Intersections: Gender and Sexuality in Asia and the Pacific
Issue 51, November 2024
http://intersections.anu.edu.au/issue51/najmah.pdf
doi: ???

Healthcare Worker Vulnerability and COVID-19 Panic, Tension and Distrust Through the Perspective of Social Media in Indonesia

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Abstract

This paper explores the intersection of COVID-19 and panic in Indonesia, with the aim of analysing four factors driving panic during the 2020–2022 pandemic: limited access to personal protective equipment (PPE); delayed diagnosis of COVID-19 among clusters of health workers; distrust of health services; and amplification of distrust and misinformation through social media, particularly about the role of health workers.

We employ an intersectional lens to analyse the complex social positions, cultural gender norms and roles that influence the experiences and perceptions of male and female health workers during the pandemic. Through six case studies involving three doctors, two nurses and one midwife, all of whom tragically succumbed to the virus within the first 16 months of the pandemic, this research highlights the need for the Indonesian public health system to prepare for further pandemics and to ensure the capacity of the Indonesian public health system for its preparedness and resilience for future health emergencies or crises.

Keywords. Indonesia; COVID-19; stigma; panic; gender; mortality; healthcare workers, public health care; mistrust; disinformation

Introduction

Healthcare workers throughout the world were seen as heroes on the front line of the COVID-19 pandemic response; however, those same health-worker heroes were particularly vulnerable to contracting the virus. Data from the Indonesian Ministry of Health and Pusara Digital Lapor COVID-19, collected between March 2020 and July 2021, suggested that 427 nurses, 359 midwives, 294 general practitioners and 241 specialists died within the first 18 months of the pandemic.[1] However, as official data remains undisclosed, the true figure might be higher due to likely underreporting. Global studies find various factors associated with the

[1] Lenny L. Ekawati et al., 'Mortality among healthcare workers in Indonesia during 18 months of COVID-19,' *PLOS Global Public Health* 2, no 12 (2022): 5, https://doi.org/10.1371/journal.pgph.0000893.

increased risk of COVID-19 transmission among healthcare workers including: 1. a decrease in immunity resulting from psychological pressure at work and anxiety, and distress endured during the pandemic; 2. lack of access to or improper use of personal protective equipment (PPE) as well as 3. direct contact with asymptomatic COVID-19 patients or other healthcare workers; 4. collapsing health systems marked by insufficient COVID-19 screening and treatment; and 5. the inequitable distribution of PPE

While many healthcare workers have a greater chance of exposure due to their proximity to the virus, a simple assessment of these probabilities is not enough to fully account for these deaths. Consequently, a more nuanced analysis of the various social factors is needed to understand the complexities surrounding the disproportionate number of deaths. The increase in healthcare workers' mortality rates can contribute to a sense of vulnerability, insecurity and anxiety because public question the ability of health systems to manage the crisis effectively.[2]

In Indonesia we found that the following three themes intersected with panic to worsen the death rates for healthcare workers from COVID-19: 1. poor use of PPE for healthcare workers; 2. late diagnosis of COVID-19 within healthcare worker clusters; 3. in a strongly patriarchal culture, masculine values intersect with stigma, discrimination, and a gendered mistrust of health-treatment services. Finally, the above factors were amplified by social media, which exacerbated distrust and misinformation, which fed back into irrational and negative beliefs about the dangers presented by healthcare workers during the treatment of COVID-19.

We examined six case studies including three doctors, two nurses and one midwife who died within the first 16 months of the pandemic. None of them worked directly within a COVID-19 clinic or with confirmed COVID-19 patients. Research in these cases has shown that those who worked in private practices unaligned with COVID-19 health care were most likely to get infected from their patients who sought treatment yet were asymptomatic with the virus.

We chose these case studies because, from March 2020 to June 2021, the story of the first death of a medical professional dominated the media nationwide, generating a great deal of interest from the wider mass media and social platforms such as Facebook, Instagram and TikTok. Media interest in the pandemic was heightened by a message from members of one family. This message went viral and was quoted in the mass media, suggesting a growing sense of panic associated with irrational beliefs and fears of association with medical professionals, services, and the areas in which they worked.

Methodology

We examined the role of the media in shaping collective understandings and the positioning of healthcare workers as a cohesive social group. Applying the lens of intersectionality, we unravel the intricate dynamics of men and women healthcare workers' social positions, gender roles and broader cultural context concerning their vulnerability to COVID-19 in Indonesia.

Intersectionality is a theoretical framework coined by Kimberlé Crenshaw that posits that multiple social categories (for example, racial, ethnic, gender and socio-economic status)

[2] Jiaqi Xiong et al., 'Impact of COVID-19 pandemic on mental health in the general population: A systematic review,' *Journal of Affective Disorders* 277 (2020), https://doi.org/10.1016/j.jad.2020.08.001; Mila Nu Nu Htay et al., 'How healthcare workers are coping with mental health challenges during COVID-19 pandemic? – A cross-sectional multi-countries study,' *Clinical Epidemiology and Global Health* 11 (2021), https://doi.org/10.1016/j.cegh.2021.100759.

overlap at the micro level of individual experience to reflect multiple interrelated systems of privilege and oppression at the macro, social structural level (for example, racist, sexist and heterosexist).[3]

Table 1. Characteristics of the six case studies of health workers.

Pseudonym	Age	Sex	Status	Profession/ place	Health history	Available online news/postings
Adi	35	Male	Married	Junior physician at a rural clinic in East Java Province	No confirmed health problems Deceased June 2020	Viral Adi's message through WhatsApps Official messages from hospitals and COVID-19 Task Force
Budi	60	Male	Married	Senior physician, private practice and a university hospital, urban town in West Java	Old age. Deceased March 2020	Budi's daughter's message through an Instagram story Colleague's statements Official messages from hospitals, COVID-19 Task Force, and public relations in his university
Chandra	70	Male	Married	Retired medical specialist, former university lecturer, Sumatra.	Confirmed comorbidities with chronic non-communicable disease and old age. Deceased April 2020	Viral Taskforce COVID-19 at the hospital through WhatsApps Son's statement on his personal Facebook
Nana	37	Female	Married	Nurse in a public hospital Jakarta	Worked for 12 years in the hospital. Tiredness. Worked and studied at the same time. Two children	Husband's statements in interviews for online news Official messages from hospitals, COVID-19 Task Force
Ami	26	Female	Married	Nurse in a private hospital, Surabaya	Worked for two years in the hospital. Was 4 months pregnant when she died in June 2020	Ami's sister's and husband's statements on Instagram Official messages from hospitals and COVID-19 Task Force. Viral video on Instagram and other social media
Isti	29	Female	Married	Midwife in a private hospital in Bekasi	Worked for over 10 years. Was 7 months pregnant when she died in June 2021	Husband's statements on online news. Official messages from hospitals, COVID-19 Task Force Viral video on TIKTOK

Source. Table elaborated by the authors.

[3] Lisa Bowleg, 'The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health,' *American Journal of Public Health* 102, no. 7 (2012): 1267, https://doi.org/10.2105/AJPH.2012.300750; see also Kimberlé Crenshaw, 'Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color,' *Stanford Law Review* 43, no. 6 (Jul. 1991), https://doi.org/10.2307/1229039.

This case study focuses on the viewpoints of social media writers towards health professionals during the first 16 months of the pandemic. We examined how the determinants of the vulnerability of healthcare workers to COVID-19 were framed in the media and what social, economic, cultural, and political factors influenced those depictions of healthcare workers.

Six cases, three female and three male healthcare workers, were selected from over 30 cases of healthcare workers' deaths that went viral during the first few months of the pandemic. The selection criteria included the cases that generated more than ten headlines in online news agencies, or cases that went viral on social media platforms such as WhatsApps or TikTok.

Table 1 provides descriptions of previous workplaces, online statements from close kinships, colleagues, friends, and other social networks as well as official statements. These official statements included those from national or provincial COVID-19 Taskforces, the national or regional Head of the Doctors Association, employers (the Head of the Hospital, clinics or the Community Health Centre or *Puskesmas),* or the spokesperson of the organisation. Media communications were gathered from online news platforms such as *KOMPAS, Detik, Republika, Jawa Pos, Tribunnews.com, Merdeka, Tempo, BBC News Indonesia, Jakarta Post* and local online news.

The three first cases were doctors aged between 30 and 70 years. The two nurses were aged 26 and 29 years, and the midwife was 37 years old. These professionals were working in practices and public hospitals in East Java, West Java, Jakarta, and Sumatra provinces. All cases included infection across family members and colleagues. However, information regarding how many clusters were affected by these cases was limited due to privacy and confidentiality. All names used in this article are pseudonyms and, to further protect confidentiality, we are unable to provide the full reference for some of the media content used in our analysis.

We used thematic analysis following the four steps of Virginia Braun and Victoria Clarke: 1. familiarising ourselves with our data; 2. generating initial codes; 3. identifying themes; 4. publication.[4] We started with familiarisation of the messages conveyed by news media on COVID-19 to help us develop the first four key themes. The first theme is the media's portrayal of the social distrust of healthcare workers. The second theme is the stigmatisation of healthcare workers. The third theme motherhood and heroism. The fourth theme is a husband's response to his wife's death related to COVID-19. Ethical approval for the study was obtained from the Ethics Committee of the University of Sriwijaya number 218/UN9.1.10/KKE/2020.

[4] Virginia Braun and Victoria Clarke, 'Using thematic analysis in psychology,' *Qualitative Research in Psychology* 3, no. 2 (2006); Victoria Clarke, Virginia Braun and Nikki Hayfield, 'Thematic analysis,' in *Qualitative Psychology: A Practical Guide to Research Method,* ed. Jonathan A. Smith (CA: SAGE, 2015).

Results

At a glance: Governmental roles, response and policies

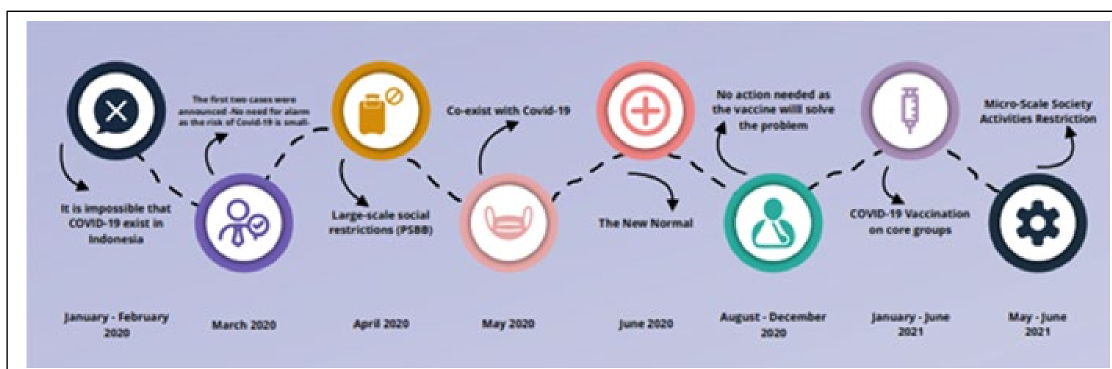

Figure 1. COVID-19 Chronicle in Indonesia

Source. Najmah and Sharyn Graham Davies, *HIV and COVID-19: Voices from women in Indonesia (South Sumatera Context),* 30, https://repository.unsri.ac.id/101044/1/HIV%20AND%20COVID-19_%20VOICES%20FROM%20WOMEN%20IN%20INDONESIA%20%28South%20Sumatera%20Context%29%20%28similarity%29.pdf.

Propaganda in relation to COVID-19, and the team for COVID-19 mitigation changed over time. Based on Presidential Decree Number 9 in 2020, the National Disaster Management Agency (BNBP) was given the main responsibility for the Task Force for COVID-19 response in cooperation with other ministries, including the Ministry of Health, Ministry of BUMN (State-Owned Enterprises-SOEs), Ministry of Defense and the Indonesian Police.[5] However, the Task Force for COVID-19 was replaced by the Task Force for COVID-19 and Economic Recovery on 20 July 2020 and the head of the coordinator became the Ministry of BUMN.[6]

Table 2: Regulation related to COVID-19 mitigation from February 2020–February 2021

No	Time of publishing	Regulations	The topics
1	4 February 2020	Permenkes no. HK.01.07/MENKES/104/2020	Determination COVID-19 as a disease that can create pandemic (*wabah*); how to mitigate it.
2	10 March 2020	Permenkes no. HK.01.07/169/2020	Determination of referral hospitals for treating emerging infectious diseases.
3	13 March 2020	Keppres No. 7 in 2020	Task Force for Rapid Response to COVID-19.
4	20 March 2020	Keppres No. 9 in 2020	Revision on Keppres no 7 in 2020 about Task Force for Rapid Response to COVID-19.
5	31 March 2020	Perpres No. 11 in 2020	Public health emergency for COVID-19.
6	3 April 2020	Permenkes no. 9 in 2020	Social-Large Scale Distancing or PSBB (*Pembatasan Social Berskala Besar*).

[5] Riyanti Djalante et al., ‘Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020,’ *Progress in Disaster Science* 6 (2020): 5, https://doi.org/10.1016/j.pdisas.2020.100091.

[6] Rizki Fachriansyah and Dzulfiqar Fathur Rahman, ‘Erick Thohir set to oversee newly formed Covid-19 mitigation/economic recovery team,’ *Jakarta Post,* 20 July 2020, https://www.thejakartapost.com/news/2020/07/20/erick-thohir-set-to-oversee-newly-formed-covid-19-mitigationeconomic-recovery-team.html.

7	9 April 2020	Permenkes no. HK.01/07/MENKES/247/2020	Guidelines of COVID-19 prevention and mitigation.
8	13 July 2020	Permenkes no. HK.01.017/Menkes/413/2020	Guidelines of COVID-19 prevention and mitigation (5th revised version).
9	20 July 2020	Perpres No. 82 in 2020	Revision of Keppres no 9 in 2020 about Task Force for Rapid Response to COVID 19 and economic recovery.
10	5 October 2020	Perpres No. 99 in 2020	Logistic and implementation of COVID-19 vaccine to control Corona virus disease 2019
11	3 December 2020	Kepmenkes No. 9860 in 2020	The policy of vaccine types for vaccination implementation of COVID-19
12	14 December 2020	Permenkes No. 84 in 2020	Implementation of COVID-19 vaccines to control COVID-19 pandemic
13	28 December 2020	Permenkes No. HK.01.017/Menkes/12757/2020	Regulation for group targeting for COVID-19 implementation
14	8 February 2021	Permenkes No. HK.01.07/Menkes/446/2021	Regulation about the use of rapid diagnostic test antigens in testing COVID-19
15	24 February 2021	Permenkes No. 10 in 2021	Vaccination implementation in overcoming COVID-19 pandemic

Note. Permenkes (Peraturan Kementrian Kesehatan: Regulation of Ministry of Health); Kepmenkes: (Keputusan Kementrian Kesehatan: Ministry of Health Decision); Perpres (Peraturan Presiden Indonesian: Decree of Indonesian president).

Sources. Riyanti Djalante et al., 'Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020,' *Progress in Disaster Science* 6 (2020): 100091, 4, https://doi.org/10.1016/j.pdisas.2020.100091; National Disaster Management Office (BNBP), *Ministry of Health Regulation Number 9 in 2020,* April 2020, https://COVID19.go.id/p/regulasi/permenkes-no-9-tahun-2020-tentang-pedoman-psbb-dalam-rangka-percepatan-penanganan-COVID-19; National Disaster Management Office (BNBP), *President Decree Number 82 in 2020 to Ensure the Balance between Health Mitigation and Economic Recovery,* July2020, https://COVID19.go.id/p/berita/perpres-nomor-82-tahun-2020-untuk-pastikan-keseimbangan-penanganan-kesehatan-dan-pemulihan-ekonomi; Peter Jeremiah, *Implication of President Decree (Keppres) COVID-19: From Health Emergency to Disaster Emergency,* April 2020, http://hukum.ubaya.ac.id/implikasi-keppres-COVID-19-dari-kedaruratan-kesehatan-hingga-darurat-bencana/.

Theme 1. Media portrayal of social distrust against healthcare workers: Adi's viral message

Adi was a doctor practicing at a rural community health centre in East Java. He died of COVID-19 in June 2020, at the age of 35. Adi's parents had both died of COVID-19 a week earlier. Adi's father, a retired nurse at a public hospital and his mother, a private midwife practitioner, both died in June 2020. Adi's brother, a medical doctor, died four days after Adi. While the COVID-19 tests taken by Adi and his parents showed positive COVID-19 results, there was no confirmation of Adi's brother's COVID-19 test. Adi had no comorbidities and was young and healthy. The news about Adi's family cluster of deaths generated over 20 news headlines and stories. The *Jawa Post* reported that his father and mother passed away one week before Adi. It was reported that Adi's parents had not conducted a swab test. Adi felt unwell one day after his mother's burial.[7]

[7] Head of Sub-district head of COVID-19 Task Force for COVID-19 in Sampang, East Java, Adi's case, *JawaPos.com,* 16 June 2020.

Four deaths had occurred within Adi's close family network. First, his father followed by his mother, Adi, then his brother. Adi's father had presented severe symptoms of COVID-19. Adi's wife, who was also a doctor, was confirmed positive.[8] Anecdotal evidence referred to two main possibilities of COVID-19 transmission in the case of Adi's cluster: 1. from asymptomatic patients; or 2. from Adi's patients to his parents. There was limited access to COVID-19 testing in Indonesia in the early stages of the pandemic in 2020 with people waiting two weeks for a COVID-19 result and it cost Rp 2,000,000 (US$150) per test. During this time, cases of COVID-19 were likely to be underreported, as there was no systematic public health screening process.[9]

Around the time of Adi's death, there was a culture of distrust and suspicion toward medical professionals. Common headlines included: '*MenCOVIDkan pasien'* (Patients were diagnosed with COVID-19). Adi posted his reflection on WhatsApp a day before his death:

> It is a reality. We did not ask for popularity; we never asked to be praised. Indeed, if you [society, people] have to leave your house because of work, God willing we will understand, but please do not suspect us of making it up about this disease because we do not know who will get the infection, when, and where.[10]

As the above quote suggests, Adi was aware of the anxieties and distrust of healthcare workers held by the public. Adi understood that the Indonesian Government's messages for people to 'stay at home' *(dirumah saja),* to prevent the spread of COVID-19 was challenged by communities, especially those who worked in the informal sectors. Many Indonesians rely for their survival on securing a daily income from the informal sector. Adi's message might have helped raise awareness that COVID-19 was highly contagious. He asked communities to 'not suspect' healthcare workers for making-up lies and spreading fears about COVID-19. Adi, who died at the age of 30, wrote in WhatsApp encouraging her healthcare-worker peers to protect themselves and fight against the discrimination and negative stigmatisation against health professionals. Adi said 'Please do not suspect us of making up this disease.[11]

Theme 2. Stigmatisation versus denial: Budi's and Chandra's cases

Stigmatisation against people with COVID-19 dramatically increased after the deaths of the first two COVID-19 cases in Indonesia in March 2020. People were scared to present for COVID-19 testing. Ika Karlina Idris and Nuurrianti Jalli discuss the normalisation of COVID-19 stigma and the victim-blaming that dominated the Indonesian twitterspheres during the pandemic.[12]

Budi was formerly a senior medical doctor and lecturer at a university in West Java. He died of COVID-19. Budi also owned a private practice and worked in a private hospital. Budi's daughter (Anti), a specialist medical registrar student spoke up after her father's death,

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[8] Head of Sub-district head of COVID-19 Task Force for COVID-19 in Sampang, East Java, SuaraJatim.id, 15 June 2020.

[9] Yodi Mahendradhata et al., 'The capacity of the Indonesian healthcare system to respond to COVID-19,' *Frontiers in Public Health* 9 no 649819 (2021): 1, https://doi.org/10.3389/fpubh.2021.649819.

[10] WhatsApp viral message, *KOMPAS,* 17 June 2020.

[11] Adi's WhatsApp viral message, *KOMPAS,* 17 June 2020.

[12] Ika Karlina Idris and Nuurrianti Jalli, 'How blaming others dominates Indonesian and Malayian twitterspheres during Covid-19 pandemic 2020,' *The Conversation,* 28 April 2020, https://theconversation.com/how-blaming-others-dominates-indonesian-and-malaysian-twitterspheres-during-covid-19-pandemic-136193.

posted on her instagram, and gave some media interviews. Over 30 national and five international online media outlets cited her posts. Some headlines included: 'Daugther of Budi: please, don't be stubborn, stay home'; and 'Honesty of patients about their COVID-19 status is important.' One of her posts said, 'Today, I learned what the meaning of #Stay at home is. Half of you [netizens] may ignore it or even make a joke, but negligence caused these tears for our family.' Another posting noted:

> My father could be stubborn at times, we told him not to go to his practice, but he felt responsible for his patients who came from afar. It turns out that the said patient was a suspected COVID-19 patient whose x-ray showed that their lungs were entirely white. That patient insisted on going home because of 'this and that'. What was the effect? My father got a fever and shortness of breath and later his condition deteriorated before he was pronounced dead. For your attention, my father did not complain much. When he broke his feet, he did not stop walking. When my father got a cough, he would continue teaching online. So, when he said, 'I cannot breathe,' it was not a joke. He was treated in a hospital, and he continued to have shortness of breath and his recovery was stalled. Until, one day, his fight broke down. They gave him cardiopulmonary resuscitation, intubation. He didn't make it! I wrote this to you all to ask for a favour. To those who still could make the right choice, don't be stubborn and #StayAtHome. For those who are being treated at hospitals, please don't be stubborn to the point of insisting on going home. Angry? Of course, I'm mad because there are egotistical people like you who do not want to listen [obey the rules] and spread [the] disease to our family. Did you know what my father did when he was out of breath last night? He called his children and child-in-law, pleading for help. All I could do was to call the hospital to tell them about my father's condition because we were not allowed to visit him. Hence, for you who are still alive, be grateful, your family needs you, and please do not spread COVID-19.[13]

Budi died at the end of March 2020. He had fever, acute coughing, shortness of breath, and pneumonia. His age was suspected to be the risk factor for the infection. Anti recalled a conversation with Budi telling her, 'My dear … I may have got infected with COVID-19 …', but he was diagnosed with pneumonia.

Another case is Chandra who was an obstetrician and 70 years old when he died. He was seriously ill during the last three months of his life. He was hospitalised for a month and died on 16 April 2020. Various social media posts, including private group messages on WhatsApp widely spread messages to raise awareness about the dangers of COVID-19. Unfortunately, the hospital where Chandra worked denied the news, saying it was a hoax. In his Facebook account, Chandra's son confirmed that his father had died due to COVID-19 while he was hospitalised. This message is from the head of COVID-19 in the hospital where Chandra used to work explaining the context surrounding Chandra's death.

> The virus is real, and it is everywhere. Stay safe and stay at home. There are many asymptomatic people with COVID-19 and people under surveillance. I wanted to clarify that Chandra had been hospitalised due to a haemorrhagic stroke a few months ago. He had been discharged then, later, he needed another hospitalisation for his heart. When his health condition deteriorated, he was then treated in the Intensive Care Unit (ICU) for intubation. After undertaking intubation, the Rontgen X-ray showed a clinical diagnosis of COVID-19. Chandra was then moved to the isolation room, and he passed away the following day. Some gynaecologists in this hospital visited him during his hospitalisation. Imagine that all health workers may be categorised as people under surveillance for COVID-19 or Orang Dalam Pengawasan (ODP) [close contacts], including nurses in the cardio unit and the ICU. Chandra stopped opening his private practice and was treated for months in this hospital. What does that mean? Chandra

[13] Anti, Budi's daughter, personal Instagram story, cited in *Merdeka.com,* 23 March 2020.

> might have been infected with COVID-19 through asymptomatic people with COVID-19 who visited him. Who are they? Only God knows it *[Wallahualam].*[14]

Compared to the cases of Adi and Budi, Chandra's case was more complicated. He had a health condition prior to being infected with COVID-19. During his hospitalisation, he had been visited by colleagues from outside of the province and those locally, including friends and family members. Anecdotal evidence suggested that Chandra might have infected more than twenty healthcare workers from the hospital and his family members. No news was published in the media about Chandra's cluster. One user of WhatsApp raised the alarm, but this was denied by the hospital where Chandra used to work. The hospital was reluctant to provide accurate information to the public fearing that it may jeopardise the hospital's reputation and credibility. Here lies the tension between protecting the institution's reputation, and trying to save lives by sharing information publicly during the pandemic. We wonder whether the options to deny and discredit the news in the social media were useful strategies in mitigating the widespread nature of the pandemic or if it was mainly for the protection of the reputation of the institution.

Theme 3. Media portrayal of a hero for female healthcare workers

Some online media posted a picture of a woman who had died from COVID-19. It showed the woman, Nana, with her children, holding a photo of Nana receiving a gold medal from President Joko Widodo in appreciation of Nana's dedication and being named 'a hero' of the pandemic (Figure 2). In another case, the President of Indonesia expressed his condolences after a pregnant nurse named Ami, from East Java, passed away in May 2020 due to COVID-19. This section will present the stories of three women healthcare workers, Nana, Isti and Ami, who passed away due to COVID-19 in 2020.

Nana was 37 years old when she died of COVID-19 in March 020. Nana had worked for 15 years in the health sector. Before experiencing some pneumonia-like symptoms, Nana encountered a confirmed case of COVID-19—a Korean national who had visited the hospital where Nana worked.

When Nana started to feel unwell at the beginning of March, she decided to protect her family by sleeping in her guest room, wearing masks at home, and keeping her distance from her children. Once she felt better, she resumed work but one day at work she fainted. Nana had to be transferred to a COVID-19 hospital and she stayed in the emergency unit. Nana's husband recalled what she said to him: 'If I am positive, will I live or not?' (Yah, aku positif COVID-19 masih bisa hidup nggak aku ya?). After Nana's death, Nana's husband found it hard to explain to their children what had happened to their mother. He told them that their mother was a hero and that they should be very proud of her, and that she never was angry with them even though she was exhausted.[15] Condolences for Nana were spread widely on social media in March 2020. Over 30 online media sources quoted Nana's last words to her husband at the hospital: 'I live for the people I care about and die for the people I care about, including for my profession.'[16]

[14] Taskforce at the tertiary hospital level, *WhatsApp,* June 2020.

[15] Nana's husband support, 30 March 2020, *BBC.com.*

[16] Nana's quote, 30 March 2020, *BBC.com.*

Figure 2. Nana's children with a medal from the president

Source. Nana's husband's documentation, quoted in *fimela.com*

The President of Indonesia used social media to express his sadness at the passing of Ami with an urgent request for people to comply with the COVID-19 protocols:

> I heard the sad news about the passing of Ami, a nurse at a private hospital, and the baby she was carrying. Inna lillahi wa inna ilaihi rajiun (Verily, to Allah we belong and verily, to Him we shall return). I sincerely express my deepest condolences for the passing of Ami and other medical personnel, as well as those who are at the forefront of handling the COVID-19 pandemic who have become victims of the transmission of this virus. May they all get the reward they deserve with Allah and give the family they left behind strength and patience. And all of us, hopefully, we will remain disciplined in complying with the recommendations and health protocols, to break the chain of transmission of this COVID-19.[17]

Ami and Isti passed away after being infected with COVID-19 during pregnancy. Their stories provide further insights into the experiences of women healthcare workers. Visual records, such as videos, provided powerful imagery that exacerbated the sadness felt by the families and colleagues of both healthcare workers.[18] The videos of the colleagues of Ami and Isti mourning and crying by their bodies went viral on social media.

Ami, who was on a ventilator was moved from the ICU after her final breath. Healthcare workers who sat with Ami's body cried and became hysterical calling, 'Ya Allah (O ... God), Ami ... Ami ... Ami ....' Ami's husband and sister felt obligated to state on social media that the COVID-19 status of Ami had not been confirmed as their family had never received a PCR test. The hospital informed Ami's family about the then unreliable rapid test results. The hospital clarified that Ami's rapid test could have been a false negative. A pregnant woman is vulnerable to getting infected with COVID-19, however, though the rapid test was carried out, the antibodies did not appear. Ami's sister said on Instagram that the COVID-19 status of Ami could have been negative.

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[17] Joko Widodo, President of Indonesia in his Instagram Facebook Posting, *Tempo.co,* 19 May 2020.

[18] Claudia Mitchell and Marni Sommer, 'Participatory visual methodologies in global public health,' *Global Public Health* 11, nos 5–6 (2016): 521, https://doi.org/10.1080/17441692.2016.1170184.

> I am sorry, I want to clarify about the news (COVID-19 status of Ami) that is not true. My sister was treated at the Private Hospital from 8–15 May. Moreover, during that time, the rapid test results were non-reactive [Ami had been tested three times]. Although non-reactive, her lung condition worsened by the day. Ami had a cough and shortness of breath that got worse every day. Due to her respiratory failure, she was referred to the hospital for COVID-19 because she needed a ventilator.[19]

In Isti's case, Isti's husband and other healthcare workers moved Isti's body to its resting place. A video, depicted in Figure 3, was recorded when Isti was to be moved from the hospital in an ambulance. One of her colleagues uploaded the video to TikTok and it received over 430,000 viewed and 10,100 shares of the video (in 2020). The explanation of the video was:

> This was my friend and a health worker (a midwife); a COVID-19 hero at the hospital in the Bekasi area. She was pregnant (7 months) but had to keep working during this pandemic beause it was her duty as a health worker, but she was exposed to COVID-19 and died with her baby in her womb  [crying icon].[20]

Figure 3. A screen shot from a TikTok Video of Isti's body being taken from the hospital.

Source. Screen shot taken by Najmah from *KOMPAS,* 25 June 2021.

Isti's husband shared different perspectives on the video of his wife's body going viral. He stayed with her at the hospital, was a nurse at the same hospital where she worked and always wore PPE when treating his wife. He also experienced light symptoms of COVID-19. He would continue to monitor Isti's health, in person, at the hospital, or via a video call her from home. Both Isti and her husband had similar flu-like symptoms of fever, and coughs. Isti's health, however, worsened with severe coughs causing stomach cramps. Isti was also seven months pregnant. Isti's husband spoke about this time:

[19] Ami's sister and husband posting on Instagram story, *Tribunnews.com,* 20 May 2020.

[20] TikTok Video of Isti being taken from the hospital, *KOMPAS,* 25 June 2021.

> There is no problem that my wife's video has become popular on social media. I must say that I am grateful for the many people who prayed for my wife. I did not expect that the video would go viral. There are endless stories about a fun, pious, loving and kind wife, and many more.[21]

In recounting the stories of Nana, Ami, and Isti, this section has highlighted the profound impact and sacrifice of these women health workers during the COVID-19 pandemic. Their dedication to their profession and the devastating circumstances of their deaths underscore the harsh realities faced by frontline medical personnel. Through their personal experiences, we gain a deeper understanding of the human cost of the pandemic and the enduring legacy of those who served with unwavering commitment.

Discussion

The emergence of panic in Indonesia around COVID-19 was also closely linked to the death of a healthcare worker. Initially, social anxiety heightened as media coverage of healthcare worker mortality intensified and exacerbated fears in the communities. Instead of trying to calm citizens and provide them with the information they needed, social media disseminated the idea that COVID-19 was not real, and that people did not need to take any precautions to keep themselves safe. It was only when doctors and other healthcare workers started to die that people became suspicious. But at first people did not believe the healthcare workers until they themselves began posting social media messages on Instagram, Facebook and WhatsApp urging people to protect themselves and to take the pandemic seriously.

The use of a social media platform is beneficial in sharing the challenges during pandemics as well as sharing knowledge and fostering a sense of public understanding. In Indonesia during the COVID-19 pandemic, healthcare workers resorted to using social media in an effort to convince people that COVID-19 was real.[22] Social media is a way to build trust with audiences and to establish the credibility of healthcare workers' professionalism in order to provide healthcare workers' perspectives on personal and family experiences in dealing with COVID-19. The media can moreover impact on the way wellbeing experts see themselves and their calling, possibly influencing their self-image and certainty.[23] However, social media also sensationalised the situation and spread fear in communities during the current COVID-19 pandemic.[24] This further undermined trust in official sources of information. These irrational forms of 'propaganda-type' communication contributed to the complexity of panic, tensions, and broken trust within healthcare settings and society during the pandemic. The media coverage of social issues, including information about healthcare workers' vulnerability to COVID-19 and the risk of death during the pandemic, could exacerbate tensions within the healthcare sector and the community.[25]

Our research has reflected on the drawbacks of using web platforms and the ethical and social implications for messages involving public health. During our research, we found

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[21] Isti's husband, *Tribunnews.com,* 25 June 2021.

[22] Sushim Kanchan and Abhay Gaidhane. 'Social media role and its impact on public health: A narrative review,' *Cureus* 15, no. 1 (2023), https://doi.org/10.7759/cureus.33737; Deema Farsi, 'Social media and health care, part I: literature review of social media use by health care providers,' *Journal of Medical Internet Research* 23, no. 4 (2021), https://doi.org/10.2196/23205.

[23] Kanchan and Gaidhane, 'Social media role and its impact on public health: A narrative review,' 4.

[24] Idris and Jalli, 'How blaming others dominates Indonesian and Malayian twitterspheres,' paragraph 7.

[25] Jay J. Van Bavel et al., 'Using social and behavioural science to support COVID-19 pandemic response,' *Nature Human Behaviour* 4, no. 5 (2020), https://doi.org/10.1038/s41562-020-0884-z.

that the social media's impact on public health issues raises questions in terms of governance, ethics and professionalism.[26] What we found in our study was that many people did not want to publicise that a loved one had died from COVID-19 as there was considerable stigma around the virus and the potential that they could spread it to other people.[27] We saw that if healthcare workers and their families were brave enough to disclose their COVID-19 status to the public, this action received public attention raising awareness of the danger of COVID-19, particularly for male healthcare workers, such as Adi's and Budi's cases, for female healthcare workers, such as Isti's and Nana's cases. Furthermore, the disclosure of someone's COVID-19 status contributed to the awareness that a health prevention approach could be needed.

Moreover, public disclosure of COVID-19 status may work against the maintenance of a person's good name *(nama baik)* and family reputation, particularly for female healthcare workers (see Ami's case). Ami's husband clarified, 'I am sorry, I want to clarify about the news [COVID-19 status of Ami] that is not true.' For those who acknowledged and openly shared the COVID-19 positive status of their loved ones we saw positive benefits that communities were prompted to adopt a proactive health-prevention approach. For example, Nana's husband explained to his children that their mother was a hero during the COVID-19 pandemic and Isti's husband was grateful that many netizens prayed for his wife after the video he posted on social media went viral.

In the six case studies that we looked at we saw that the families of healthcare workers became victims of COVID-19 and that it should not be a disease that attracts stigma. We saw that society would have coped better if healthcare workers, policymakers, and society in general was able to disclose their COVID-19 status without shame and in a context that did not fuel a panic. Though many regulations were enforced by the Indonesian Government, the government, the general public, healthcare professionals and religious leaders all have important roles to play in reducing the problem of social stigma.[28] It is expected that policy makers in every hospital will pay more attention to providing coping strategies, mental healthcare support programs in the workplace, and interprofessional teamwork so that there is education about media literacy and improvement in the transparency of the media.[29]

Why do we need to underline these morality issues and notion of shame about disclosing COVID-19 status among healthcare workers? First, the mitigation of COVID-19 would not be successful, and we would not get accurate data of COVID-19 among healthcare workers if they cannot freely disclose their status. Second, if we still think COVID-19 is taboo to talk about, we will not be able to mitigate COVID-19 successfully. In Indonesia, the general population is aware of the stigma of being infected with COVID-19 and many are ashamed to talk about it. This condition leads to silence surrounding COVID-19 in healthcare settings and at the grassroots levels which negatively impact on health outcomes for all people.[30]

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[26] Kanchan and Gaidhane. 'Social media role and its impact on public health,' p. 1; Farsi, 'Social media and health care, part I, 14.

[27] Elham Maraghi et al., 'Characteristics of People Who Do Not Disclose Positive COVID-19 Infection,' *Medical Journal of the Islamic Republic of Iran* 37 (2023), https://doi.org/10.47176/mjiri.37.64; Chii-Chii Chew, et al., 'Experiences of social stigma among patients tested positive for COVID-19 and their family members: a qualitative study,' *BMC Public Health* 21 (2021), https://doi.org/10.1186/s12889-021-11679-8.

[28] Chew et al., 'Experiences of social stigma among patients tested positive for COVID-19,' 9.

[29] Xiong et al., 'Impact of COVID-19 pandemic on mental health in the general population: A systematic review'; Kanchan and Gaidhane. 'Social media role and its impact on public health.'

[30] Najmah Usman and Sharyn Graham Davies, 'Working together: Exploring grass-root initiatives to mitigate COVID-19 in Indonesia,' *New Mandala,* 16 December 2020, https://blogs.lse.ac.uk/seac/2020/12/16/working-

Conclusion and recommendations

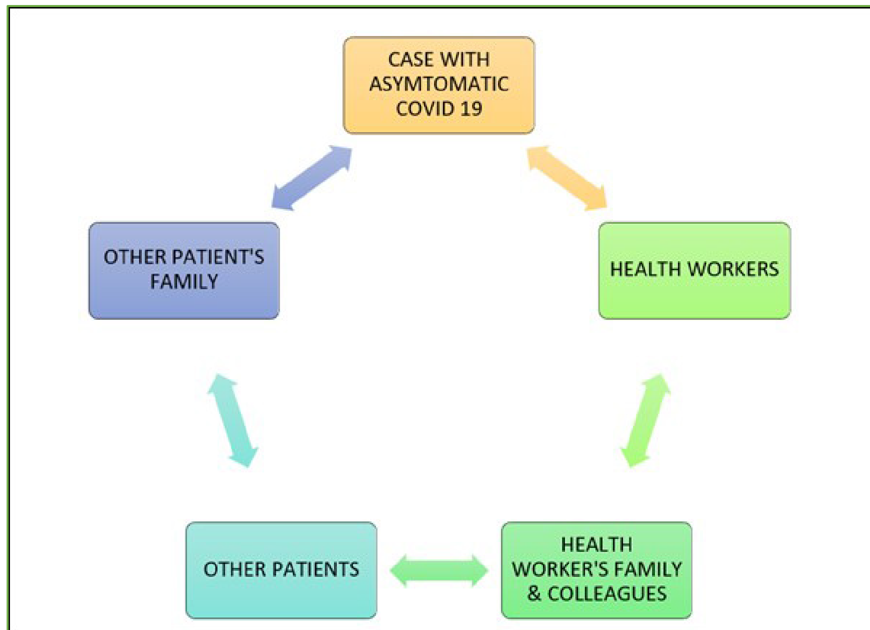

Figure 4. Complexity of COVID 19's transmission in a healthcare worker's cluster: Secrecy, chaos and confusion.

Source. Developed by Najmah, 2023

This paper has provided an understanding of the intersecting factors that caused high infection rates and vulnerability amongst healthcare workers to COVID-19 in the Indonesian context. Unfortunately, most information regarding who was infected is confidential and not available to the public. Additionally, patients and families may never know their COVID-19 status because there was a lack of access to the COVID-19 test in the early days and months of the pandemic. Therefore, some people may have unknowingly transmitted the virus to healthcare workers or other patients. Furthermore, Indonesia's social context and weak health system increased the vulnerability of healthcare workers to COVID-19 (Figure 4). Our findings highlight the urgency needed to understand the complexity of COVID-19 within the healthcare worker cluster during a pandemic.

What should Indonesian people learn from this situation? First, Indonesia needs to accept the weaknesses within its public health system and prepare for further waves of this or a different pandemic, particularly ensuring the availability of human resources, PPE, and hospitals. Second, policymakers need to accommodate the culture of saving face, moral values, and the notion of shame in healthcare settings to provide sensitive responses to questions about a pandemic. Third, it is necessary to understand how stigma impacts on people, including healthcare workers, and the need for privacy around one's COVID-19 status. Finally, practical information around COVID-19 communication needs to accommodate

together-exploring-grass-roots-initiatives-to-mitigate-COVID-19-in-indonesia/; Najmah, Tom Graham Davies and Sharyn Graham Davies, 'Disclosing one's HIV status during Indonesia's COVID-19 Pandemic: Challenges faced by mothers,' in *COVID-19: Surviving a Pandemic,* ed. J. Michael Ryan (Routledge, 2022).

Indonesian people with different levels of education, social-economic backgrounds, and understanding of COVID-19. These recommendations all intersect with each other.

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