

Forcibly retrieving bodies of deceased persons with confirmed COVID-19: A lesson learned from the COVID-19 pandemic

Pengambilan paksa jenazah akibat COVID-19: Sebuah pembelajaran dari pandemi COVID-19

Doddy S. Singgih¹  & Toetik Koesbardiaty^{2*} 

¹Department of Sociology, Faculty of Social and Political Sciences, Universitas Airlangga

²Department of Anthropology, Faculty of Social and Political Sciences, Universitas Airlangga

Address: ^{1,2}Jalan Dharmawangsa Dalam, Airlangga, Surabaya, East Java Province, Indonesia 60286

E-mail: Toetik.Koesbardiaty@fisip.unair.ac.id

Article History: Received 27 December 2023; Accepted 24 December 2024; Published Online 31 December 2024

Abstract

During the pandemic in Indonesia, 43 cases of forced retrieval of COVID-19-confirmed bodies and attempts to bury them by their families were recorded in online media. In 2020, 31 cases occurred and in 2021, there were 12 cases until April. This study aims to describe the religious culture on bereavement of the community towards death due to COVID-19 where the community retrieves the bodies by force. This study used qualitative method. Data were collected from randomly selected online media. Interviews with hospital morticians were conducted to complement data on forced body retrieval and similar previous studies. The results show that religious and cultural values are the driving factors for forced body retrieval. On the other hand, factors such as stigma and misinformation are allegedly reinforcing the act of forced body retrieval. The lesson learned from this is to involve cultural and religious systems along with the implementation of health protocols when treating patients with confirmed COVID-19. However, this must be balanced with adequate information for the community.

Keywords: forced body retrieval; COVID-19 pandemic; Indonesia; religious culture

Abstrak

Selama masa pandemic COVID-19 di Indonesia tercatat di media online terdapat sebanyak 43 kasus pengambilan paksa jenazah terkonfirmasi COVID-19 dan usaha memakamkannya sendiri. Sejumlah 31 kasus terjadi pada sepanjang tahun 2020 dan 12 kasus terjadi hingga bulan April 2021. Studi ini bertujuan untuk mendeskripsikan ekspresi religio-kultural masyarakat terhadap kematian akibat COVID-19 di mana masyarakat mengambil paksa jenazah. Studi ini menggunakan metode kualitatif. Data dikumpulkan dari media online yang dipilih secara acak. Wawancara pada petugas pemulasaran jenazah dilakukan untuk melengkapi data pengambilan jenazah secara paksa dan penelusuran literature sejenis. Hasil penelitian menunjukkan nilai agama dan budaya adalah faktor pendorong pengambilan jenazah secara paksa. Di sisi lain, faktor-faktor seperti stigma dan informasi yang salah, disinyalir makin menguatkan tindakan pengambilan jenazah secara paksa. Pembelajaran yang dapat diambil dari peristiwa ini adalah melibatkan sistem budaya dan agama bersama dengan pelaksanaan protokol kesehatan saat merawat pasien terkonfirmasi COVID-19. Namun demikian hal ini harus diimbangi dengan informasi yang memadai bagi masyarakat.

Kata kunci: pengambilan paksa jenazah; pandemi COVID-19; Indonesia; religius-kultural

Introduction

Since the Indonesian government declared that there were individuals infected with COVID-19 in March 2020, the number of confirmed COVID-19 continues to increase. As of December 2, 2020, the total number of confirmed COVID-19 in Indonesia was 549,508 people, with a cure rate of 458,880 and a death toll of 17,199 as per the BPS survey in 2020. In January 2021 there was a spike in the number of confirmed COVID-19 patients of 751,270, with a cure rate of 22,329 and a total of 617,936 people who recovered. The number of COVID-19 infected had decreased, but spiked again in July 2021. The second peak number of infections in 2021 occurred in December. Until the end of 2021, the total number of confirmed cases continued to increase at 4,262,720 people, the number of recovered 4,114,334 people

and the total number who died was 144,094 people. It is suspected that the 2021 year-end vacation contributed to the increase in transmission rates. In 2022, the COVID-19 transmission rate began to level off along with the massive vaccination movement. Until the end of May 2022, the number of confirmed COVID-19 was 6,054,073 people, the cure rate was 5,895,423 people and 156,951 people died (COVID19.go.id nd).

The massive news about the COVID-19 pandemic and the rapid transmission as well as the increase in the number of deaths have triggered fear of infection, discomfort and threat for the community. On the other hand, the amount of misleading information makes people confused and do not know which information is true about the pandemic. The condition of fear, discomfort and threat is further exacerbated by economic conditions, where many people have lost their jobs or income, causing stress and anxiety. Stress and anxiety due to this situation triggered the emergence of stigma (Chopra & Arona 2020), especially stigma towards people with confirmed COVID-19 and people who died from COVID-19, which is considered the source of the current problem. COVID-19 is a new disease that people do not know much information about. This fear makes COVID-19 something foreign that must be avoided by the community (IFRC 2020). The further development of COVID-19 is considered a threat as well as a disgrace that can cause discrimination or marginalization of a person. Stigma is attached not only to people or bodies suspected or confirmed with COVID-19, but also to health workers and close relatives of both sufferers and health workers by labeling, discriminating, stereotyping and even threatening to lose status in society. Stigma becomes more terrible than the virus itself (Sulistjadi et al. 2020).

Facing an alarming and frightening situation related to the pandemic, one of the responses of the community is to block the funeral of a person who died due to COVID-19 or suspected of being infected with COVID-19. The community has blocked the road to the grave, fenced off the grave and put up billboards refusing to bury bodies confirmed with COVID-19. The community argues that bodies buried in the village area will contaminate the groundwater they use for daily life, so that it will infect them.

Previous studies have shown mixed responses to the COVID-19 pandemic. When COVID-19 reached Sri Lanka, healthcare workers, border control authorities and those involved with infectious disease control were overwhelmed by the magnitude of the pandemic. Health workers' hesitation to work in the midst of the pandemic due to fear of contracting and possible transmission of infection to their families was a major issue; the demand for personal protective equipment by health workers as supplies ran low was also a contributing factor. Community perceptions including allowing health workers to conduct public health services in the field, logistical barriers and lack of human resources were among the barriers expressed. Some people do not declare their symptoms for fear of being quarantined (Caldera et al. 2023). Meanwhile, in Australia clinical services are overwhelmed, unlike other high-income countries (Govindasamy et al. 2021). Skepticism about COVID-19 and doubts about SARS-CoV-2 vaccination are highest among politicians and the religious right (Levin & Bradshaw 2022).

The COVID-19 pandemic is causing negative emotional responses, especially feelings of concern about its impact on health and social and economic aspects. However, these responses are not evenly distributed among social groups. Some of them are more associated with states of panic and anxiety, according to socially defined and transmitted roles and identities (Marchesi & De Luigi 2022). Values and norms have different influences on different phenomena in different contexts. Working and living conditions, political opinions, social views and the media inform workers' disapproval and reactions to the official handling of the pandemic, and how this can lead to a loss of trust in the government (Soto 2022). More than half of the Chinese public were less supportive of COVID-19 control measures during the Omicron dominant period, which varied based on their different demographic characteristics, cognitions and overall attitudes towards SARS-CoV-2 infection (Zhong et al. 2024).

Another phenomenon that has emerged is the forced retrieval of bodies. So widespread is this phenomenon that the president has called for the abstinence of forced body retrieval. This phenomenon was rampant starting in March 2020 and continued to occur until 2021. At the beginning of 2022, COVID-19 has begun to subside, but there are still incidents of forced corpse retrieval, although not as

often as in previous years. The forced retrieval of bodies always involves the masses and is accompanied by violence and creates a crowd that has the potential to transmit COVID-19. The purpose of this study is to explain the act of forced body retrieval in the Indonesian religious-cultural context. Another objective is to understand the sense of loss related to the pandemic and propose religious-cultural aspects as a policy consideration regarding the handling of patients who die during a pandemic.

Research Method

This study used qualitative method. Data sources in this study come from online media, namely Kompas.com, Manado.Tribune.news, Merdeka.com, Daerah.Sindonews.com, Regional.Kompas.com, Tribunenews.com, Tubankab.go.id, Solopos.com, Beritaloka.com, News.detik.com, Suarabatam.id, Jabar.inews.id, Sumut.inews.id, Jatim.inews.id, Kumparan.com, Ambon.Tribunenews.com, Liputan6.com, Sumbar.inews.id, Radarlombok.co.id, Papua.inews.com, Suara.com, Batam.tribunenews.com, Jatimsuara.com, Surabaya.kompas.com, Samarinda.kompas.com, Faktualnews.com, Kroja.com, Banjarmasintribunenews.com, AyoSemarang.com, Kompas.tv, Manado.com, RRI.co.id, Okezone.com, Media.Indonesia.com, CNNIndonesia.com, Merdeka.com, Pikiran.rakyat.com, Republika.com, Metronews.com, Beritajatim.com dan Timesindonesia.com.

The news collected is the forced retrieval of COVID-19 confirmed bodies. The data was collected from March 2020 to May 2022. The data were sorted by scene and date to avoid overlapping news. Supporting data were collected through interviews with hospital morticians. The data that has been collected is then processed based on the research theme. Furthermore, the data is analyzed and discussed with previous studies that are relevant to the topic under study.

Results and Discussion

The phenomenon of forced body retrieval occurs in all regions of Indonesia, both in urban and rural areas. The number of body retrieval cases in 2020 was 29. The highest number of forced body retrieval cases occurred in August with 8 cases. The number of forced body retrieval cases increased in 2021 to 35 cases, with the highest number in July with 13 cases. In 2022, the infection rate generally began to decline in line with the vaccination movement. However, until the last month of May, there were four cases of forced body retrieval, namely in January and February.

The forced retrieval of bodies always involves large numbers of people. It was reported that not only mobs were involved, but also the use of violence by damaging health facilities, threatening and injuring officials. In addition to visiting hospitals, other reported methods include families and mobs blocking ambulances carrying bodies to funerals and even canceling funerals using standard protocols. There have been recorded cases of dismantling bodies from graves that have been treated according to protocol (Sinatra 2022). The rejection of the COVID-19 corpse protocol occurred eight times. The most common reason for rejection was because the deceased's family did not believe the deceased died from COVID-19 (Syamsun et al. 2022).

In general, the reason for the forced retrieval of the body was that the family of the deceased could not accept that the cause of death was due to COVID-19 (33.3%). The family does not believe in the existence of COVID-19. In addition, the delay in the COVID-19 test results caused the family to assume that the cause of death was falsified as COVID-19 (30.2%). Another reason was that the family refused the funeral with the COVID-19 protocol (28.6%). Furthermore, the family considers that health protocols related to corpse burial do not meet religious principles (6.3%). In extreme cases, families even dismantled the grave and moved the body to the family grave (1.6%). These reasons for the forced retrieval of bodies remained relatively the same from 2020 to 2022.

Some cases of forced retrieval of the body were followed by disassembly of the body, which had been carried out according to the protocol for disposal of the body. Bodies that are removed from their plastic wrappings are bathed and shrouded and treated in accordance with customary and religious rules. Sometimes families refuse to use a coffin to bury the body. Furthermore, there are reports of families

hugging and kissing the body as a final tribute. This disease has a huge effect on people's lives, causing various controversies, one of which is the rejection and forced retrieval of COVID-19 bodies in various regions in Indonesia. This happened because of the level of public knowledge and lack of attitude regarding the COVID-19 corpse protocol (Audia et al. 2022).

Religious culture on bereavement

Death is the final part of the lifecycle, as well as the most important and sacred part of Indonesian culture. Biologically, death separates the bodies of the dead and the living. Culturally, death for Indonesians is not a separation, yet, the story of the dead will remain in the memory of the family and community. Deaths caused by the pandemic, due to their characteristics, are a factor that complicates the grieving process (Hernández-Fernández & Meneses-Falcón 2021). Social norms are a set of rules or standards of behavior that guide what should and should not be done. Social norms can function at the individual level as moral norms, or occur among families related to specific norms built within the family, and as prescribed or proscribed in the wider society. Social norms on the other hand also become the identity of a society (Neville 2021).

As a religious country, Indonesians believe that death does not mean the end of everything, rather people believe that there is life after death. Life after death needs support from those who are still alive, for example in the form of prayers, care at death, final tributes, memorials after death, and grave pilgrimages. With the hope that the life of the dead in the next world will be easier and less burdensome. In Javanese culture, for example, someone who cries over a dead body is considered to be blocking the good path to the next world. Therefore, treating the dead with respect is a norm that cannot be missed, especially in a family. One of these social norms is influenced by belief or religion. Religion is the part that binds society together (Walter 2003) and shapes identity. Religious obligations require that every deceased person be treated according to the rules of each religion. For example, the body must be bathed as a form of purification, prayed for especially by family and close relatives, and rituals led by religious leaders, etc. As much as possible, the family will give their best as a final tribute to the deceased. Forms of respect are rites of a religious nature, which if not performed creates a sense of immorality for the individual and will even bring dishonor to the family. All these forms of respect are "provisions" for the dead to be taken to the next world. This norm is the collective memory of Indonesian culture related to death. This collective memory will be maintained at the individual, family and community levels.

Under normal circumstances, everyone wants a comfortable end to life, surrounded by loved ones, perhaps friends, there are settlements and also prayers as a peaceful farewell. There is physical comfort due to good care and attention from loving people. It is called a good death; the deceased who experienced the good death stage will reduce the moral burden on the family. Good death is a situation where respect, love and filial piety can be expressed for the person who will and has died, especially if the deceased is the parent. This is the social norm in relation to death. So, as much as possible, people will strive for a good death for their loved one.

Indonesian culture recognizes the concept of *durhaka* (Indonesian word; disobedient) which is a term for those who do not carry out what should be done as a norm. *Durhaka* is negative, a consequence of actions that are considered incorrect because they violate the norm. In the context of parent-child relationships, *durhaka* is a term for children who are not devoted to their parents. Being disobedient means that you will not get into heaven. Therefore, every individual in society will always avoid behavior that causes disobedience. In addition to the belief in bad luck if disobedient, disobedience also brings stigma from society.

At the community level, the news of a death is like a call or a collective consciousness to come to the funeral home, comfort the bereaved and jointly prepare the body and the rites related to the funeral. The main part is to pray according to beliefs. This reason is often the most feared and not implemented as a religious norm that is considered very important. The inevitability of death gives rise to a wide variety of beliefs and practices. These differences are most evident in different societies. For, as Durkheim in 1951 pointed out long ago, different social organizations give rise to different reactions to death-related phenomena (Pine 2019). Beliefs about the soul of the deceased lead families to perform rituals and

ceremonies that encourage journeys towards God, "the light," or another life. The stronger their beliefs, the more dedicated the family is to completing rituals and ceremonies in a manner prescribed by their religion or culture (Lobar et al. 2006).

COVID-19 confirmed patients generally experience restrictions as a consequence of health SOP. For example, patients are in isolation rooms so they cannot be visited or accompanied by family members. Communication becomes very limited. The burden of thoughts related to medical funds, daily family life, fear of infecting the family, fear of death greatly affects the patient psychologically. On the other hand, nurses' attention is limited due to the number of other patients. Patients feel alone in facing the threat of death. This creates discomfort for both the family and the patient. In other words, getting sick and dying from COVID-19 is a bad death (Carr et al. 2020). Bad death adds to the sadness because the funeral for patients with confirmed COVID-19 must also be buried in a special way, not witnessed by loving family and friends. Even in the belief of the community, the process does not follow religious rules. These beliefs or religious reasons and norms are the reasons why people are desperate to retrieve the body to be taken care of by the family to ensure that the funeral and journey to the afterlife can be accepted by the almighty.

Especially during the COVID-19 pandemic, where there are restrictions, uncertain situations cause anxiety, anger and fear as expressions of emotions (Lu et al. 2024). Death causes a variety of responses; love can turn into fear; sadness can turn into anger. In other words, death is very close to emotions (Berger 2016). During this time of crisis, emotional responses can affect individual or community behavior. Uncontrolled and unaddressed anxiety, anger and grief can trigger irrational actions (Lu et al. 2024). When a body retrieval case occurs in one place, emotions can trigger the same action. Individuals or communities perceive that the act of forcibly retrieving a body is the right thing to do based on the norms of their identity. Solidarity with the same identity norm leads to collective action. Therefore, the forced retrieval of bodies of deceased persons with confirmed COVID-19 is always carried out by many people. Indonesia has an extra challenge because there are still people who refuse to bury the bodies of known COVID-19 victims in their area (HP & Pramana 2020).

The COVID-19 pandemic and the dissemination of information from within and outside the country

In approximately six months, COVID-19 has infected many countries and caused many victims. COVID-19 is a new pandemic experienced in this century after the Spanish Flu which had a global outbreak including attacking Indonesia in 1918-1919 (Ravando 2020, Chandra 2023). Ravando (2020) explained that during 1918-1919 there were two waves of Spanish Flu outbreaks that occurred in colonial Indonesia. The first wave occurred between July and September 1918 with a low mortality rate. October to December 1918 saw the second wave of Spanish Flu which resulted in more casualties than the first wave. Chandra (2023) estimated the number of casualties due to Spanish Flu in Indonesia to be around 4.26 - 4.37 million. The government through the Health Service at that time had not yet recognized the type of disease they had never experienced with non-specific symptoms. Spanish Flu had symptoms like the common flu but also like those of cholera and bubonic plague, which were also endemic in Indonesia at the time. Due to this lack of clarity, it is reported that many doctors misdiagnosed the symptoms of Spanish Flu and it was considered harmless. On the other hand, hygiene factors and the absence of drugs and vaccines to treat it also played a role in the high mortality rate. But the most important cause is the ignorance of the public and doctors about the Spanish Flu, which has led to its underestimation.

The same thing happened when the COVID-19 pandemic hit, people did not understand what was happening. Because there has never been a pandemic that has taken so many lives in such a short period of time. On the other hand, the government is also struggling to read the situation and develop strategies to deal with infectious diseases. Many people do not believe the dangers of COVID-19 so that the health protocols suggested by the government are often ignored. COVID-19 is considered as God's punishment, reminding people to behave well, reminding that humans have made many mistakes and must repent. Another view states that COVID-19 is the result of human neglect of the environment, causing nature's anger. Due to ignorance of information, people who are symptomatic cannot accept the

decision when declared infected and they believe that the positive result of COVID-19 is falsified. There are even many allegations of irregularities in health facilities on behalf of COVID-19. This situation causes feelings of discomfort, panic, sadness and anger.

The COVID-19 pandemic has brought unprecedented disruptions to people's daily lives and caused far-reaching impacts on people's physical health, mental health, and well-being. Although the COVID-19 pandemic led to higher levels of mental distress among the general public in China, most people were also resilient during the pandemic (Zhang 2022). Reported public perceptions related to COVID-19 include beliefs (e.g., severity, concerns, health), knowledge (e.g., contagion, sources of information), and behaviors (e.g., physical distancing) to understand perspectives in Canada and to inform future public health initiatives (Parsons Leigh 2020). Other reactions in the context of COVID-19 are painful quarrels and disturbances between family members, friends, and neighbors, but also problems on a social and political level, shared public humiliation, political demonstrations, and even aggressive outbursts with high numbers of participants (Linden et al. 2022). People perceive COVID-19 as a threat of a very severe illness, and despite having prosocial tendencies, do not feel safe offering help to people with COVID-19 (Niemi et al. 2021).

On the other hand, the government has yet to find the right measures to tackle the increasingly unstoppable pandemic, even though efforts continue to be made to tackle the pandemic. On the other hand, the number of victims continues to increase. Public panic is increasing, yet, ignorant behavior towards the pandemic is also increasing. In this uncertain situation, people tend to ignore health protocols as recommended by the government. Conservatives are more likely to report that COVID-19 received too much media coverage and people generally overreacted; liberals are more likely to report that the government did not do enough in response to the pandemic (Christensen et al. 2020). To control the spread of the new SARS-CoV-2 (COVID-19) infectious disease, appropriate preventive behaviors by the public must be promoted. There are international differences in public cognitive and behavioral patterns, attitudes towards information sources, and anxiety about COVID-19. Information on these differences can improve understanding of epidemic-related patterns of anxiety and behavior, and will help optimize future policies to prevent the next wave of the epidemic (Shiina et al. 2021). Therefore, health and education authorities in different countries should develop focused measures that include people in different settlements to improve their preventive measures when designing public health interventions for COVID-19 and future epidemics or pandemics (Udoakang et al. 2022).

Governments around the world are responding to the continuing wave of the COVID-19 pandemic with an unprecedented range of measures, from social distancing and the cancellation of public events to border restrictions and the complete shutdown of all but essential services (Fernandes et al. 2022). Control measures have been implemented by provincial authorities, which include continuous surveillance and rapid testing. While China's strict control measures may not suit every country, the principles of early detection and isolation still apply and have been the cornerstone of the initial and ongoing response to COVID-19 (Zanin et al. 2020). The government has issued official explanations on COVID-19 countermeasures, but these explanations are not firm and consistent. These explanations become vague and eventually drown among other news. The unclear handling of COVID-19 and the proliferation of fake news resulted in an ignorant attitude and tended to underestimate the danger of COVID-19. Furthermore, the public considers COVID-19 as a harmless type of common cold, and some even do not believe in the existence of this virus.

Fear and anxiety about pandemic situations are more easily spread due to fake news spread from social media in the current era of globalization, causing panic (Toghotti 2013), especially related to fake news. During the COVID-19 pandemic, it is natural for people to feel anxious, due to the real risks posed by the situation. However, the complex relationship between individual and collective characteristics can turn this health crisis into a particularly favorable period for the development of anxiety disorders (Demenech et al. 2021). Patients generally show impairments not only in fear learning but also in its generalization. Thus, pandemic-related anxiety may be a risk factor for increased acquisition and generalization of fear (Hauck et al. 2022).

The emergence and spread of the COVID-19 pandemic has caused confusion, anxiety and fear among the public, including university students. Anxiety about the COVID-19 pandemic has caused various psychological manifestations, including fear of disease transmission, loss of loved ones, and future socioeconomic setbacks. Anxiety can also lead to physical responses such as gastrointestinal symptoms (Abubakar et al. 2021). The COVID-19 pandemic has resulted in a deluge of news and information dominating the media, leading to a widespread atmosphere of fear and uncertainty, which has the potential to adversely affect mental health (Gu et al. 2023). Increase in cyberchondria, depression, stress, bad mood, and anxiety during the Covid outbreak. The internet plays an important role in daily life in this period, as it has become a popular source for accessing Health-related information (Mento et al. 2023).

Information overload, communication overload, and social overload on social media trigger increased social media fatigue, which in turn leads to the development of anxiety and consequent reduced health self-efficacy; social media fatigue plays a partial mediating role between social media and health self-efficacy and a full mediating role between communication overload and Health self-efficacy (Li et al. 2024). A person with a low level of education has a risk of being vulnerable to depression and anxiety. This is because if someone with a high level of education has extensive knowledge about virus transmission, they are better able to protect and overcome anxiety and depression (Putri et al. 2022).

A survey from the Statistics Indonesia conducted by BPS in 2020, shows that the majority of people prefer social media and online media in accessing information, including information about COVID-19. People are less able to distinguish between real and fake news. On the other hand, the lack of understanding of information is influenced by news content that cannot be understood by the public. In other words, the information is not on target. The public does not have a complete picture of the pandemic. Pandemics become something foreign. Because it is unfamiliar, the pandemic must be avoided or resisted. The denial attitude towards COVID-19 is a form of avoidance of something foreign that is less known. This uncertain situation is thought to have triggered acts of community aggression (Carr et al. 2020), namely forcibly retrieving the bodies.

Stigma and social burdens faced by families affected by COVID-19

IFRC, UNICEF, and WHO explain that stigma in the context of health is a negative association between a person or group of people who have certain characteristics and diseases in common. Chopra & Aurora (2020) state that stigma results in anger, fear, anxiety, and even intolerant actions directed at others. Meanwhile, stigmatized people can experience bullying, violence, economic burden, rejection, shame and marginalization. In the case of COVID-19, patients and survivors, even the patient's family get labels, stereotypes, discrimination and even rejection from the environment either directly or indirectly. Society, friends, and even relatives stay away from people who are confirmed COVID-19 or who have been declared cured of COVID-19. The stigma and consequences caused are a very heavy social burden for the families. This is in accordance with the results of the national survey from Central Bureau of Statistics Indonesia which noted discrimination against COVID-19 patients or survivors. The results of confirmation of COVID-19 patients and survivors, stated that they felt strange and shunned, even though they had been declared cured. In order not to be shunned by the community and considered a source of transmission, the community often acts radically by cutting the chain causing stigma, namely retrieving the body by force. The main reason is that the community does not believe in the existence of COVID-19; does not believe in the results of laboratory tests; does not trust the hospital and assumes that the positive result of COVID-19 is falsified. The community also felt that patients with confirmed COVID-19 were abandoned at the hospital.

In stressful situations what comes to mind is how to save oneself to survive; survive from illness and from stigma. Taylor (2000) states that the human instinct to survive is a great driving force for action. In evolutionary terms, survival is a fight-or-flight process. If faced with obstacles, the final solution is fight, fighting to survive, or flight, avoiding to defend oneself in order to survive. The action of retrieving the body and refusing the funeral could be a spontaneous form of human beings to survive the dangers of the pandemic and especially to avoid stigma.

After the COVID-19 transmission rate slightly decreased at the end of 2020, it rose again in early 2021 and continued to rise when it was reported that the delta variant of COVID-19 had infected Indonesia in certain areas. Government actions to limit transmission by conducting antigen tests, swabs of the population do not seem to be accompanied by public knowledge. It was reported in social and electronic media that many people refused the test on the grounds that if they were declared infected, they would be shunned by the community. In other words, the stigma is still very strong against confirmed COVID-19 patients. In response to the COVID-19 pandemic, many governments implemented social distancing requirements, lockdowns and stay-at-home orders (De Lazzari et al. 2022). Nigeria implemented lockdown policies, albeit with some socioeconomic stimulus measures to cushion the resulting economic hardship. The inadequacy of these stimulus measures led to lockdown violations and human rights abuses (Onuh 2021).

The speed and scale of the public policy response to the COVID-19 crisis in Australia has been remarkable, in terms of its health, social and economic dimensions. Like many countries, initial policies aimed to avoid a “worst-case” scenario and introduced social distancing, national and state border closures and the closure of “non-essential” businesses. These policies temporarily restricted Australians’ personal freedoms to reduce the potential spread of the virus in the community and, thus, infection rates (Stylianou 2021). Compliance with minimum public health standards, restriction of movement of people, suspension of physical classes, prohibition of mass gatherings, non-operation of category IV industries, and non-operation of hotels or similar establishments are the most important protocols for the strategy (Ocampo & Yamagishi 2020).

Conclusion

There are at least three major reasons why people forcibly retrieve confirmed COVID-19 bodies and bury the bodies themselves, namely insufficient information about the pandemic and the dangers posed so that health protocol procedures and patient care procedures are misunderstood, coupled with increasingly massive hoax news. Patients with confirmed COVID-19 will be shunned by friends and the surrounding community. Even the patient’s relatives are also affected by stigma. Therefore, confirmed patients and their relatives choose to avoid, hide or refuse to be called confirmed COVID-19. The fear that the patient died directly buried and did not follow the procedure of religious norms in the death ritual is very high. If death rituals not performed, it is considered a failure to accompany the deceased to life after death. At the level of social norms, if dead people are not treated well and respected, especially if they are parents or relatives, the family might be considered ignoring or violating the norm.

The lesson learned from this condition is to place cultural factors or norms in the implementation of Standard Operational Procedures (SOPs) or the application of health protocols to patients who are hospitalized and require restrictions even when the patient finally dies. For this reason, it is necessary to think about a model of SOP or health protocol that contains local norms or culture. This must be accompanied by the prevention of hoaxes that mislead the public. Thus it is hoped that the fear and anxiety of families whose members are confirmed can be reduced and the truth of the information can be accounted for and finally no stigma will arise for families or individuals confirmed with COVID-19.

Acknowledgments

This article is part of the results of research funded by Universitas Airlangga with the implementation of internal research under the COVID-19 special mandate research grant scheme of Universitas Airlangga in 2020.

References

- Abubakar A, Ma’ruf MF, Mizfaruddin M, Yusuf F, Maghfirah D, & Muhsin M (2021) Anxiety to COVID-19 pandemic amongst university students is related with gastrointestinal symptoms. *Bali Medical Journal* 10 (2):847-850. <https://doi.org/10.15562/bmj.v10i2.2412>.

- Ansori MH (2020) COVID-19 outbreak and social class in Indonesia. *THC Insights* (14):1-5.
- Audia A, Syamsun NA, & Lestari I (2022) Perbedaan pengetahuan dan sikap masyarakat perkotaan dan pedesaan terhadap protokol jenazah COVID-19. *Lombok Medical Journal* 1 (1):8-13. <https://doi.org/10.29303/lmj.v1i1.527>.
- Berger P (2016) Chapter seven. Death, ritual, and effervescence. In: Berger P & Kroesen J (ed). *Ultimate Ambiguities: Investigating Death and Liminality*. New York: Berghahn. 147-183. <https://doi.org/10.1515/9781782386100-010>.
- BPSDMP Kominfo Manado (2020) Survey perilaku masyarakat terkait penyebaran hoaks COVID-19 (Coronavirus).
- Caldera A, Wickremasinghe R, Newby G, Perera R, Mendis K, & Fernando D (2023) Initial response to SARS-CoV-2 (COVID-19) outbreak in Sri Lanka; views of public health specialists through an International Health Regulations lens. *PLOS ONE* 18 (11):e0293521-e0293521. <https://doi.org/10.1371/journal.pone.0293521>.
- Carr D, Boerner K, & Moorman S (2020) Bereavement in the time of coronavirus: Unprecedented challenges demand novel interventions. *Journal of Aging & Social Policy* 32 (4-5):425-431. <https://doi.org/10.1080/08959420.2020.1764320>.
- Chandra CE & Abdullah S (2023) Jakarta COVID-19 forecast with Bayesian PIRD multiwave model. *ASEAN Journal of Science and Engineering* 3 (3):227-242. <https://ejournal.kjupui.id/index.php/ajse/article/view/333>.
- Chopra KK & Arora VK (2020) COVID-19 and social stigma: Role of scientific community. *Indian Journal of Tuberculosis* 67 (3):284-285. <https://doi.org/10.1016/j.ijtb.2020.07.012>.
- Christensen SR, Pilling EB, Eyring JB, Dickerson G, Sloan CD, & Magnusson BM (2020) Political and personal reactions to COVID-19 during initial weeks of social distancing in the United States. *PLOS ONE* 15 (9):e0239693. <https://doi.org/10.1371/journal.pone.0239693>.
- COVID19.go.id (nd) Peta sebaran COVID-19. [Accessed 25 August 2022]. <https://covid19.go.id/peta-sebaran-covid19>.
- De Lazzari C, Bonotti M, Mintrom M, Rublee MR, & Zech ST (2022) Securing government assistance for temporary migrants during the COVID-19 crisis: analysing the role of policy narratives. *Journal of Ethnic and Migration Studies* 50 (8):1-19. <https://doi.org/10.1080/1369183x.2022.2144170>.
- Demenech LM, Schmidt B, Crepaldi MA, & Neiva-Silva L (2021) Anxiety in the COVID-19 pandemic context: Merging demands and reflections for the practice. *Estudos de Psicologia (Natal)* 26 (1):94-104. <https://doi.org/10.22491/1678-4669.20210010>.
- Fernandes G, Jackson T, Kashif A, Rahman AE, Roy AK, ASMD AI, Paul B, Agarwal D, Akter F, Muanka F, Habib GM, Mahmood H, Regi H, Lubree H, Nathan JJ, Yusuf OM, Baig RT, Isaac R, Patil R, & Jabeen S (2022) Sustaining stakeholder engagement for health research during the COVID-19 pandemic: Lessons from the RESPIRE programme in Bangladesh, India, Malaysia, and Pakistan. *Journal of Global Health* 12: 03057. <https://doi.org/10.7189/jogh.12.03057>.
- Govindasamy LS, Hsiao KH, Foong LH, & Judkins S (2021) Planning for the next pandemic: Reflections on the early phase of the Australian COVID -19 public health response from the emergency department. *Emergency Medicine Australasia* 33 (4):759-761. <https://doi.org/10.1111/1742-6723.13799>.
- Gu X, Obrenovic B, & Fu W (2023) Empirical study on social media exposure and fear as drivers of anxiety and depression during the COVID-19 pandemic. *Sustainability* 15 (6):5312. <https://doi.org/10.3390/su15065312>.
- Hauck A, Michael T, & Ferreira de Sá DS (2022) Fear learning and generalization during pandemic fear: How COVID-19-related anxiety affects classical fear conditioning with traumatic film clips. *Journal of Psychiatric Research* 155: 90-99. <https://doi.org/10.1016/j.jpsychires.2022.07.068>.
- Hernández-Fernández C & Meneses-Falcón C (2021) I can't believe they are dead. Death and mourning in the absence of goodbyes during the COVID-19 pandemic. *Health & Social Care in the Community* 30 (4). <https://doi.org/10.1111/hsc.13530>.
- HP S & Pramana C (2020) Management of corpses with COVID-19: Perspective on cases in Indonesia. *Journal of the University of Malaya Medical Centre*.

- IFRC U (2020) WHO. Social stigma associated with COVID-19. A guide to preventing and addressing social stigma.
- Levin J & Bradshaw M (2022) Determinants of COVID-19 skepticism and SARS-CoV-2 vaccine hesitancy: Findings from a national population survey of U.S. adults. *BMC Public Health* 22 (1). <https://doi.org/10.1186/s12889-022-13477-2>.
- Li K, Jiang S, Yan X, & Li J (2024) Mechanism study of social media overload on health self-efficacy and anxiety. *Heliyon* 10 (1):e23326. <https://doi.org/10.1016/j.heliyon.2023.e23326>.
- Linden M, Arnold CP, & Muschalla B (2022) Embitterment during the COVID-19 pandemic in reaction to injustice, humiliation, and breach of trust. *Psychiatry International* 3 (3):206-211. <https://doi.org/10.3390/psychiatryint3030016>.
- Lobar SL, Youngblut JM, & Brooten D (2006) Cross-cultural beliefs, ceremonies, and rituals surrounding death of a loved one. *Pediatric Nursing* 32 (1):44-50. <https://doi.org/ISSN%2000979805>.
- Lu L, Xu J, Wei J, Shults FL, & Feng XL (2024) The role of emotion and social connection during the COVID-19 pandemic phase transitions: a cross-cultural comparison of China and the United States. *Humanities and Social Sciences Communications* 11 (1):1-16. <https://doi.org/10.1057/s41599-024-02744-9>.
- Marchesi A & De Luigi N (2022) Risk perception and COVID-19 during lockdown: Evidence from an Italian sample. *Italian Sociological Review* 12 (2):545. <https://doi.org/10.13136/isr.v12i2.562>.
- Mento C, Silvestri MC, Lombardo C, Neri L, Campolo MG, & Pira F (2023) Who believes in fake news: A study on the relationship between affective temperament, cyberchondria and problematic use of the internet during the COVID-19 pandemic. *OBM Neurobiology* 07 (01):1-16. <https://doi.org/10.21926/obm.neurobiol.2301151>.
- Neville FG, Templeton A, Smith JR, Louis WR (2021) Social norms, social identities and the COVID-19 pandemic: Theory and recommendations. *Social and Personality Psychology Compass* 15 (5):e12596. <https://doi.org/10.1111/spc3.12596>.
- Niemi L, Kniffin KM, & Doris JM (2021) It's not the flu: Popular perceptions of the impact of COVID-19 in the U.S. *frontiers in Psychology* 12: 668518. <https://doi.org/10.3389/fpsyg.2021.668518>.
- Ocampo L & Yamagishi K (2020) Modeling the lockdown relaxation protocols of the Philippine government in response to the COVID-19 pandemic: An intuitionistic fuzzy DEMATEL analysis. *Socio-Economic Planning Sciences* 72:100911. <https://doi.org/10.1016/j.seps.2020.100911>.
- Onuh PA (2021) Nigeria's response to COVID-19: Lockdown policy and human rights violations. *African Security* 14 (4):1-21. <https://doi.org/10.1080/19392206.2021.1998857>.
- Parsons Leigh J, Fiest K, Brundin-Mather R, Plotnikoff K, Soo A, Sypes EE, Whalen-Browne L, Ahmed SB, Burns KEA, Fox-Robichaud A, Kupsch S, Longmore S, Murthy S, Niven DJ, Rochweg B, & Stelfox HT (2020) A national cross-sectional survey of public perceptions of the COVID-19 pandemic: Self-reported beliefs, knowledge, and behaviors. *PLOS ONE* 15 (10):e0241259. <https://doi.org/10.1371/journal.pone.0241259>.
- Pine VR (2019) *Social Organization and Death I*. Oxfordshire: Routledge. 88-92. <https://doi.org/10.4324/9781315227092-11>.
- Putri R, Fajri N, Hanum S, Hanum M, Sofia S, Husnah H, & Mawarपुरy M (2022) The COVID-19 pandemic impact on community mental health. *E3S Web of Conferences* 340: 05006. <https://doi.org/10.1051/e3sconf/202234005006>.
- Ravando (2020) Perang melawan influenza; Pandemi flu Spanyol di Indonesia masa kolonial, 1918-1919. In: Suwignyo A (ed) *Pengetahuan Budaya dalam Khazanah Wabah*. Wacana, *Journal of the Humanities of Indonesia* 23 (3):11. <https://doi.org/10.17510/wacana.v23i3.1010>.
- Shiina A, Niitsu T, Kobori O, Idemoto K, Hashimoto T, Sasaki T, Igarashi Y, Shimizu E, Nakazato M, Hashimoto K, & Iyo M (2021) Perception of and anxiety about COVID-19 infection and risk behaviors for spreading infection: an international comparison. *Annals of General Psychiatry* 20 (1). <https://doi.org/10.1186/s12991-021-00334-6>.
- Sinatra M (2022) Pengambilan paksa jenazah positif COVID-19 di Indonesia: Bukan fenomena biasa? *THC Insights* 31 (07).
- Soto CO (2022) Swedish "cultures of rejection" and decreasing trust in authority during the COVID pandemic. *Patterns of Prejudice* 56 (4-5):237-257. <https://doi.org/10.1080/0031322x.2023.2223408>.

- Sylianou V (2021) A policy response to COVID-19: An Australian perspective. *Journal of the International Council for Small Business* 2 (3):1-8. <https://doi.org/10.1080/26437015.2020.1852060>.
- Sulistiadi W, Slamet SR, & Harmani N (2020) Handling of public stigma on COVID-19 in Indonesian society. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal)* 15 (5) Special issue.
- Syamsun A, Kadriyan H, Lestari NPS, Lestarini IA, Rivarti AW, Bukhari A, & Haikal Z (2022) The role of the rapid molecular test (RMT) and the provision of a negative pressure mortuary room in reducing COVID-19 corpse handling protocol rejection: Experiences with religious conservative groups. *Egyptian Journal of Forensic Sciences* 12 (1):4. <https://doi.org/10.1186/s41935-022-00267-5>.
- Taylor SE, Klein LC, Lewis BP, Gruenewald TL, Gurung RA, & Updegraff JA (2002). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychology Review* 107 (3):411-429. <https://doi.org/10.7551/mitpress/3077.003.0048>.
- Tognotti E (2013) Lessons from the history of quarantine, from plague to influenza A. *Emerging infectious diseases* 19 (2):254-259. <https://doi.org/10.3201/eid1902.120312>.
- Udoakang AJ, Djomkam Zune AL, Tapela K, Owoicho O, Fagbohun IK, Anyigba CA, Lowe M, Nganyewo NN, Keneme B, Olisaka FN, Henry-Ajala AN, Oboh MA, Paemka L, & Amenga-Etego LN (2022) Knowledge, attitude and perception of West Africans towards COVID-19: A survey to inform public health intervention. *BMC Public Health* 22 (1). <https://doi.org/10.1186/s12889-022-12814-9>.
- Walter T (2003) Historical and cultural variants on the good death. *BMJ* 327:218-220. <https://doi.org/10.1136/bmj.327.7408.218>.
- Zanin M, Xiao C, Liang T, Ling S, Zhao F, Huang Z, Lin F, Lin X, Jiang Z, & Wong S-S (2020) The public health response to the COVID-19 outbreak in mainland China: A narrative review. *Journal of Thoracic Disease* 12 (8):4434-4449. <https://doi.org/10.21037/jtd-20-2363>.
- Zhang N (2022) Risk perception, mental health distress, and flourishing during the COVID-19 pandemic in China: The role of positive and negative affect. *Current Psychology* 42 (34). <https://doi.org/10.1007/s12144-021-02624-4>.
- Zhong J, Zhong Q, Xiong H, Wu D, Zheng C, Liu S, Zhong Q, Chen Y, & Zhang D (2024) Public acceptance of COVID-19 control measures and associated factors during Omicron-dominant period in China: A cross-sectional survey. *BMC Public Health* 24 (1). <https://doi.org/10.1186/s12889-024-17646-3>.

Author Biographies

Doddy Sumbodo Singgih is a teaching lecturer at the Department of Sociology, Faculty of Social and Political Sciences, Universitas Airlangga. His academic interests are primarily in rural sociology, Indonesia's socio-cultural system, social stratification, and social issues.

Toetik Koesbardiati is work as lecturer at the Department of Anthropology, Universitas Airlangga, Indonesia. Her research interest is palaeoanthropology, bioarchaeology, paleopathology, forensic anthropology, culture and health, and death study. Currently her conducting a research about ritual of death and paleopathology, The author can be contacted via email toetik.koesbardiati@fisip.unair.ac.id.