

Frontera de Kalimantan Occidental: ¿Qué tan difícil es lidiar con la pandemia de Covid-19?

West Kalimantan Border: How Tough Is it To Deal with the Covid-19 Pandemic?

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Resumen: Surgida en Wuhan China alrededor de diciembre de 2019. la pandemia de Covid-19 se ha extendido por todo el mundo e Indonesia no es una excepción. Al tomar el estudio de caso sobre el área fronteriza de Kalimantan Occidental-Sarawak de abril a junio de 2020, el propósito principal de este estudio fue analizar la realidad del manejo de la pandemia Covid-19 en el área fronteriza. Además, el documento ha explorado las causas de la pequeña propagación de Covid-19 en estas áreas fronterizas. En esta investigación se utilizaron métodos de investigación cualitativa. Se realizaron entrevistas cara a cara para recopilar datos cualitativos de las partes interesadas. En segundo lugar, se utilizó documentación para obtener datos demográficos, teóricos y contextuales. Esta investigación revela que en comparación con Pontianak, capital de la provincia de Kalimantan Occidental, la propagación de Covid-19 en la zona Abstract: Emerged in Wuhan China around Decembre 2019, the Covid-19 pandemic has spread allover the world and Indonesia is not an exception. By taking the case study on the West Kalimantan-Sarawak border area from April-June 2020, the main purpose of this study was to analyze the reality of the pandemic Covid-19 handling in the border area. Further, the paper has explored the causes of the small spread of Covid-19 in these border areas. Qualitative research methods were used in this research. Face to face interviews were conducted to collect qualitative data from the stakeholders. Second, documentation was used to obtain demographic, theoretical, and contextual data. This research reveals that in comparison with Pontianak, capital of West Kalimantan Province, the spread of Covid-19 in the border area was actually less. This phenomenon occurred because of the awareness and knowledge of the people in the border area. The information dissemination about Covid-19 and health

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fronteriza fue en realidad menor. Este fenómeno se produjo por la conciencia y el conocimiento de la población de la zona fronteriza. La difusión de información sobre Covid-19 y los protocolos de salud compartidos por el gobierno local se vieron aumentados por la sabiduría local, las organizaciones de masas y las religiones que ayudaron a controlar la propagación de la pandemia.

Palabras Clave: Frontera, Covid-19, Sabiduría local

protocols shared by the local government were augmented by local wisdom, mass organizations and religions which abetted to control the spread of nandemic.

Keywords: Border; COVID-19; Local wisdom.

1. Introduction

At the end of 2019, the world was hit by a pandemic which became known as the Covid-19 pandemic. Emerged in Wuhan China around Decembre 2019, the Covid-19 pandemic has spread throughout the world without being prevented. One thing that drives the massive spread of Covid-19 was the factor of human movement or human migration. Humans migrate across regions of the world, into and out of a country carrying the Covid-19 virus with themselves. The Figure 1. below shows the progress of the spread of the Covid-19 pandemic which was launched on September 9, 2020.

Figure 1. The spread of the Covid-19 pandemic in the world as of 9 September 2020



Source: Johns Hopkins University (2020)

Meanwhile, the table 1. below shows the number of cases increasing every day in the world.

Table 1. Data on the increase in world Covid-19 pandemic cases every day in 2020

No	Date	New Cases
1	21 januari - 26 Januari	2.014
2	27 Januari – 2 Februari	12.543
3	3 Februari - 9 feb	23.001
4	10 Februari – 17 Februari	14.299
5	18 Februari – 23 Februari	7.382
6	24 Februari – 1 March	8.326
7	2 March - 8 March	18.449
8	9 March – 15 March	47.931
9	16 March – 22 March	138.619
10	23 March – 29 March	342.689
11	30 March – 5 April	498.933
12	6 April - 12 April	562.829
13	13 April – 19 April	544.742
14	20 April – 26 April	563.467
15	27 April – 3 May	544.990
16	4 May - 10 May	567.580
17	11 May – 17 May	608.131
18	18 May – 24 May	679.011
19	25 May	730.428
20	1 June - 7 June	864.777
21	8 June – 14 June	890.995
22	15 June – 21 June	1.017.300
23	22 June – 28 June	1.135.065
24	29 June – 5 July	1.282.172
25	6 July - 12 July	1.427.520
26	13 July - 19 July	1.490.411
27	20 July – 26 July	1.742.465
28	27 July – 2 August	1.874.882
29	3 August – 9 August	1.801.589
30	10 August – 16 August	1.832.733
31	17 August – 23 August	1.763.321
32	24 August -30 August	1.796.416
33	31 August – 4 Septembre	1.268.221

Source: Johns Hopkins University (2020)

This paper has related the issue of the spread of the Covid-19 pandemic which is intertwined with the movement of people entry and exit of a country with the issue of borders. Why the border area?

In the classical theory, in general, borders are interpreted as boundaries between two countries. The initial concept of a border, the border is both a gate and an obstacle to moving to an 'outside the world' area (Anderson, O'Dowd, 1999). Borders can protect and imprison, as well as areas of opportunity and / or security. Is a zone of contact and / or conflict. The reason for working together and / or competing at the same time is to unite or divide, insert elements or even remove elements from the space. Ambivalent identity and / or a firm statement of differences. After the contribution of mapping technology from geographers developed, rulers then had a spatial view of their ownership, which then made them begin to define clear boundaries of ownership. And finally the boundary vocabulary becomes more developed with definitions of boundaries, borders, borderlands and frontiers.

Border is the manifestation of territorial sovereignty, so that the border area is also interpreted as an area or a dividing line between political/country and state units (Balai Pustaka, 1998). This separation can be clearly seen in physical forms such as the China Wall, the Berlin Wall, the Jerusalem Wall, the Israel Wall, and others. Physical separation clearly shows state or country ownership of an area, along with all its contents such as natural resources, buildings and society. Border can be seen as an identification of a state's or country's weakness or strength as measured by how the country is able to manage its border areas. The ability to manage border areas can also be used as a measure of the state's ability to defend its sovereignty because the border area is one of the de jure and de facto symbols of the outer boundaries of a country's territorial sovereignty.

The border area is the outer boundary of a country. Boundary lines mean physical affirmation of the boundaries of the sovereign territory of a country, strict boundaries where people are declared to be inside or outside a country, boundaries where the movement of people is stated as entering or leaving a country. Because it functions as a marker of the sovereign territory of a country, the border area is the first area that is traversed in the process of entering and leaving a country.

From this fact, the border has become an important area and is suspected of being a vulnerable area for the spread of Covid-19 because it is an area where people enter and leave the country. Officially, movement into and out of a country in the border area will go through the exit and entry points, namely the border gates. Although it cannot deny

the reality that many unofficial crossings or small roads that can be taken as well.

Due to these conditions, several countries took the policy of closing their border areas to avoid the movement of people who could bring the Covid-19 virus from other countries, especially neighboring countries.

Consisting of many islands, Indonesia has a border landscape in the form of land borders and sea borders. Data presented by the Direktorat Kawasan Khusus dan Daerah tertinggal (Directorate for Special Zones and Underdeveloped Regions) of the Badan Perencanaan Pembangunan Nasional Indonesia (State Ministry for Development Planning / National Development Planning Agency) states that the total area of coastline in Indonesia is 81,900 kilometers. The dominance of the sea area of one of the largest archipelagic and maritime countries in the world has resulted in a boundary with other territories. Indonesia's maritime territory is bordered by 10 countries, namely India, Malaysia, Singapore, Thailand, Vietnam, the Philippines, Palau Islands, Australia, Timor Leste and Papua New Guinea. These boundaries are spread over 3 islands, 4 provinces and 15 districts / cities.

Indonesia shares a land border with Malaysia on the island of Kalimantan, among others, the Provinces of East Kalimantan, North Kalimantan and West Kalimantan with a land border length of 2,019.5 km. This paper will examine the border areas in West Kalimantan and Sarawak, Malaysia. The areas observed are Sintang districts and Sambas districts, which are part of the border area.

What is interesting about this case? From observations made in the border areas in West Kalimantan, especially Sintang districts and Sambas districts, there is data that the conditions for the spread of Covid-19 in these two areas are smaller than the capital city of Pontianak as the provincial capital, which is located quite in the middle of West Kalimantan or in other words far away from the border of the country.

Based on these conditions, the question arises, what caused the small spread of Covid-19 in the two border areas? Why can this condition occur? This paper will discuss more about conditions in Sintang District and Sambas District.

2. MATERIAL AND METHODS

This paper was written based on research conducted with methods such as document review and data collection. The researcher collected the data from competent parties relating to pandemic Covid-19 handling data, programmes and cooperation about Pandemic Covid-19 handling such as Tim Gugus Tugas Covid-19 (Task Force of Covid-19), Diskominfo (Directorate of Communication and Information), local people, etc

Based on the objectives and formulation of the problem, several types of information are needed in this study. First, the study needed contextual information which explains the history and background of related parties such as local government, locals, and patient. Second, theoretical information was needed to assess what information has been held relating to the topic of research. Third, the study also needed a list of cooperation on pandemic Covid-19 handling.

Therefore, the data collection in the study was conducted in the following ways. First, interviews were used to obtain contextual perceptions that can also be developed into demographic information. Interviews were conducted to get a picture of the case from the side of the actors. Furthermore, they would answer some questions, for instance, how handling the pandemic Covid-19, what programme hadbeen launch for handling the pandemic Covid-19.

Second, documentation was used to obtain demographic, theoretical, and contextual data. A review of government announcement about patient, programmes, policies and others were needed to look at the problem and soling the problem in handling the pandemic Covid-19. A review of cooperation is needed to analyze the goals and ways of solving the problem of pandemic Covid-19 handling. Interviews with institutions and parties in the field were used to collect data on pandemic Covid-19 handling through their daily interactions. The institutions needed to be investigated in this study were the Ministry of Information and Communication, Tim Satgas Covid-19, and local people. Interviewing the actor is needed to find out their perceptions, conditions, reasons, and expectations towards their understanding about the dangerous of the pandemic Covid-19.

3. RESULTS

By taking a case study on the West Kalimantan-Sarawak border area in April-November 2020, this paper explores the reality of the pandemic Covid-19 handling in the border area. Compared to Pontianak as the capital of West Kalimantan Province in Indonesia, it was found that the spread of Covid-19 in the border area was actually lower than in the city of Pontianak which was located relatively further from the border area. This was found to be caused by the awakening of awareness and knowledge of the people in the border area, with the method of information dissemination about Covid-19 and health protocols by the local government and supported by local wisdom, mass organizations and religions, etc. The overall findings and discussions are presented in the sub-sections below

4. DISCUSSION

4.1. The Spread of Pandemic Covid-19 in Indonesia

Occupying a strategic location at the intersection of important transportation routes between the continents of Asia and Australia so that it is an important migration route, Indonesia cannot be separated from the problem of the spread of Covid-19. Indonesia has even had the highest case in Southeast Asia before August 2020 (Tecno Tempo, 2020). The number of the spread of Covid-19 in Indonesia is illustrated below:

Jumlah kasus virus corona di Indonesia Total 180.646 orang, 129.971 orang sembuh, dan 7.616 orang meninggal dunia 200.000 180 000 160.000 140.000 120.000 100.000 80.000 60.000 40.000 20.000 03/19 04/04 04/21 05/08 05/24 06/09 06/25 07/11 08/01 Sumber: Kementerian Kesehatan per 02 Sentember 2020 BIBIC

Figure 2. Number of corona virus cases in 2020 in Indonesia

Source: Ministry of Health of Indonesia (2020)

From the figure 2. there is an increase in cases of infection, recovery and death due to the Covid-19 pandemic in Indonesia from February to August 2020. In 2nd September 2020 there are 180.646.cases consist of 129.971 people had been recovery, and 7.616 people die.

4.2. Overview of West Kalimantan Province

The Geographically West Kalimantan is located at a position of 2° 05 'N - 3° 05' S and 108° 30 '- 114° 10' East Longitude. The area of West Kalimantan is 147,307 square kilometers, equivalent to 1.13 times the area of Java Island and is the third largest province after Papua (319,036.05 km2) and Central Kalimantan (153,564.50 km2), while the fourth is East Kalimantan (129,873 km2).) after deducting the province of North Kalimantan.

As seen from the map in the figure 3., the boundaries of the area are as follows:

- 1. The western part is bordered by the Karimata Strait
- 2. The northern part is bordered by Sarawak (East Malaysia) and East Kalimantan Province
- 3. The southern part is bordered by the province of Central Kalimantan and the Java Sea
- 4. The eastern part is bordered with the provinces of Central Kalimantan and East Kalimantan.



Figure 3. Map of Kalimantan

Source: World Map Google (2020)

Meanwhile, in terms of territoriality, West Kalimantan is divided into 3 (three) regional dimensions, namely coastal and archipelagic regions, inland areas and border areas.

The coastal and archipelagic areas consist of regencies and cities in the coastal areas, namely Pontianak City, Singkawang City, Sambas District, Mempawah District, Bengkayang District, Kubu Raya District, Ketapang District and North Kayong District. While the hinterland consists of Kapuas Hulu District, Sintang District, Melawi District, Sekadau District, Sanggau District, Kubu Raya District and Ketapang District.

For the territorial dimension, the border between countries is an area directly adjacent to Malaysia in the north, which consists of Sambas District, Bengkayang District, Sanggau District, Sintang District and Kapuas Hulu District.

For more details, these areas can be seen from the map below in Figure 4.

Figure 4. Administrative border map of West Kalimantan province

Source: West Kalimantan Local Government (2018)

West Kalimantan Province administratively consists of 14 (fourteen) districts / cities, namely twelve regencies and two cities. These fourteen districts / cities are divided into 174 sub-districts, 99 sub-districts and 2,031 villages. Meanwhile, the profiles of districts and villages in West Kalimantan are in the table 2. below:

Table 2. Number of districts and number of kelurahan / villages in West Kalimantan

Dogian/City	District (Kecamatan)	Sub District	Village
Region/City		(Kelurahan)	(Desa)

Region/City	District (Kecamatan)	Sub District (Kelurahan)	Village (Desa)
Sambas Region	19	-	193
Mempawah Region	9	7	60
Sanggau Region	15	6	163
Ketapang Region	20	9	253
Sintang Region	14	16	390
Kapuas Hulu Region	23	4	278
Bengkayang Region	17	2	122
Landak Region	13	-	156
Sekadau Region	7	-	87
Melawi Region	11	-	169
Kayong Utara Region	6	-	43
Kubu raya Region	9	-	117
Pontianak City	6	29	-
Singkawang City	5	26	-
West Kalimantan	174	99	2.031

Source: Minister of Home Affairs Regulation No 107 Year 2017 (2017)

In accordance the issue to be raised is a concern about the spread of Covid-19 at the border as a gateway to the country's, this paper focuses on the border areas of West Kalimantan and Sarawak Malaysia, especially in the Sintang District and Sambas districts.

By seeing that the spread of the Covid-19 pandemic coincides with human movement, we can see the routes of people movement enter and leave out of a city and districts. A lot of access to a region or city makes the city or region more open and easy for people to visit.

Pontianak is the capital city of West Kalimantan Province. From the map in Figure 3. we can see that the location of Pontianak City is relatively in the middle of the Province. Access to reach Pontianak City can be via river routes, namely river ports, air routes at airports, and roads from other provinces or districts. Flight routes that stop in the city of Pontianak originate from and to districts in West Kalimantan, other provinces in Indonesia, as well as to Sarawak, the state of Malaysia.

For Sintang District, which is located in the border area, access to this area is via air, river and roads routes. Roads connect Sintang District with other districts and with Sarawak, the state of Malaysia. Especially for roads routes with Sarawak, it can be through official provincial or district roads and unofficial trails. The same condition is also found in Sambas District as another district in border area, in addition to this district it can also be reached by sea because there are parts of the province that are located on the seafront. Because there are unofficial

trails in the border area that are relatively inadequately controlled, perhaps this has raised concerns and the perception that the border area is a vulnerable area. It is also added to the possibility of direct interaction with other countries as a frontier area.

It is important to know the description of the demography data to see the amount of potential risk of transmission of Covid-19. The 2017 National Socio-Economic Survey (Susenas) data shows that the population living in urban areas (urban) reaches 52.9 percent. As is known, densely populated urban areas have a large number of Covid-19 cases. The incidence rate or contracting pneumonia based on BPJS 2016 data, reached 1.3 per 1000.Pneumonia or respiratory tract disorders, before the emergence of the Corona SARS-CoV-2 virus as the cause of Covid-19, many had occurred due to transportation smoke exhaust pollution, cigarette smoke, and so forth¹

Based on the Population Aggregate data of the West Kalimantan Province Population and Civil Registry Office in 2018, the total population of West Kalimantan Province in 2017 in the second semester is around 5,381,428 people, of which 51.44 percent or 2,768,013 people are male and 48.56 percent or 2,613,415 people are women. With an area of 147,307 km2, the population density of West Kalimantan in 2017 is 37 people per square kilometer.

Looking at the distribution of the population data, in 2017 the City of Pontianak was the area with the largest population density, amounting to 6,108 people per square kilometer. Meanwhile, Kapuas Hulu District is an area with the smallest population density, which is 8 people per square kilometer.

Table 3. Number and population density per regency / city in West Kalimantan in 2017

No	District/City	Sex		Population	Area	Density/km2
		Man	Woman			
1	Sambas	323.027	310.155	633.182	6.716,52	94
2	Mempawah	154.920	147.342	302.262	2.797,88	108
3	Sanggau	251.238	232.743	483.981	12.857,80	38
4	Ketapang	301.115	277.725	578.840	31.240,74	19
5	Sintang	209.826	195.385	405.211	21.638,20	19

¹ Kompas.com, "6 Indikator Kenapa Indonesia Rentan Penularan Virus Corona", https://www.kompas.com/sains/read/2020/05/11/120200123/6-indikator-kenapa-indonesia-rentan-penularan-virus-corona?page=all

No	District/City	Sex		Population	Area	Density/km2
		Man	Woman			
6	Kapuas Hulu	122.937	115.860	238.797	29.842,00	8
7	Bengkayang	147.951	136.884	284.835	5.075,48	56
8	Landak	207.544	189.494	397.038	8.915,10	45
9	Sekadau	108.159	101.578	209.737	5,444,20	39
10	Melawi	118.732	111.023	229.755	10.640,80	22
11	Kayong Utara	63.829	59.677	123.506	4.568,26	27
12	Kubu Raya	309.173	293.133	602.306	6.958,22	87
13	Pontianak City	330.554	327.923	658.477	107,80	6.108
14	Singkawang City	119.008	114.493	233.501	504,00	463
	West	2.768.013	2,613,415	5.381.428	147.307	37
	Kalimantan	2.700.013	2.013.415	3.301.420	147.307] 3/

Source: Department of Population and Civil Registration of West Kalimantan (2017)

Based on the age group, 70.30 percent or 3,783,249 people constitute the productive age population group (15-64 years). The high population of productive age provides benefits to increase community productivity. Meanwhile, for the age group 0-14 years in 2017, it was 24.99 percent or 1,344,662 people, while for the elderly population (group 65 years and over) it was 4.71 percent or 253,517 people. More complete information regarding the total population by age group can be seen in the table and figure of the population pyramid below:

Table 4. Total population by age group per regency / city in West Kalimantan in 2017

Age Group	Population				
	2013	2014	2015	2016	2017
0-4	338.092	357.026	353.602	367.424	341.389
5-9	492.380	484.997	504.855	489.131	495.173
10-14	537.637	542.815	551.336	512.493	508.100
15-19	476.124	484.196	491.460	498.301	513.977
20-24	500.702	480.403	461.344	476.726	472.498
25-29	526.624	506.978	491.347	489.376	481.172
30-34	524.995	511.498	493.591	510.663	490.491
35-39	431.036	438.276	449.731	453.257	475.324
40-44	367.065	365.189	366.041	388.266	391.156
45-49	293.576	306.190	312.687	316.891	333.022
50-54	248.053	252.848	247.604	253.796	254.254
55-59	189.837	196.678	211.899	207.861	219.436
60-64	134.930	144.877	139.421	147.672	151.919
65-69	92.117	100.524	102.834	100.457	107.311
70-75	66.026	70.117	70.954	70.399	69.541
> 75	62.727	70.720	75.297	66.241	76.665

Age Group	Population				
	2013	2014	2015	2016	2017
Total	5.281.921	5.313.332	5.323.985	5.348.954	5.381.428

Source: Department of Population and Civil Registration of West Kalimantan (2017)

Whreas the pyramida of West Kalimantan population shows in figure 5.

Piramida Penduduk Kalimantan Barat Tahun 2017 >= 75 70-74 65-69 60-64 55-59 50-54 45-49 40-44 35-39 30-34 25-29 20-24 15-19 10-14 5-9 0 - 4300000 200000 100000 200000 300000 ■ Perempuan (Jiwa) ■ Laki-Laki (Jiwa)

Figure 5. Figure of pyramida population of West Kalimantan in 2017

Source: Source: Department of Population and Civil Registration of West Kalimantan (2017)

Productive age between 5-50 years is the age of people who do a lot of activities such as school, work, social life, make them travel a lot. So people at this age must be monitored for their movements and activities against the risk of spreading and contracting Covid-19

4.3. The Spread of Covid-19 in Pontianak City, Sintang District and Sambas District

In accordance with what has been explained in the introduction section of this paper, this paper focuses on the border areas of West Kalimantan and Sarawak Malaysia, especially in the Sintang District and Sambas districts. Because the issue to be raised is a concern about the spread of Covid-19 at the border as a gateway to the country's development, data in Pontianak is also taken as a comparison. The selected data are data from March to April 2020 when Indonesia implemented the *Pembatasan Sosial Berskala Besar* (PSBB-Large-Scale Social Restrictions), and after that on November 2020.

To understand the Covid-19 data in the figures below, these are the terms that need to be known first:

People under surveillance (ODP: Orang dalam pengawasan). ODP patients have generally milder symptoms, such as cough, sore throat, and fever. However, there is no close contact with positive sufferers. Patients with ODP status can be discharged and then self-quarantine for approximately 14 days.

Patients Under Supervision (PDP: Pasien dalam Pengawasan) will be criticized according to visible symptoms including fever, cough, shortness of breath, and sore throat. However, there is no close contact with positive sufferers. On the other hand, if the results of observations made find that the lower airway is affected and there is close contact with a positive patient or those who are infected, then the patient can be included in this criterion. Patients with PDP status will be admitted to the hospital for review and control of the progress of their cases. People who are declared in the PDP category will undergo an observation process through a laboratory check process, the results of which will be reported to the Health Research and Development Agency (Balitbangkes) of the Indonesian Ministry of Health. Patients with ODP status can be discharged and then self-quarantine for approximately 14 days.

ODP and PDP were differentiated by their physical contact history and travel history. "What distinguishes the most between ODP and PDP is physical contact with corona sufferers or those concerned have a history of travel to a number of countries infected with corona.

People Without Symptoms (OTG: orang tanpa gejala). A person without symptoms is someone who does not have symptoms and is at risk of contracting a person with Covid-19.

It needs to be understood these criteria are made to classify the risk and appearance of symptoms from people who may or have been exposed to the SARS-CoV-2 or Covid-19 virus.

Based on a survey conducted during the Large-Scale Social Restriction period, the data on the Covid-19 spreads in Pontianak City on May 12, 2020 are as follows:

PETA SEBARAN
COVID-19
KOTA PONTIANAK
Tanggal: 12 Mei 2020

Poses
Proses

Figure 6. Pontianak city status for the Covid-19 spreads on 12 May 2020

Source: Pontianak City Local Government, 2020

From the picture above, on 12 May 2020 there were ODP 365 people; PDP 108 people; Positive 69 people; Recovery 11 people and 3 people died. Pontianak is declared as a red zone, which is an area that needs to be watched out for because of the high level of Covid-19 spread.

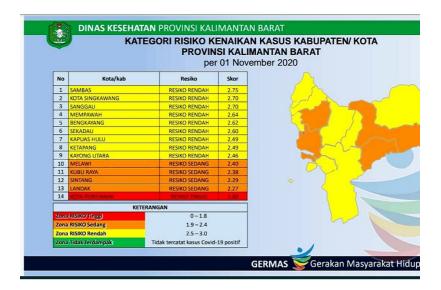
At about the same time, conditions in Sintang District and Sambas District were green zones. In the sense that this Sintang Districts has a very small spreads with 4 people confirmed; ODP 11 people; PDP 0; and OTG 189. Even someday the number of exposure to Covid-19 is stated as 0 (zero).

Figure 7. Sintang district status for the Covid-19 spreads on 12 May 2020

Source: Public Health Office of Sintang District Government (2020)

Some of the November data are as follows in figure 8., figure 9., and figure 10.

Figure 8. Risk category for Covid-19 cases in West Kalimantan Province per 1 November 2020



Source: West Kalimantan Public Health Office (2020)

The data above on figure 8. shows that Pontianak is high risk, Sintang District is moderate risk and Sambas Regency is low risk.

This means that Pontianak City is at a higher risk than Sambas and Sintang District.

0-1.8

Figure 9. Risk category for Covid-19 cases in West Kalimantan Province per 15 November 2020

Source: West Kalimantan Public Health Office (2020)

GERMAS Gerakan Masyarakat Hidup Sehat

Figure 10. shows that even though there has been a decline, Pontianak still occupies the top position along with Sintang District with moderate risk compared to Samba Regency which is low risk.

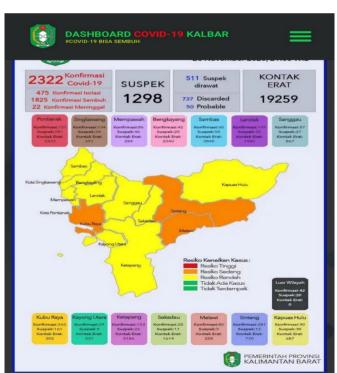


Figure 10. Dashboard Covid-19 of West Kalimantan

Source: West Kalimantan Public Health Office, 2020

As Figure 9., Figure 10. shows that there were no significant changes, Pontianak still occupies the top position along with Sintang District with moderate risk compared to Sambas District which is low risk.

In figure 8., figure 9., and figure 10. There was no significant change in the status of Covid-19 in Pontianak, Sambas and Sintang in November 2020. The Covid-19 rate in Pontianak was still higher than the figure in Sambas dan Sintang. This means that the Sintang and Sambas District as border areas are safer related to Covid-19 status than Pontianak City. Why does this happen? Further explanation is described in the section below.

4.4. The Handling of the Covid-19 Pandemic in Sintang District and Sambas District

In response to the pandemic, several government programs have been implemented from the beginning until now. In this paper, the discussion focuses on when the government runs a large-scale social distancing program. On March 31, 2020, the Government of Indonesia issued Government Regulation of the Republic of Indonesia number 21 of 2020 concerning large-scale social restrictions in the context of accelerating the handling of the corona virus disease 2019 (Covid-19). What is meant by *Pembatasan Sosial Berskala Besar* (PSBB - Large-Scale Social Restrictions) is "... restrictions on certain activities of residents in an area suspected of being infected with Corona Virus Disease 2019 (Covid-19) in such a way as to prevent the possible spread of Corona Virus Disease 2019².

In order to implement Large-Scale Social Restrictions in the regions, the involvement of local governments is possible because the President Regulation contains

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² Article 1 Government Regulation of the Republic of Indonesia number 21 of 2020 concerning large-scale social restrictions in the context of accelerating the handling of the corona virus disease 2019 (Covid-19)

"With the approval of the minister who holds government affairs in the health sector, the Regional Government can carry out Large-Scale Social Restrictions on the movement of people and goods for a certain province or regency / city (article 2)"

For this reason, the Local Government implemented several policies and programs in order to mitigate and prevent the further spread of the Covid-19 pandemic. Regulations in the district refer to central government regulations, protocols in each field refer to the Center of Covid-19 Task Force protocol for handling the pandmic Covid-19.

Based on observations in Sintang District and Sambas District in May 2020, even though the community's behavior is increasingly loosening because it has been in a state of large-scale social restrictions for more than 2 months. disinfectant for people or vehicles when entering the city boundary area which was implemented during the early implementation of the Large-Scale Social Restrictions around April 2020. Covid-19 Task Force Standby Posts that were standing in several locations had also begun to be ineffective. However, public awareness is maintained and continues to enforce health and health protocols in all places, washing hands, wearing masks and maintaining social distancing. The community implements regulations against the presence of people entering their village or village and the obligation to implement independent isolation for migrants.

As an area that has oil palm plantations, the rules for visiting people from the red zone or from outside the city to oil palm plantations are also very strict. The community implements a partial lockdown in their settlements and makes preparations before implementing the partial lockdown, such as regulating social activities, spending on living necessities and others. Those who are still active and working are civil servants, people who work in service offices such as hospitals, health services, Dinas Kependudukan dan Pencatatan Sipil (Population and Civil Registration Agency) and others.

Due to development needs, infrastructure work, namely the construction of facilities and infrastructure for electricity and towers for communication media, is still ongoing by enforcing health protocols and conducting rapid tests at the location of the Covid-19 task force.

As an area that is included in the border area and does not have a National Cross-Boundary Center (entry and exit point), of course the possibility of traditional border crossers still exists in Sintang District

considering the existence of trails connecting villages on the border. During this period it was recorded that approximately 50-80 people per day crossed the border, but these border crossers were local residents. It can be said that there are no migrant workers or foreigners who enter and leave this border area.

4.5. Local Wisdom as the Important Factor for Handling the Covid-19 Pandemic in Sintang District and Sambas District

It can be said that the dissemination of information, counseling and explanations of the dangers of the spread of Covid-19 and efforts to mitigate and prevent transmission were effective and successful because there was a synergy of work activities of the Forkopimda (Forum Komunikasi Pimpinan Daerah : Regional Leadership Coordination Forum); the structural coordination of the local government), namely the Major, Dandim (chief of mlitary district), Kapolres (Chief of Police District), Prosecutors and Dewan Perwakilan Rakyat Daerah – DPRD (Regional People's Representative Council). These government figures are always present in every activity in socialize and disseminating information of the Covid-19 pandemic spread to the public. Direct involvement of local leaders has increased public trust.

Other factors that support success in handling the spread of Covid-19 are the involvement of religious leaders and the role of non-governmental organizations such as religious organizations and community organizations in helping and disseminating information and the development of the Covid-19 pandemic to the public. Some community organizations are organizations related to religion.

These roles can be described as follows: The role of religious leadres such as ustadz (Islam), pastor (Christian), bishop (Christian), BKMT. Roles of organizations that can be mentioned socially are Religious Organizations such as Muhammadiyah (Islam), Nahdlatul Ulama (Islam), Catholic Women, Majleis Ulama Indonesia (MUI - the Indonesian Ulama Council; Islam), Dewan Gereja Indonesia (DGI - the Indonesian Church Council), DMI and Forum Komunikasi Umat Beragama (FKUB - Religious Communication Forum) as well as Islamic boarding schools for Ethnic Organizations and Tribes such as Dewan Adat Dayak (DAD - Dayak Ethnic Council), Majelis Adat Budaya Melayu (MABM - Malay Ethnic Cultural Council), Majelis Adat Budaya Tionghua (MABT - Chinese Ethnic Cultural Council); Paguyuban Jawa (Javanese Unite), Paguyuban Sunda (Sundanese Unite), Paguyuban

Padang (Padang Unite), etc; News about the development of the Covid-19 pandemic is supported by the role of the media such as news reported by the Regional Communication and Information Agency (Diskominfo), Instagram Diskominfo media, Senentang TV, Sintang TV, ASP TV, local newspapers, Radio Republik Indonesia, Private Radios, etc.

We can understanding the involvement of all the parties mentioned above by looking at the demographic map of West Kalimantan. In general, there are five religions in West Kalimantan, namely Islam, Christianity, Catholicism, Hinduism, Buddhism, and Confucianism (Kong Hu Cu). Based on data from the Department of Population and Civil Registration of West Kalimantan Province in 2018 the population of West Kalimantan was 5,381,428 as in table 5 above. The majority of the population of West Kalimantan is Muslim (57, 93 percent), Catholic (27.04 percent), while Christians (14.42 percent), Confucianism (0.33 percent), Hindu (0.30 percent), and Buddha (0.01 percent). With the details in the table as follows:

No Religion Percentage (%) 1 Moslem 57.93 2 Catholic 27.04 3 Christian 14.42 4 Khonghucu 0.53 5 0.30 Hindu Buddha 6 0.01

Table 5. West Kalimantan population by religion in 2018

Source: The regional office of the ministry of religion of West Kalimantan (2018)

There is one interesting thing in the process of mitigating the further spread of the Covid-19 pandemic, namely the enactment of local wishdom as local customary laws for enforcement of the Covid-19 pandemic. The community considers consensus to regulate how to implement government regulations regarding Large-Scale Social Restrictions in their respective areas. In Sintang District, for example, regulations apply every 3 or 6, or 12 or 30 days to work, do activities outside and stay at home alternately so that work activities are more effective. This regulatory decision is taken and adjusted to the consideration of the conditions of each community, taking into account

the needs and needs of their life so as to accommodate the aspirations of the community who will implement the regulation.

5. CONCLUSION

By looking at the case studies in Sintang District and Sambas districts where these two districts are border areas in West Kalimantan, the suspicion that border areas were considered prone to the spread of the Covid-19 pandemic because of their location as a crossing point for entry and exit of a country, in fact the conditions are much better than other cities. outside the border area in this case Pontianak City as the capital city of West Kalimantan. This is due to the effectiveness of information regarding the dangers and mitigation of the spread of the Covid-19 pandemic by local governments and community organizations. Another thing that is also a strong supporting factor is the use of local culture and local wishdom through their own consensus and supporting from religious leadres that can be better understood by the local community. Collective consensus proved more effective.

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