learned from COVID-19 and policy implications in addressing health and human security threats.

MATERIALS AND METHODS

A detailed literature search was conducted on databases namely Google Scholar, PubMed, and Scopus focusing on human security, social stigma, global health, and health security in an attempt to understand and explore its concepts. The keywords include ‘human security’, ‘health security’, ‘global health’, ‘pandemic’, ‘coronavirus’, ‘COVID-19’, ‘stigma’, ‘healthcare workers’, ‘health workers’, and ‘nurses’, both separately and in combination. The searches included peer-reviewed articles and case reports. Eligible materials had abstracts and full-texts in the English and Indonesian language. Through its discussions of the case study on COVID-19 issues in Indonesia, we consider the ways in which the concept of human security expands understanding of its relationship to health. The final section of the article would be an analysis of the lessons learned from COVID-19 and policy implications in addressing health and human security threats.

RESULTS

Linkages: human security and global health

health has been increasingly drawn into these human security debates. Indeed, some aspects of health are intrinsically linked to security; terms such as ‘health security’ have become increasingly used. Globalization which has resulted in increased human and animal mobility across countries and changes in human lifestyles has also contributed to accelerating the process of spreading pandemics as a threat to global health security.

Health security can affect the stability of national resilience because the state and global economy is affected by public health. Therefore, the issue of global health is of international concern. Although the health issue is actually a general problem and is closely tied to the individual's health condition internally, it has social effects that cannot be avoided. These effects can even cross national borders which eventually become a global phenomenon. Health problems not only afflict individuals, but health problems also concern and impact the interests of society. Several global issues in terms of health security had the impact was quite large and had received worldwide attention, which was where state and non-state actors were trying to overcome this problem.

Tuberculosis (TB) is a common infectious disease, and in many cases is deadly. This disease is caused by various strains of mycobacteria, commonly *Mycobacterium tuberculosis*. Usually attacks the lungs, but can also affect other body parts. This disease spreads through the air when someone with active TB infection coughs, sneezes, or spreads their saliva grains through the air. In some cultures, TB is associated with witchcraft. TB can be considered a curse on a family, as the illness often affects multiple generations – we know that this is simply because TB is an airborne illness, which is more likely to be spread among people living in close proximity. Fear of discrimination can mean people with TB symptoms delay seeking help, making it much more likely that they will become seriously ill and infect others. Stigma around TB can make people reluctant to stick with their course of treatment as fear of being 'found out'. By taking treatment irregularly, people risk developing drug resistance. In the 1990s Indonesia was third ranked in the world of TB sufferers, but the situation began to improve and in 2013 it became the fifth in the world.⁴

Furthermore, there were other diseases that are feared to threaten health security not only nationally but also globally, namely the outbreaks of severe acute respiratory syndrome coronavirus (SARS-CoV) started in Guangdong, China in 2003 and spread to many countries in Southeast Asia, North America, Europe, and South Africa. Transmission was primarily person to person through droplets that occurred during coughing or sneezing, through personal contact (shaking hands), or by touching contaminated surfaces.⁵ Nine years later, a new coronavirus that causes respiratory disease appeared in the Middle East, thus the name of Middle East respiratory syndrome coronavirus (MERS-CoV). Symptoms of MERS-CoV are nonspecific but many patients end up with severe acute respiratory distress. The transmission of MERS occurs through respiratory secretions from coughing and sneezing, whereas primary cases of the virus have been traced to close contact with infected dromedary camels, the animals identified as the reservoir host for MERS.^{5,6}

Currently, the world is impacted by the novel COVID-19. COVID-19 is caused by SARS-CoV-2 infection, which is a novel form of coronavirus which has spread from its initial identification in Wuhan, Hubei Province, China, in December 2019.⁷⁻¹⁰ COVID-19 has spread worldwide, and has been declared a global pandemic by WHO on 11 March, 2020.^{11,12} The modes of transmission, although still in part unclear regarding COVID-19, are thought to be the same mechanism for all three viruses. Infection via respiratory droplets or secretions of infected individuals are thought to be the predominant mode of transmission from human to human.¹³ The spread of infection for COVID-19 is occurring more rapidly than in the SARS epidemic. Rates of human to human transmission were generally lower for MERS. The virus was isolated from biologic samples and

identified as genus betacoronavirus, placing it alongside other SARS and MERS.^{5,6,14} Based on the incubation period of illness for MERS and SARS coronaviruses, as well as observational data from reports of travel-related COVID-19, CDC estimates that symptoms of COVID-19 occur within 2–14 days after exposure. Preliminary data suggest that older adults and persons with underlying health conditions or compromised immune systems might be at greater risk for severe illness from this virus.¹⁴

On March 2nd, 2020, COVID-19 was first reported in Indonesia in a number of two cases¹⁵ then spread in different parts of Indonesia. As of April 9th, 2020, the Indonesian government reported 240 people died and 2,956 people have been confirmed positive with COVID-19.¹⁶ The COVID-19 mortality rates in Indonesia is 8.12% which is the highest number of fatalities in Southeast Asia region.¹⁷ The affected communities who have confirmed with COVID-19 as well as patients who died from confirmed with COVID-19 are distributed across 34 provinces.¹⁸

With the stipulation of COVID-19 as a biological hazard, its management is not only the responsibility of the government, but it also requires the involvement and participation of all communities and local institutional actors including local government, community leaders, religious leaders, and community-based organizations in the delivery of public education and campaigns that are more accessible and inclusive in reaching all society groups without causing further stigma and misinformation.

Social stigma and COVID-19 in Indonesia

Public health research has shown that patients who confirmed positive with coronavirus had faced harmful stigma, in some cases, had led to eviction, abandonment, and other consequences.

COVID-19 is a traumatic illness both in terms of symptom severity and mortality rates. Those affected are likely to experience psychological effects due to the traumatic course of the infection, fear of death and experience of witnessing others dying. Fear and stigma of COVID-19 are contributed to by widespread fears due to high infection risk, lack of information and misinformation. At the community level, a cyclical pattern of fear occurs, with a loss of trust in health services and stigma, resulting in disruptions of community interactions and community fracturing.

Nurses as healthcare workers are at the front line of the COVID-19 response and as such they are the most vulnerable group exposed to a biological hazard in health facilities and communities. There are increasing number of reports of social stigmatization against Indonesian nurses from areas affected by the pandemics. Nurses often get negative stigma as carriers of the coronavirus in their respective neighborhoods. Nurses who treat patients confirmed with COVID-19 in health facilities in Jakarta, have reportedly been kicked out of boarding houses near the hospital.¹⁹ Healthcare workers cannot extend to stay at their boarding house and had to stay at the hospital as they could not find other places to stay.

Even sadder, it was reported that in some areas in Indonesia, local people protest and reject burial of patients including nurses who died from suspected or confirmed with COVID-19.^{19,20} Authorities across some regions are trying hard to assure the public that all burials of dead bodies have followed the protocols and safety standards of WHO. Further, community leaders and religious leaders also have urged the local people to stop stigma related to COVID-19 and avoid discrimination against patients who suspected or confirmed with COVID-19.

As a new disease, much is not yet

known about COVID-19 pandemic. Consequently, people tend to fear something that is not yet known and more easily linked fear to different/other groups. This is what causes social stigma and discrimination against certain people who are considered to have a relationship with this virus. Feelings of confusion, anxiety, and fear that we feel can be understood, however, it does not mean we may be prejudiced in patients, healthcare workers, families, or those who are not sick but have symptoms similar to COVID-19. If it continues to be maintained in the community, social stigma can make people hide their illness so as not to be discriminated against, prevent them from seeking immediate health services, and prevent them from living a healthy lifestyle. Stigmatization could potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling infectious diseases during pandemic.²⁰

Policies and approaches needed to strengthen human security amid the pandemic

Based on review works in the previous section, this section recommends a policy for strengthening human security amid the COVID-19 pandemic. The linkages confirm that the concept of human security should be comprehensive and integrative. Human security starts from a people-centered approach that generates a different set of priorities than does traditional state-centric security. The evolving linkages between security and health are not due to coincidence. Rather, they reflect fundamental contextual shifts in era globalization, to which the health emergency and disaster risk management field must adapt, respond and lead. People have a right to live with dignity even in crises, and must always be involved in disaster management. This crisis is threatening human security,

covering human life, livelihoods, and well-being.

Social stigma can result from a lack of knowledge about COVID-19 (how diseases are transmitted and treated, and how to prevent infection). Risk information should be shared with local communities to engage them in response operation. Since knowledge of COVID-19 is limited, information sharing is crucial to avoid rumors and misinformation. Information shared must be supported by scientific evidence. The most important thing to do is disseminating accurate and community-specific information about the affected area, individual and vulnerable population to COVID-19, treatment options, and where people can access healthcare facilities and right information by using simple language and avoiding medical terms. Governments, local leaders, citizens, media, public figures, and communities have an important role to play in preventing and stopping the social stigma around us, in particular those associated with people from China and Asia in general. We all need to be careful and wise when communicating on social media and other communication platforms. Public health emergencies such as COVID-19, are stressful times for people and communities. Stigma hurts everyone by creating more fear or anger, feelings misdirected towards people instead of toward the disease causing harm. People can fight stigma by offering social support. For instance, community leaders, religious leaders, and celebrities may reinforce messages to reduce the stigma, to invite audiences by reflecting and empathizing with stigmatized people, and gather ideas to support them. Communicating the facts that viruses do not target specific racial or ethnic groups and how COVID-19 actually spreads could help stop the stigma.

Journalists should apply ethical journalism. Mass media can promote

content around basic infection prevention practices, COVID-19 symptoms, and when to seek healthcare services. This is important to increase alertness. In addition, to reduce social anxiety, journalists can also cover people who have recovered from COVID-19 and heroes to appreciate healthcare workers, health cadres and community volunteers who fighting and participating in a good role against COVID-19 pandemic.

With regard to protests and rejects against the burials of COVID-19 dead bodies, we should respect the feelings of the family members of the deceased. Family members are already in so much grief as they were not able to see the faces of the deceased one last time. Hence, local authorities, community leaders, and religious leaders must assure to the public on conducting safe management of dead bodies and burial of patients who died from suspected or confirmed with COVID-19.

In addition, there are several words which got significant attention like: “community spreading”, “social distancing (physical distancing)”, “self-isolation”, “14 days quarantine”, “lockdown,” “break the chain” etc. All these are used for one purpose, which is to stop spreading the virus. Although there are reported use of medicines from different countries (without proper confirmation); there is no confirmed medicines used to cure this virus, or no vaccine available for COVID-19 as of May 2020. Moreover, lockdown does not eradicate the viral infection in patients with the disease but it suppresses the disease spread. If the government locked down certain region, no journeys would be allowed in or out of the region. Many implications for Indonesian will take a place if lockdown is enforced. Those implications include the suffer of the middle to lower economic group because they depend on daily income. The economic activity cannot run well so that it can cause social problem.

Thus, the only way to stop the spread is to isolate us from social gathering, and isolate confirmed people for quarantine. This process needs a combination of strong governance, use of existing and next technologies in innovative ways, and strong community participation and solidarity. The need of the citizens who lost their income and in desperate need of sanitation and food should also be taken into account. It may be unlikely for the government to cover the daily needs of the affected individuals nationwide. Donation from affluent Indonesians could be an option to help the citizens in need. It is crucial to respect the welfare of all people affected by certain law. The WHO Director General emphasized that closing down of certain region means that the government should secure the need of individuals who have to work on a daily basis to win the bread.²¹

CONCLUSION

The COVID-19 pandemic started in Wuhan, Hubei Province, China, and has brought many new challenges to public health in various countries. COVID-19 threatens human life, well-being, or dignity; as well as human security. Pandemic is global, but its response is local. The policy aims to protect human life, in particular, vulnerable groups, from the human security perspective. The approach secures both freedom from want and freedom from fear through responses at local and national levels. Local organizations and communities play an important role in disaster management, and risk information supported by scientific knowledge is essential. Organizations concerned can increase their capacity to respond to the protection and empowerment of people by adopting the human security approach. Respect for human dignity is fundamental to response operation. When people are afraid of being stigmatized for having COVID-19,

they may hide the illness to avoid discrimination. Health actors can no longer simply act alone without regard for the many other issues and actors involved. The active role of countries in the world is needed to jointly combat COVID-19 pandemic.

ACKNOWLEDGMENT

The author would like to acknowledge our colleagues at the Department of Psychiatric Faculty of Medicine, Public Health, and Nursing Universitas Gadjah Mada (FK-KMK UGM) in Yogyakarta for warm guidance, support and contributions to this article.

REFERENCES

1. Caballero-Anthony M. Revisioning human security in Southeast Asia. *Asian Perspective* 2004; 28(3):155-89.
2. Barnett J, Matthew RA, O'Brien K. Global environmental change and human security. In: Brauch HG editor. *Globalization and environmental challenges*. Berlin, Heidelberg: Springer, 2008. pp. 355-61. https://doi.org/10.1007/978-3-540-75977-5_24
3. Evans PM. Human security and East Asia: in the beginning. *JEast Asian Stud* 2004; 4(2):263-84. <https://doi.org/10.1017/S159824080001831>
4. Corbett EL, Watt CJ, Walker N, Maher D, Williams BG, Raviglione MC, *et al*. The growing burden of tuberculosis: global trends and interactions with the HIV epidemic. *Arch Intern Medi* 2003; 163(9):1009-21. <https://doi.org/10.1001/archinte.163.9.1009>
5. Guarner J. Three emerging coronaviruses in two decades: the story of SARS, MERS, and now COVID-19. *Am J Clin Pathol* 2020; 153(4):420-1. <https://doi.org/10.1093/ajcp/aqaa029>
6. Peeri NC, Shrestha N, Rahman MS, Zaki R, Tan Z, Bibi S, *et al*. The SARS, MERS and novel coronavirus (COVID-19) epidemics, the newest and biggest global health threats: what lessons have we learned? *Int J Epidemiol* 2020; 1-10. <https://doi.org/10.1093/ije/dyaa033>
7. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, *et al*. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *N Engl J Med* 2020; 382(13):1199-207. <https://doi.org/10.1056/NEJMoa2001316>
8. Rothe C, Schunk M, Sothmann P, Bretzel G, Froeschl G, Wallrauch C, *et al*. Transmission of 2019-nCoV infection from an asymptomatic contact in Germany. *N Engl J Med* 2020; 382(10):970-1. <https://doi.org/10.1056/NEJMc2001468>
9. Phan LT, Nguyen TV, Luong QC, Nguyen TV, Nguyen HT, Le HQ, *et al*. Importation and human-to-human transmission of a novel coronavirus in Vietnam. *N Engl Med* 2020; 382(9):872-4. <https://doi.org/10.1056/NEJMc2001272>
10. Holshue ML, DeBolt C, Lindquist S, Lofy KH, Wiesman J, Bruce H, *et al*. First case of 2019 novel coronavirus in the United States. *N Engl J Med* 2020; 382(10):929-36. <https://doi.org/10.1056/NEJMoa2001191>
11. Rothan HA, Byrareddy SN. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J Autoimmun* 2020; 109:102433. <https://doi.org/10.1016/j.jaut.2020.102433>
12. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, *et al*. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020; 395(10223):497-506. [https://doi.org/10.1016/S0140-6736\(20\)30183-5](https://doi.org/10.1016/S0140-6736(20)30183-5)
13. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, *et al*. Epidemiological and clinical characteristics of 99 cases of

- 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *Lancet* 2020; 395:507-13.
[https://doi.org/10.1016/S0140-6736\(20\)30211-7](https://doi.org/10.1016/S0140-6736(20)30211-7)
14. The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19)--China, 2020. *China: CDC Weekly* 2020. Epub February 17, 2020.
 15. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report - 70. [March 30th 2020]. World Health Organization 2020.
[\[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200330-sitrep-70-covid-19.pdf?sfvrsn=7e0fe3f8_2\]](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200330-sitrep-70-covid-19.pdf?sfvrsn=7e0fe3f8_2).
 16. World Health Organization. WHO recommendations to reduce risk of transmission of emerging pathogens from animals to humans in live animal markets 2020.
[\[https://www.who.int/healthtopics/coronavirus/who-recommendations-to-reduce-risk-oftransmission-of-emerging-pathogens-from-animals-to-humans-in-liveanimal-markets\]](https://www.who.int/healthtopics/coronavirus/who-recommendations-to-reduce-risk-oftransmission-of-emerging-pathogens-from-animals-to-humans-in-liveanimal-markets).
 17. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report - 80. [April 9th, 2020]. World Health Organization 2020.
[\[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200409-sitrep-80-covid-19.pdf?sfvrsn=1b685d64_2\]](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200409-sitrep-80-covid-19.pdf?sfvrsn=1b685d64_2).
 18. World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 – [March 11th, 2020].
[\[https://www.who.int/dg/speeches/detail/who-director-generals-opening-remarks-at-the-media-briefing-on-covid-19---11march-2020\]](https://www.who.int/dg/speeches/detail/who-director-generals-opening-remarks-at-the-media-briefing-on-covid-19---11march-2020).
 19. Suherdjoko, Hajramurni A. Authorities assure safety as locals protest burial of people with coronavirus. [April 2nd, 2020]. *The Jakarta Post* 2020.
[\[https://www.thejakartapost.com/news/2020/04/02/authorities-assure-safety-as-locals-protest-burial-of-people-with-coronavirus.html\]](https://www.thejakartapost.com/news/2020/04/02/authorities-assure-safety-as-locals-protest-burial-of-people-with-coronavirus.html).
 20. Khalid MO, Zaheer R. The invisible victims Impact of the pandemic on patients without COVID-19. *COVID-19: Transforming Global Health* 2020; 70(5):s149-s52.
<https://doi.org/10.5455/JPMA.36>
 21. Setiati S, Azwar MK. COVID-19 and Indonesia. *Acta Med Indo* 2020; 52(1):84-9.