DUALISM BETWEEN HUMAN RIGHTS AND PUBLIC INTEREST IN USING MASK DURING COVID-19 PANDEMIC

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ABSTRACT

Background: COVID-19’s appearance, and subsequent pandemic, stunned the world. The spread is rapid, and research continues to this day, prompting the WHO and government to develop ever-evolving rules. The group can break the chain of COVID-19 disease transmission by implementing hygiene precautions such as wearing masks, washing hands with soap, bringing hand sanitizers, and maintaining distance, or what is commonly referred to as social distancing and independent isolation.

Aim: As the title states, this research aimed to study the dualism between human rights and public interest in using mask during COVID-19 era.

Method: This analysis employs a research methodology that includes a review of normative legal studies.

Findings: Using a mask is a fundamental right that everyone has to breathe safe, virus-free air. Additionally, a mask promotes group rather than individual interests. As a result, the government acts by enacting legislation restricting the use of masks and enforcing other health protocols during this COVID-19 pandemic period, using sanctions to educate citizens about the importance of mask use today.

KEYWORDS Human Rights, Public Interest, Applicable Law

INTRODUCTION

Since a few months ago, precisely in December 2019, the world was shocked by a new disease whose cause was unknown, namely the Corona Virus 2019 (COVID-19) which spread starting from the city of Wuhan. This disease is caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This new type of coronavirus, has never been found in humans before. At first this COVID-19 spread in the city of Wuhan, then in a short time it spread to other cities and other countries. Initially this COVID-19 disease got the status of an epidemic, but in a short time its status increased to a pandemic. In each country there was a significant increase in cases. Causing several countries to take steps in efforts to prevent the transmission of this disease. Various efforts were made by the local government and the central government of each country. However, the increase in cases still occurs in many places and circles. Based on the facts that are happening in the world, the WHO establishes several health protocols that should be carried out by the community. In Indonesia, the COVID-19 disease was first discovered in March 2020. With the addition of cases very quickly. But it is very difficult to trace the patient. Because every patient who is confirmed positive has made contact with family and people around him, both in the environment around the home and in the workplace environment. Then the person who has been in contact with the COVID-19 patient, will be in contact with his family and work environment as well. So that the Indonesian government also implements the WHO recommendation which suggests using masks, washing hands with soap,
carrying hand sanitizers, maintaining distance or what is commonly referred to as social distancing and self-isolation. Because COVID-19 is a new disease, it has caused many changes due to the many studies being conducted to find out more about this disease. Such as how it is transmitted, how long the incubation period of the virus is, how the symptoms occur, how the disease progresses and so on. Today, the public has begun to understand the importance of implementing the health protocols recommended by WHO. Although there are still many people who have not been able to comply with existing regulations, the central and regional governments have made various efforts to make people understand and want to follow the existing health protocols (Rothean & Byraredy, 2020).

Using a mask is one of the prevention efforts that can be done by the community, because by using a mask we can prevent droplets from our own body from coming out and infecting other people, and vice versa, by using a mask, if someone is infected with COVID-19, it minimizes risk of transmission to others. Regulations regarding the use of masks from the WHO also change over time. Initially WHO recommended using masks only for sick people, healthy people do not need to use masks. Then the policy changed to wearing a mask should be for everyone, whether the person is healthy or sick. This led to an increase in the price of masks. So not many people can buy and use masks. Until finally a new regulation emerged which said that it was also possible to use cloth masks, and surgical masks were only for the medical community. In the community, there are still many who do not use masks for several reasons, such as the person feeling healthy so there is no need to use a mask, then there are people who feel that using a mask makes it difficult to breathe because of the diversity of society and the knowledge of the community, therefore medical personnel in Indonesia have a duty to provide outreach to the public. Whether it's counseling to use masks or counseling to maintain cleanliness such as washing hands with soap. Not only medical personnel who try to provide counseling and implement health protocols, but government structures and security forces also assist health workers by participating in supervising the community in order to implement health protocols. Along with the addition of cases that continue to occur in Indonesia, each region implements its own policies such as the implementation of Large-Scale Social Restrictions (PSBB) for a while, suggesting that offices work from home in order to suppress the rate of development of cases in Indonesia. Not only people who work, but children who go to school are also advised to do learning from home. All of this was done in the hope that there would be a decrease in the number of new cases of COVID-19 in Indonesia. In addition, the government also stipulates regulations at the central, provincial and city or district levels (Wu, Chen, & Chan, 2020).

Matters related to the COVID-19 disease have become a concern, so the president has issued presidential instructions to presidential decrees, then local governments also issue their respective regulations. In its application, using a mask is still a difficult thing. This is due to the thinking of the Indonesian people which is still not widely open. Various circles in Indonesian society have different thoughts and perceptions. With very minimal knowledge and low awareness, Indonesian people are easily provoked. Public figures in Indonesia often have a strong position to influence the "mind set" of Indonesian society. This can be seen and observed, when there is a public figure in Indonesia who creates content about this COVID-19 disease, then in the recording there is a section that states that the public figure is still gathering and feels no need to wear a mask. This causes the Indonesian people to think and also apply
not to use masks because Indonesian people are not fully aware of how important it is to use masks. The frequent misperceptions among the Indonesian people have led to some refusal to use masks. The public is also not afraid not to wear masks, because most of the Indonesian people do not have sufficient awareness and knowledge about this COVID-19 disease (Setiati & Azwar, 2020).

This paper specifically discusses the 4 main aspects, namely COVID-19 disease review, sociology of Human Rights, sociology of public interest over private interest, and the use of masks among the Indonesian people. All of the aspects were studied according to the prevailing, relevant law.

METHOD
This study uses a research methodology that reviews the juridical normative. Normative legal research is carried out by synthesizing deductive conclusions from statements contained in data sources such as library materials including journals, books, documents, literature or secondary legal instruments such as laws, legal theories, court decisions, expert opinions relevant and related to the problems discussed in this journal. The approaches used include: statutory, conceptual and analytical approaches. This research is a prescriptive-analytical in which data synthesis, discussion and conclusions are analyzed in the form of qualitative research (Ibrahim, 2006).

RESULTS AND DISCUSSION
COVID-19 Disease Review
Corona Virus 2019 (COVID-19) is an infectious disease caused by a new type of coronavirus. The cause of this disease is unknown. Initially this disease was discovered in the city of Wuhan in China in December 2019. Precisely on December 31, 2019, an official report from the Chinese government stated that 41 people were infected with pneumonia of unknown cause to WHO. Then the disease spread to other areas to other countries. Thailand is the first country to be infected with this new type of corona virus which was originally called 2019-nCoV. Then on January 30, 2020 WHO declared this corona virus outbreak a world health emergency. The name 2019-nCoV was changed to COVID-19 on 11 February 2020 which was announced by WHO. While in Indonesia itself, on March 2, 2020 the government officially announced two Indonesian citizens who were confirmed positive for COVID-19, who were named and became the first cases in Indonesia. Due to the development of significant new cases in all parts of the world, this COVID-19 disease was declared a pandemic by WHO on March 11, 2020 (Sohrabi et al., 2020).

Although the cause of the spread of COVID-19 is still unclear, it should have been avoided by establishing health protocols. The shortage of personal protective equipment has also become a problem in Indonesia. Apart from the lack of personal protective equipment, the limited number of masks and facilities in hospitals is also a problem in this era of the COVID-19 pandemic. Initially in Indonesia, people panicked because of the news related to COVID-19, thus making people buy masks and hand sanitizers in large quantities which is also known as "panic buying" which causes supplies of these products to be very scarce and even non-existent in Indonesia market. Even if these items are on the market, the prices for these items are very high (Chua, Yuen, Wang, & Wong, 2021).
The symptoms that are felt by one person to another are different. Starting from mild to severe symptoms, there are also people who do not experience any symptoms so that person will still feel healthy. Symptoms that are often felt by most people include fever, dry cough and feeling tired. Sometimes the patient feels aches and pains, nasal congestion, headache, runny nose, inflammation of the conjunctiva, sore throat, diarrhea, loss of sense of smell which makes the person unable to smell and also red rashes on the skin. Cases of COVID-19 that have occurred so far with various symptoms and severity. Certain medical conditions such as the patient's co-morbidities can worsen the symptoms that appear. According to data collected from countries affected early by this pandemic, as many as 40% of cases will experience mild symptoms, then 40% of cases will develop moderate symptoms including pneumonia or pneumonia, as many as 15% of cases will severe illness, then 5% of cases will fall into a critical condition. After being traced, in severe cases will experience Acute Respiratory Distress Syndrome (ARDS), sepsis to septic shock, multi-organ failure, which includes kidney failure or acute heart failure which can then lead to death. Age also affects the severity because usually elderly people have several medical conditions that can aggravate the incident. Or people with certain medical conditions such as heart problems, high blood pressure, lung disorders, diabetes mellitus, or cancer and people with immunological disorders such as SLE or HIV/AIDS have a greater risk of falling into a severe condition (Sudre et al., 2020).

WHO provides surveillance guidelines for COVID-19 classified as suspected cases, namely if the patient has acute respiratory distress, namely fever and also one sign or symptom of disease affecting the respiratory organs such as cough or shortness of breath, and in the previous 14 days has a history of travel or live in an area that reports a case of COVID-19 or a patient with acute respiratory distress and has a history of contact with a confirmed positive COVID-19 or probable COVID-19 patient within the previous 14 days, or a patient who has severe respiratory symptoms such as fever and has one sign/symptom of respiratory illness such as cough or shortness of breath and requires hospitalization and no other diagnosis explains the symptom. The two probable cases are suspected cases with inconclusive COVID-19 test results or suspected cases undergoing COVID-19 examination with test results that cannot be carried out for some reason. While the third is a confirmed case, which is a patient with a laboratory examination confirmed positive for COVID-19, excluding the presence or absence of clinical signs and symptoms. Then what is meant by contact is someone who is in the following conditions for at least 2 days before and also 14 days after from a probable case or confirmed case. The first is face-to-face contact with patients with probable or confirmed cases within 1 meter and this is carried out for more than 15 minutes, direct physical contact with patients with probable or confirmed cases, people who provide direct care to patients with a probable or confirmed case of COVID-19 disease and the person does not use the appropriate personal protective equipment (PPE), or is in other situations according to the indications in the local site assessment (Kementrian Kesehatan Indonesia, 2020).

For the Republic of Indonesia, the Ministry of Health of the Republic of Indonesia (Kemenkes RI) has compiled guidelines for the recorded treatment of patients with COVID-19 disease. From the book, it can be seen that there are differences with the classification that has been made by WHO, such as suspected cases also referred to as Patients under Supervision (PDP) and also being added to Persons in Monitoring (ODP). There is no probable case. What is meant by a patient under surveillance (PDP) is a person with an acute respiratory infection
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(ARI), which is a fever with a temperature above or equal to 38°C or has a history of fever and is also accompanied by one of the symptoms or signs of respiratory tract disease such as coughing, shortness of breath, runny nose, sore throat, mild to severe pneumonia and no other cause based on the clinical picture seen convincingly and also in the past 14 days before the appearance of symptoms having a history of traveling or living in an area or country that has reported local transmission. Or people who have a fever of more than or equal to 38°C or a history of fever or ARI and also in the previous 14 days symptoms appear and there is a history of contact with a positive confirmed case of COVID-19. Or people who have severe ARI or pneumonia so severe that they require further treatment at the hospital and no other cause is found based on a convincing clinical picture. While what is meant by Persons in Monitoring (ODP) are people who have a fever with a temperature of more than 38°C or have a history of fever or there are symptoms of respiratory system disorders such as sore throat, runny nose or cough and also no other causes are found based on the clinical picture shown. reassuring and in the last 14 days prior to the appearance of symptoms had a history of traveling or living in an area or country indicating local transmission. Or people who have symptoms of respiratory system disorders such as sore throat, cough or runny nose and in the last 14 days have a history of contact with patients who are confirmed positive for COVID-19 (Kementrian Kesehatan Indonesia, 2020).

To diagnose COVID-19 disease, WHO recommends carrying out a PCR examination or what we usually call a swab examination. However, because the PCR examination takes a long time, initially a rapid examination or what is called a rapid test is carried out. But there are still many places that have not been able to reach the community for inspection, this is due to the very limited inspection tools and materials, although over time more and more tools and materials have been found but the inspections carried out are still few (Burhan et al., 2015).

For the treatment of this COVID-19 disease, research is still being carried out to determine the right therapy for patients. Because until now there is no vaccine or specific drugs to prevent and treat this COVID-19 disease. Treatment that can be done at this time is for therapy according to the symptoms that appear (Burhan et al., 2015).

Human Rights

Every human being has Human Rights (HAM) since the beginning of his life. This right is a right that is owned by everyone, which can be interpreted as general and widespread which does not discriminate against humans based on ethnicity, nation, race, class, religion or gender. So everyone has the same opportunities with the ideals and talents of each person. Everyone's human rights are the same. In a sense, everyone has the same rights and is equal in all respects. Including, everyone has the same rights and opportunities to express their thoughts. Matters relating to human rights are also regulated in the law, so it cannot be denied that everyone will try not to violate the human rights of others, so as not to cause a problem (Matompo, 2014).

The condition of the world today is in a state of uncertainty. This is due to the COVID-19 pandemic, a condition that has put the world's citizens in difficult conditions. It is difficult because of the limitations of the world in fighting this COVID-19 disease. By referring to Human Rights, paying attention to matters that intersect with Human Rights as well as studying and referring to the applicable regulations, causes people to have their own understanding and interpretation of Human Rights. In this case, it can be seen that there are several individuals
who say that wearing masks is the right of everyone, so that some of these individuals do not feel wrong when violating government regulations regarding health protocols in this era of the COVID-19 pandemic. As we all know, the health protocol is a very important thing and is currently one of the provisions made in an effort to break the chain of the spread of this COVID-19 disease. Human Rights are not only based on what is stated in existing regulations, but also pay attention to other aspects, and refer to the human right to a healthy environment, so that it can be determined and adapted to current conditions in society. So even though there are people who think that wearing a mask is everyone's right, but if you look further and study it deeper then wearing a mask is also a human right, where humans get a clean and healthy environment and free from viruses (Matompo, 2014).

**Ethical Principles** (Koch, 2019)

Medical bioethics is one of the special ethics and social ethics in medicine that fulfills praxeological (Practical) and moral (Normative) philosophy which functions as a guide (Das sollen) as well as a critical reflective attitude (Das sein), which is based on 4 basic moral principles (Basic principles of bioethics-KDB) and their derivative rules. The basic moral rules along with ethical theory and ethical systematics which contain basic ethical values are the foundation of the noble ethics of the medical profession.

In the medical profession, there are 3 main moral principles, namely: 1) The principle of autonomy, namely the moral principle that respects the rights of patients, especially the rights to self-determination; 2) The principle of non-maleficence, which is a moral principle that prohibits actions that worsen the patient's condition. This principle is known as "Primum non nocere" or "Above all do no harm"; and 3) The principle of justice, namely the moral principle that emphasizes fairness and justice in distributing resources (Distributive justice).

**Beneficence Principle** (Koch, 2019)

Beneficence literally means forgiveness, kindness, generosity, prioritizing the interests of others, love and humanity. Beneficence in a broader sense means actions taken for the good of others. The principle of moral beneficence is a moral obligation to take an action for the good or benefit of others (Patients). This principle has been described as a means of self-evident or self-evident and is widely accepted as an appropriate goal of medicine.

The application of the principle of beneficence is not absolute. This principle is not the only principle that must be considered, but one of several other principles that must also be considered. This principle is limited to the balance of benefits, risks, and costs (As a result of the action) and does not determine the achievement of all obligations. The criticism that often arises against the application of this principle is that the public interest is placed above personal interest. For example, in medical research, on the basis of benefit to the public interest often research procedures that harm individual research subjects are allowed. However, there are other principles that should also be considered. The principle of beneficence must be applied to both the individual good of the patient and the good of society as a whole.

Some form of application of the principle of beneficence is an important component of morality. Because of the wide scope of goodness, many provisions in good (Medical) practice are born from this principle of beneficence. Some examples of the application of this beneficence principle are: 1) Protecting and safeguarding the rights of others; 2) Prevent harm
that can befall others; 3) Eliminate conditions that can harm others; 4) Helping people with various limitations (Disability); and 5) Help people who are in danger.

**Principle of Non-maleficence (Koch, 2019)**

The principle of non-maleficence, which prohibits actions that harm or worsen the patient's condition. This principle is known as “Primum non nocere” or “do no harm”. This principle is related to the hippocratic phrase which states "I will use therapy to help sick people based on my abilities and opinions, but I will never use it to harm or harm them”.

The principle of non-maleficence is often discussed in the medical field, especially controversial cases related to cases of terminal illness, serious illness and serious injury. This principle plays an important role in making decisions to maintain or end life. Its application can be performed on competent or incompetent patients. Basically, the principle of non-maleficence provides an opportunity for patients, their guardians and health workers to accept or reject an action or therapy after weighing the benefits and obstacles in certain situations or conditions.

Many philosophers make the principle of non-maleficence as an integral part of the principle of beneficence (Prioritizing action for the good of the patient). However, many also distinguish them. The considerations include the idea that the obligation not to harm or harm the patient is certainly different from the obligation to help the patient, even though both are for the good of the patient.

**Principle of Autonomy (Koch, 2019)**

Autonomy comes from the Greek "autos" which means self and "nomos" which means regulation or government or law. Initially autonomy was associated with a territory with self-regulation or self-government or self-law. However, autonomy is also used in an individual condition which has various meanings such as self-government, the right to be free, personal choice, freedom of will and being oneself. The main meaning of individual autonomy is personal or individual rule of oneself that is free, both free from interference from others and from limitations that can hinder the right choice, such as due to insufficient understanding. A person with limited autonomy is someone who is controlled by others or someone who is unable to act according to his desires and plans.

There are various opinions about the application of the principle of autonomy. However, in general there are several ways to apply the principle of autonomy, especially in medical practice. These methods include: 1) Telling the truth; 2) Respecting the privacy of others; 3) Protecting confidential information; 4) Getting approval to take action on patients (Obtain consent for interventions with patients); 5) Help others make important decisions (When ask, help others make important decisions).

The important thing in applying the principle of autonomy is assessing the competence of the patient. Experts believe that there is no one definition of patient competence that can be accepted by all parties, so there are so many definitions of patient competence. One acceptable definition of patient competence is "The ability to carry out or perform a task or command".

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**Principle of Justice (Koch, 2019)**

The principle of justice is translated as upholding justice or equal rights to everyone (patients). Another definition is treating other people fairly, properly and appropriately according to their rights. A fair situation is that someone gets benefits or burdens according to their rights or conditions. An unfair situation is a wrongful or negligent act in the form of negating benefits to someone who has rights or an unequal distribution of burdens. The principle of justice is born from an awareness that the number of goods and services (services) is limited, while those in need often exceed these limits. The principle of justice is then needed in making these decisions.

There are several criteria in the application of the principle of justice, including: 1) For everyone there is an equal share; 2) For each person based on need; 3) For each person based on their effort; 4) For everyone based on contribution; 5) For each person based on benefits or uses (Merit); and 6) For each person based on free market exchange.

**Public Interest above Personal Interest (Maharani & Wulandari, 2020)**

A country stands with the community as its members who are supporters of the integrity of the country. Today, there are many things that show and show that an individual or a group is said to be "Superior". Not a few incidents were found where it was very obvious that certain individuals were more concerned with personal or group interests than the public interest. This right can be a stumbling block for the state in terms of maintaining the peace of the country. In the 1945 Constitution and Pancasila, it has been explicitly explained that the public interest should be placed above personal interests, the interests of a group or the interests of a particular group. Because the state is clearly established not only for a particular group and class, but its main purpose is for the public interest. Although from a social perspective, it is seen that the group has a very important role and has high power, but the public interest should be fought for for the whole community.

The public interest in question can be divided into three aspects, such as first, the public interest is an individual interest that has a close relationship with public matters and is desired by all groups. Second, a program and policy that has been agreed upon by the majority of the community. Third, the public interest is in accordance with good matters and upholds the same goals as many people. From this statement, a common thread can be drawn regarding public interest and private interest. By upholding the public interest, it also indirectly achieves personal interests. But it does not rule out the possibility if the personal interest conflicts with the public interest, then it is better to prioritize the public interest.

If it is related to human life in this era of the COVID-19 pandemic, as a society, it is necessary to comply with the health protocols that have been set by the government. This is done because by implementing health protocols, one of which is wearing a mask, the public will automatically respect the public interest. Many people are reluctant to wear masks. Because there are groups who think that wearing a mask is everyone's human right. Although we all know that this statement is not correct, it is reinforced by an obligation contained in the 1945 Constitution and Pancasila, namely that the public interest is above personal interests, group interests and the interests of a particular group. So that people should comply with health protocols, one of which is wearing masks. Because using masks is an effort that can be done by the community in fighting this pandemic and also in the public interest that should be done.
by the community’s views on the use of masks among the Indonesian people are reviewed according to the rule of law

COVID-19 is a new disease that emerged in December 2019, it causes there are not many laws that regulate policies in this era of the COVID-19 pandemic, the current regulations are also changing over time. Initially, the reference was Law number 6 of 2018 in clause 93 related to health quarantine. From this clause, it regulates the sanctions that will be given to people or the public who do not comply with the implementation, hinders the implementation of the health quarantine which then causes a public health emergency, then the person will be punished with imprisonment for a maximum of one year or a fine with maximum nominal of one hundred million Rupiah (Telaumbanua, 2020).

On March 13, 2020, the president issued presidential decree (Keppres) number seven of 2020 regarding the Task Force for the Acceleration of Handling Corona Virus Disease 2019 (COVID-19), which was amended on March 20, 2020 by issuing Presidential Decree number nine of 2020. Presidential Instruction number six of 2020 which discusses increasing discipline and law enforcement of health protocols in the prevention and control of COVID-19 disease issued by President Joko Widodo or more often referred to as Jokowi. The Presidential Instruction regulates several things to combat this COVID-19 disease, one of which is to regulate sanctions given to violators of health protocols. These sanctions apply to individuals, entrepreneurs, organizers, managers or persons in charge of a place and public facilities such as schools, offices, places of worship, business and industry. Also includes terminals, stations, ports, airports, private vehicles and public transportation, markets both modern and traditional, shops, street vendors, tourist attractions, hotels, health facilities, pharmacies and drug stores, not to forget other places that can make mass crowd. The sanctions given initially were verbal or written warnings, administrative fines, social work, temporary closures to the cessation of business operations as stated in Presidential Instruction number six of 2020. What is meant by this health protocol that must be adhered to is, among others, using masks correctly, namely covering life, mouth and chin when leaving the house or interacting with people. Then frequently wash hands with soap, maintain distance and limit interactions, increase body resistance and apply clean and healthy living behaviors at home, school, office, or other public places. There are still many Indonesian people who do not comply with existing regulations. Have not been able to carry out health protocols properly. There are still many who do not use masks. This is due to the absence of laws that apply to violators of the health protocol. Over time, regulations have begun to regulate penalties for violators of the protocol, but the news and socialization have not been evenly distributed, which causes Indonesians to not be aware of wearing masks (Rinda Philona, 2021).

There are still many Indonesian people who don't want to use masks, when they are reprimanded by people around them, not a few are angry because of the reprimand. Because in the community's "mind-set", there is no penalty if you don't comply with the protocol. This lack of public awareness of health has caused the rate of increase in cases of COVID-19 disease to be very fast. This indirectly requires local governments to disseminate information on the prevention and breaking of the chain of spread of the COVID-19 disease. These efforts are also required to involve the participation of the community, religious leaders, community leaders, traditional shops and other community elements as directed by President Jokowi in Presidential Instruction number six of 2020. What the president hopes for corona prevention efforts must
be contained in regional regulations such as governor regulations, regent's regulation, or mayor's regulation. Do not forget that these regulations must also pay attention to and be adapted to the local wisdom of each of these regions. Each region is also given the freedom to act quickly on the development of cases of this COVID-19 disease, according to the number of cases in their respective regions. The provincial government carries out Large-Scale Social Restrictions (PSBB) according to the needs of each region, as regulated in Governor Regulation (Pergub) number 51 of 2020 which regulates PSBB, if people do not use masks when leaving the house, they will be given a fine. amounting to two hundred and fifty thousand rupiahs and doing social work cleaning public facilities using vests supervised by Satpol PP and members of the TNI. This is done so that people comply with health protocols and want to wear masks when leaving the house. In the transitional PSBB in DKI Jakarta for the period 5 June 2020 to 9 September 2020, as many as 154,000 people were recorded to have received sanctions for not wearing masks and in accordance with Pergub number 51 of 2020, fines can be collected from people who do not use masks up to 2.2 billion rupiah and for people who do not pay the fine, the punishment given is in the form of social work.

The DKI Jakarta government then took a step called the emergency brake pull so that the transitional PSBB returned to a total PSBB. The decision was taken considering the rate of increase in the number of COVID-19 cases in DKI Jakarta is increasing rapidly every day, the provincial government took this step. During this strict PSBB period, 37,863 people did not use masks so that the fines collected were 384,345,000, a total of 2,338 people received sanctions in the form of fines and people who did social work amounted to 35,525. Currently, the government is returning to the transitional PSBB position starting on October 12, 2020 until now, which is planned to be in effect for two weeks until October 25, 2020. Even though the transitional PSBB is in effect, mask violators are still being found. The number of people who violate, do not use masks when going out of the house has begun to decline, not as much as the number during the previous transitional PSBB. After a literature search, it can be seen that public awareness of the use of masks is also assisted by applicable regulations and sanctions, so that people try to comply with existing regulations (Herdiana, 2020).

CONCLUSION

In this journal, discusses the use of masks in the community. In terms of human rights as well as from the public interest above personal interests and also from the side of the law that regulates this matter. It is undeniable that the COVID-19 pandemic has brought great changes in human life. The implementation of health protocols, one of which is using masks, is very important. The use of masks is also still a pro and contra that occurs in the community, so the government issues regulations that are sanctioned so that people can realize the importance of using masks at this time.

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