The Role of Legal Sociology in Terms of Covid-19: Large-Scale Social Restrictions (PSBB) in Indonesia

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Abstract

The study of legal sociology is a study that has legal phenomena, but uses social science and sociology theory. The role of Legal sociology is so tight when juxtaposed with a problem that is emerging, namely the global pandemic Coronavirus Disease (Covid)-19. The juridical normative research with a method of approach to the law, conceptual and comparative. Legal materials that have been collected are analyzed by content analysis. Some affected countries that successfully handled the COVID-19 pandemic, including: South Korea, New Zealand, Singapore. Italy and United States containment strategy for handling Covid-19 are contradictory from those countries above. PSBB has been applied in Indonesia and other countries. The PSBB must be accompanied by other programs so that the government can successfully handle COVID-19. PSBB does not guarantee that the community will obey the regulation. The most effective action with all the consequences is regional quarantine or lockdown accompanied by other supporting programs from the government.

Key words: PSBB, Legal Sociology, COVID-19

Introduction

Basic Concepts of the Perspective of Legal Sociology (conceptually and theoretically) there is no single definition related to the perspective of legal sociology. But certainly, the perspective of legal sociology is to understand the reality of law from the perspective of social sciences, especially sociology or in other terms the social science of law. The study of legal sociology is a study that has a legal phenomenon, but uses optical social science and sociological theories. This science is the study of the reciprocal relationship between law and other social phenomena empirically analytic (1)

In essence this is an overall object of the sociology of law so that there is no doubt that a legal system is a reflection of the social system where the legal system was the parts. But the problem is not that simple because it needs to be investigated in the circumstances of how and by how the social system influences the legal system as a subsystem and the extent to which the process of influencing influence is reciprocal (2)

The role of legal sociology is so thick when juxtaposed with the problem that is now emerging, namely the global pandemic Coronavirus Disease (Covid) -19. Every day cases increase, both positive confirmed by COVID-19 infection and death cases. Once the magnitude of the ability of this virus to infect and spread is evidenced by the record that so far there are still many people infected with COVID-19 with increasing numbers. The total number of COVID-19 cases in the world totaled 1,074,290 cases with a death of 56,987 people (3)

Seeing how dangerous COVID-19 is, the social science approach that still prioritizes law as its object becomes very important. In sociology studies, the focal point for COVID-19 is on behavior, practice and institutions. Broadly speaking, it functions to investigate legal phenomena by using the methods and
theories offered by social science. The use of social science methods in handling COVID-19 involves one main element: Involves serious efforts to overcome a complete perspective through the collection, analysis and interpretation of empirical problems.

The Government, through the Minister of Health, issued regulations in the framework of accelerating the handling of corona virus disease 2019 (COVID-19), namely Permenkes Number 9 of 2020 Concerning Large-Scale Social Limitation Guidelines (PSBB). These actions include restrictions on certain activities of the population in an area suspected of being infected with COVID-19 including restrictions on the movement of people and / or goods for one particular province or district / city to prevent the spread of COVID-19. The restrictions are at least carried out through the consolation of schools and workplaces, restrictions on religious activities, and or restrictions on activities in public places or facilities (4).

Indonesia has adopted a policy of implementing Large-Scale Social Restrictions which, in principle, is implemented to reduce the widespread spread of COVID-19, based on epidemiological considerations, threat magnitude, effectiveness, resource support, operational technical, economic, social, cultural and security considerations. The policy is in the form of Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19). Seeing the importance of the role of legal sociology with the COVID-19 pandemic conditions, the author is interested in taking up the theme and is associated with the Large-Scale Social Restrictions (PSBB) by the government. The author wants to know whether or not the enactment of these regulations and the very likely impact arising when the regulation is enforced. But in this article we are not considering to compare the law system, economy and demography factors between the countries.

From the explanation above, the writer wants to formulate a problem consisting of: 1) What is the Form of PSBB in Indonesia? 2) What is the form of handling COVID-19 in other affected countries? 3) What is the Role of Legal Sociology in the existence of Large-Scale Social Restrictions (PSBB)? 4). What impacts will occur when the regulation is enforced?

**Finding and Discussion**

**Legal Sociology**

Legal sociology, has the object of study of legal phenomena. Legal sociology basically refers to the behavior of individuals and society, as written by Curzon, that Roscou Pound shows the study of legal sociology as a study based on the concept of law as a means of social control. Law in the study of sociology views regulation as a control. Social control here generally means legally questioning whether a behavior is morally good and legally binding. But from a sociological point of view, it can also be viewed in a non-legal form, i.e. simply we can see behavior that is not appropriate “in general” in society as bad behavior (5).

**Coronavirus Disease 2019 (COVID-19)**

Coronavirus novel or better known as Corona Virus Disease (COVID) 19 is a disease that first appeared in China in early December 2019. This disease was officially announced on December 31, 2019 which resulted in pain in 41 people with detail 1 (one) person dies. The virus is suspected by WHO as coming from animals which are traded freely in Wuhan, China. One reason is the transmission or spread through bats which are then consumed by humans. This disease quickly spreads throughout China to Europe, the United States, Southeast Asia and Africa. COVID-19 spreads through droplets (particles) that come out through the human mouth when talking to others. This virus can infect anyone if the person is in contact with a positive sufferer COVID-19. Because the level of virulence (strength of the virus causing infection) COVID-19 is so high, contact such as intense communication or long group discussion, risks becoming a place to attach the virus, especially in the mucosal area (tongue, oropharynx, nasal cavity and conjunctiva). Once COVID-19 attaches and eventually infects, if a person’s immunity is low, then that person will very easily experience symptoms of COVID-19 (6, 7, 8).

**Strategy Containment of COVID-19 in Indonesia and Other Countries**

**South Korea**
The government through the Prime Minister, the Minister of Health, the Minister of Welfare and the Korean Central and Disease Center, actively communicates and supports one another so that the procurement of Rapid PCR can be produced in mass quantities and quickly and has been approved by the FDA K (Food and Drug Administration) of Korea. The proof is that after the 100th case, Korea can conduct and attach results as many as 1,581 positive cases per day, until finally reaching 11,290 cases in early April (9).

Expanding the range of checks to prevent transmission of contacts in the community includes contact tracing, quarantine and isolation. Koreans have experience in dealing with Pandemics before, namely SARS-CoV, MERS, so with self-awareness to trace contacts from the smallest group by a small group on a massive scale. Tracking the not surrender was emphasized by the government. Openness to one another increases the government’s ability to track down even small districts. In addition, tourists or migrants from outside Korea are not prohibited from entering, but are required to carry out quarantine controlled by the government for 14 days (7) (9).

New Zealand

New Zealand has several steps to deal with COVID-19, namely: 1) Having an approximate modeling of the possibility of a New Zealand population being infected with COVID-19. In New Zealand have used disease modeling to increase these estimates, because modeling can take into account more factors than basic data, including the fact that populations take steps to protect themselves; 2) Elimination System for COVID-19. The government introduced a four-level response system on March 21 and the country was placed on a ‘level 2’ response (which involved restrictions on mass meetings and encouraging increased physical distance). The country then rises rapidly to ‘level 4’ (broadly described as ‘closure’ which involves the closure of all schools, unimportant workplaces, social gatherings and severe travel restrictions) which take effect on the night of March 25, 2020. Emergency national announcements were also announced, giving additional authorities the power to enforce control measures. This approach has a strong focus on border control, which is clearly more easily applied to island nations. It also emphasizes case isolation and contact quarantine to ‘eradicate’ the transmission chain; 3) Border control with high quality quarantine for incoming tourists; 4) Rapid case detection is identified by extensive testing, followed by rapid case isolation, by fast contact tracking and quarantine for contacts; 5) Promotion of intensive hygiene (cough etiquette and hand washing) and the provision of hand hygiene facilities in the public environment; 6) Intensive physical juxtaposition, currently applied as a lockdown (level 4 warning) which includes schools and workplace closures, restrictions on movement and travel, and decisive action to reduce contact in public spaces, with the potential to relax these actions if elimination is successful; 7) A well-coordinated communication strategy to inform the public about control measures and about what to do if they are not healthy, and to reinforce important health promotion messages (10).

Singapore

Singapore Oversight for COVID-19 aims to identify as many cases as possible using complementary detection methods. First, case definitions to identify suspected cases, in health facilities or through contact tracing, are established based on clinical and epidemiological criteria, and evolve over time as more information becomes available. SARS-CoV-2 RT-PCR laboratory testing capacity was rapidly increased to all public hospitals in Singapore and was able to handle 2,200 tests a day for a population of 5.7 million. Likewise, ROK has also rapidly expanded capacity testing, including setting up drive-through testing stations, and has conducted more than 200,000 tests to date. All suspected and confirmed cases were immediately isolated in the hospital to prevent further transmission. Contact tracing was also initiated to determine their history of movement 14 days prior to the onset of symptoms to isolation to determine the possible source of infection and also to prevent further transmission between close contacts (11).

In terms of improving health services, Singapore coordinated by setting up a Network of 800 Public Health Readiness Clinics (PHPC) enabled to improve the management of respiratory infections in primary care settings, with subsidies extended to Singapore residents to provide incentives for them to seek treatment in these PHPCs (9) (11).
In addition to detecting cases and containing spread, prevention of import cases is important to reduce the power of infection of external sources. In Singapore, the temperature and health checks of tourists who came from Wuhan since January 3, 2020, and extended to all travelers since January 29, 2020, have been in place at all ports. Travelers who meet the definition of a suspect’s case are sent directly to the hospital. Singapore on March 4, 2020, has advised Singaporeans to postpone unnecessary trips to mainland China, ROK, Northern Italy and Iran and impose restrictions on entry to visitors from the same area. Returning residents and long-term passport holders with historical travel to the affected areas are subject to 14 days of quarantine (11).

Italy

Italy was the first country in Europe to be affected by COVID-19. The government’s unpreparedness to face COVID-19 because many people underestimate this virus. Besides fulfilling to do the test for COVID-19 is only done for people who have symptoms only. Asymptomatic people who are very likely to transmit are not tested. Suburbs in Italy have not been able to facilitate their communities to get the COVID-19 test. The availability of masks is very limited because masks are not produced in Italy and there are not enough ventilators for all patients who need treatment and more than 2,500 hospital beds for patients in intensive care units will be needed in just 1 week to treat acute respiratory distress syndrome that is caused by SARS-CoV-2 pneumonia in Italy (12, 13).

In recent years, health policy has changed a lot in Italy. The number of beds has decreased, and regional autonomy has emphasized inequality in service quality in the national territory. In addition, hospitals may be the main carriers of COVID-19, because they are quickly inhabited by infected patients, facilitating transmission to uninfected patients. Patients transported by our regional system, which also contributes to the spread of diseases such as ambulances and personnel, quickly become vectors (13).

According to many observers, one of the first obstacles in Italy’s response to the outbreak was its failure to recognize the magnitude of the pandemic, and make decisions in real time, when the crisis was taking place. In late February, several Italian politicians, including center-left Democratic Party leader Nicola Zingaretti - who was later infected by COVID-19 - showed themselves drinking in Milan, promoting the idea that the Italian financial center should continue business as usual in the midst virus. To further complicate what is recognized as an unprecedented crisis, Italy has failed to adopt a coordinated approach to emergencies (14).

United States of America (USA)

The United States is too slow in responding to the corona virus and has banned travel from Europe, one of several steps officials should have taken earlier to reduce the virus that spreads rapidly. President Trump has repeatedly heralded his decision on February 2, 2020 to stop traveling from China, where the corona virus first appeared in Wuhan city late last year. However, orders that limit travel from Europe do not officially happen until March 11 - one of the government’s biggest mistakes. In the month leading up to the European travel ban, nearly 2 million people from Italy and other countries arrived in the US, according to a new article released by the CDC, which is responsible for disease tracking and prevention. Limited testing and the slow implementation of social distance are also key factors in accelerating cases in the United States, the article continued. Mass gatherings in February, including scientific meetings in Boston, New Orleans annual Mardi Gras celebrations and Georgia funerals, resulted in dozens and dozens of Americans being infected. In addition, more than 100 people traveling on nine separate Nile River cruises in February and early March have come to the US and tested positive for the virus, almost double the number of cases known at the time (15).

Indonesia

In the implementation of health outreach in the region, Indonesia has adopted a policy to implement Large Scale Social Restrictions which, in principle, is implemented to reduce the widespread spread of COVID-19, based on epidemiological considerations, threat magnitude, effectiveness, resource support, operational technical, economic considerations, social, cultural and security. The policy is in the form of Government Regulation Number 21 of 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19).
To implement Government Regulation No. 21 of 2020 concerning Large-Scale Social Restrictions in the Framework of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19) (hereinafter referred to as PP No. 21 on PSBB), guidelines for implementing Large-Scale Social Restrictions are needed which regulates more technically regarding the criteria Large-scale Social Restrictions (PSBB). Considering that during the COVID-19 pandemic there were likely to be many people who had been infected or had not yet been detected, or were in the incubation period, so to prevent widespread spread in an area through personal contact, it was necessary to limit large-scale social activities in the area. The limitation of certain activities in question is limiting the gathering of large numbers of people at a particular location.

Normative science of law related to PSBB is very clear, namely to limit citizens in their activities. Empirically found many facts that PSBB does not function as it should. PSBB here is merely a regulation without a detailed explanation related to the implementation of how this PSBB is carried out. The strength of PSBB which is not binding, because the breakdown of regulations only explains the appeal, not the prohibition. All aspects that are restricted such as dismissing schools and workplaces, is an effective way.

The aim of accelerating the handling of COVID-19 in accordance with Permenkes through PSSB is likely to be difficult to achieve. This is because many of the countries that are infected with COVID-19 in large numbers, do something similar to PSBB, namely quarantine or lockdown area to overcome the problem of COVID-19. The lockdown or quarantine area was carried out in Wuhan, China. The quarantine of the area prohibits all individuals from leaving Wuhan or entering Wuhan. All land and air transportation are frozen. There are no flight routes to and from Wuhan. About 9 million people in Wuhan were isolated for weeks. This very strict regional quarantine is able to minimize the spread of infected and dead populations. The case fatality rate for COVID-19 in China is around 3%, one of which is supported by the quarantine of the Chinese government. In addition to quarantine areas, data tracing can also be done. This is because the key to eradicating the COVID-19 virus is that after finding out that there is a positive confirmation, tracing is carried out immediately to anyone who comes in contact with patients.

In view of some PSBB references in several countries, the current Covid-19 handler approach, including in Indonesia, is to conduct PSBB which can lead to regional quarantine. This is because, in the absence of strict regional quarantine rules, even healthy individuals can be transmitted or infected by other individuals. Because Covid-19 can also be transmitted by asymptomatic individuals (carriers or carriers). If lockdowns are not carried out, then what will happen is a buildup of patients in the hospital, while we know the capacity of isolation beds and ventilators in hospitals throughout Indonesia will not be sufficient to handle all patients infected with Covid

Impact of Large-Scale Social Limits

Although PSBB have not been fully implemented in all regions, there have been many losses in the economic sector that have an impact on the sociological function of money itself, which is driving social change. This is reflected in the increase in termination of employment (layoffs), cut the amount of monthly salary received, and the death of several sectors of the Small and Medium Enterprises (SME) industry. Minister of Manpower Ida Fauziyah revealed that currently there has been an increase in the number of workers laid off. Now the number of workers / laborers / workers laid off and laid off rises to around 1.7 million people.

COVID-19 has long-term negative impacts on society, the health system, the workplace and the individual itself. The social effects of COVID-19 cannot be estimated when it will end. Therefore, it is indeed very necessary long-term planning to anticipate the social and economic consequences that will be caused.

Conclusion

Many countries have also implemented systems such as the PSBB and some have even implemented such as national quarantine or lockdown. Of the several successful countries, PSBB and regional or national quarantine cannot stand alone, but other supporting programs are needed such as the country’s ability to conduct mass Rapid PCR tests on its citizens; the ability to track patient contacts accurately and continuously; encouragement and enthusiasm to meet
adequate facilities such as ventilators and Personal Protective Equipment (PPE); and economic assistance for affected communities; must be run synergistically. Synchronization of central and local government regulations to achieve the above is needed so that the handling and eradication of COVID-19 to be effective and maximum.

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