



THE SOCIAL MOVEMENT OF COVID-19 VOLUNTEERS IN HANDLING THE ARRIVAL OF INDONESIAN MIGRANT WORKERS AT THE ARUK BORDER, SAJINGAN BESAR DISTRICT, SAMBAS REGENCY, INDONESIA

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Article History: Received: 08.03.2023

Revised: 22.04.2023

Accepted: 06.06.2023

Abstract

As a result of the spread of COVID-19, many Indonesian migrant workers returned to Indonesia due to the termination of employment through the Aruk border in Sambas, West Kalimantan. Their arrival caused various problems, such as disruption of physical and mental health and loss of livelihoods, thus creating new problems. In this study, the researchers employed the qualitative method as an analytical tool. The primary data were collected from the COVID-19 task force team, volunteers, and Indonesian migrant workers, while the secondary data were obtained from documents relevant to the research context. Results showed that the arrival of Indonesian migrant workers who experienced sadness and problems caused the COVID-19 volunteer team to move to help them when they arrived at the Aruk border to carry out a series of administrative checks, health screenings, and asking them to wear masks. After checking at immigration, they were required to quarantine at Wisma Indonesian located close to the Aruk border. Those exposed to COVID-19 were immediately referred to the hospital. The sensitivity of the COVID-19 volunteer team is a form of a new social movement to minimize the spread of this virus. This social sensitivity on behalf of humanity makes them not care about their safety. They even may have the possibility of being vulnerable to contracting COVID-19. They argued that it was our responsibility to secure our region by building a spirit of unity to support and guard the borders against the threat of the COVID-19 pandemic.

Keywords: COVID-19 Volunteers, COVID-19 Pandemic, Indonesian Migrant Workers.

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DOI: 10.31838/ecb/2023.12.1.379

1. Introduction

Currently, the social imbalance is a big problem due to the outbreak of the COVID-19 pandemic in all parts of the world. Likewise, all regions in Indonesia including remote areas and border areas are experiencing the COVID-19 outbreak. This outbreak caused many deaths, resulting in sadness and pain. In addition, it created public unrest and physical & mental health stress (Xiang et al., 2021); (Ayuningtyas et al., 2018) (Aulia et al., 2021). Many people experience economic problems as a result of losing jobs and livelihoods to support their family life (Budastra, 2020). Strict social distancing and government policies imposing large-scale social restrictions, and health protocol rules resulted in disrupted community social mobility. In other words, people cannot carry out activities as usual. They just stay at home. The various impacts caused by the COVID-19 outbreak have disrupted social and economic life (Azimah et al., 2020), creating insecurity in society.

Various problems occurred as a result of the COVID-19 pandemic. One of them was the closing of the border in Aruk in March 2020. It is the border between Indonesia's West Kalimantan and Malaysia's Sarawak. The closure referred to Indonesia's Law No. 6/2018 concerning Health Quarantine. Article 15 verse 2b of this law regulate Large-Scale Social Restrictions (Indonesian: **Pembatasan Sosial Berskala Besar (PSBB)**), including restrictions on borders, especially in cross-border posts (Indonesian: Pos Lintas Batas Negara (PLBN)) through inter-state gates. It was confirmed by the Decree of the Governor of West Kalimantan Province No. 193/0868/BPPD-A dated March 18, 2020, instructing the closure of the border. For this reason, the Aruk border, specifically, in the exit-entry gate area was given a sign informing a prohibition on entry and exit activities, including people, goods, and services. Based on the government agreement between the two countries (i.e., Indonesia and Malaysia), there are exceptions. Indonesian citizens residing in Sarawak are allowed to return to Indonesia via the Aruk border. Likewise, Malaysian citizens who are in Indonesian territory are allowed to return.

Before the closing of the Aruk border, the socio-economic cooperation between the Aruk border communities was running smoothly, marked by the existence of a traditional trading system in the form of buying & selling and services, in which the two communities sold and bought each other's products with a barter system (Rochmawati et al., 2022). It means that there was an exchange of goods for daily needs. They complemented each other to meet their respective needs, resulting in a mutualistic symbiosis (Arifin & Yuniarsih, 2022;

Firdaus, 2019). It was shown that the Indonesian products met the needs of the Malaysian community. Similarly, Malaysian products met the needs of the Indonesian community at the border. It is a source of livelihood for the people of the two countries. Principally, a buying-and-selling system like this can benefit both parties. In addition to improving traditional trade relations, many Indonesians living around the border even come from other areas and seek income by becoming migrant workers in Sarawak, Malaysia.

Since the closing of the Aruk border, the economic activities of the people of the two countries have automatically stopped. The impact is the weakening of the border economy. In other words, they lose their livelihood (Arifin & Rupita, 2021; Yovinus, 2016). Apart from that, other sad circumstances also occurred. Since then, Indonesia has received many Indonesian migrant workers through the Aruk border. Based on information from interviews with immigration officials at the Aruk border, there are about 10 to 30 Indonesian migrant workers who come through this border daily. This is because they experienced termination of employment (Indonesian: *Pemutusan Hubungan Kerja (PHK)*) from the company where they work in Sarawak. With no other choice, they returned to their hometown.

Regarding their arrival, they are required to pass several stages of inspection procedures, namely administrative and health checks that have been determined by the government, such as the polymerase chain reaction (PCR) test. It is a method of medical examination to determine the presence of COVID-19 in a person's body. After a health check, they are required to undergo quarantine for 7 days. If someone is exposed to COVID-19, that person will be immediately referred to the nearest hospital that specifically handles COVID-19 patients.

The arrival of Indonesian migrant workers through the Aruk border caused problems for the government and people living around the area. In addition to experiencing physical and mental health problems, they had economic problems due to the loss of livelihood, making them stranded on the Aruk border. Their arrival is the responsibility of the border government. The social reality experienced by Indonesian migrant workers at the Aruk border has aroused the concerns of volunteers to jump in to help them (Musa et al., 2021). Based on the phenomenon on the Aruk border, this paper aims to analyze the social movements of COVID-19 volunteers at the Aruk border who help Indonesian migrant workers when they are at the Aruk border.

Literature Review

Critical Review

An extraordinary situation can occur if the cause can create social imbalances, such as natural disasters, social conflicts, disease outbreaks, and riots that result in community difficulties or misery. This sudden and unexpected social crisis has created people's desire to get out of the problem immediately. As a result, the strong will of the community has led to the spirit of a joint social movement to escape this situation. A social movement is an undercurrent movement of society aimed at making social changes towards better, safer, and calmer conditions. Based on the concept from Buechler Steven M. (1995), social movements are new movements made by society. Meanwhile, Sujatmiko (2006) and Fadilah (2016) describe that it is a movement of people's reactions to crises, in which they want a new basis for social bonds. Social movements occur because of an extraordinary event that causes instability in society. For example, people are dissatisfied with their current situation which makes them uncomfortable and even miserable. Undoubtedly, the desired condition is a better situation than what they are currently experiencing. This kind of movement primarily aims to help others in overcoming social problems. As a form of social care, they feel called to solve problems that exist in society (Santoso, 2016; Amalia, N., 2020). Social movements can occur based on a plan or spontaneously, considering that extraordinary conditions require immediate response ("The Blackwell Companion to Social Movements," 2004). This social movement is purely a community-based movement to make changes for the better (Refle, 2016). Therefore, social movements are informal movements without the need for formal ties that usually bind a social action and the people involved in it to act. Social movements leverage group resources ("Wiley Blackwell Companion to Soc. Movements," 2018) to carry out mass mobilization with common strength to escape adversity. Usually, these social movements are voluntary. They build bonds of collective social solidarity without taking into account the pros and cons although, in subsequent developments, these social movements can be solid organizationally to support the legality of their actions. Based on some of the opinions addressing social movements, it can be concluded that a social movement is an undercurrent movement when extraordinary conditions occur by utilizing social resources to make changes. This social movement is spontaneous, pure, and usually voluntary as a form of social care to help others. The movement collectively builds public awareness to face the COVID-19 pandemic by overcoming difficulties through social solidarity bonds and helping each other (Arditama, 2020). Social movements as a

form of new order did not exist previously. It emerges due to the great desire of the community to escape from extraordinary problems which disrupt their lives, such as the disruption in their mentality, public health (Nuralifah et al., 2020), and economic aspects. Social movements need to be balanced with social controls that function to ensure more orderly and safer conditions. This function is also to direct, guide, and remind the public that if they make a mistake, they do not make a mess. The most influential social control is the role of the community in creating social security. According to Narwoko, Dwi and Suyanto, Bagong (2006:117), controls are needed by the community due to a social deviation that exists in society because social control does not function properly. Social control contains social values and norms that must be socialized and internalized into the community so that it will lead to self-awareness without coercion and the community is expected to always behave as required by social norms. Meanwhile, Fatmawati & Seko Salfius (2016) describe that society has a social norm that can bring order to the community. This social norm certainly comes from customary rules or those applied in the family that is used as a reference in social behavior.

Social Order

Social control will create security in an area from various disturbances and threats. Principally, this security is established from the awareness of citizens to protect the environment. Moreover, a safe environment will create a social order in the community (Amallia, 2020). This awareness will form social order if the social value system is used as a guideline or social norm for people to think. Furthermore, the values will be established if it becomes a community behavior containing social values that are passed down as a legacy of good values to the next generation. Social order is realized when community members comply with all applicable social norms and regulations, do not violate the law, and do not violate social norms and religious norms, thereby creating a safe and peaceful environment. This is what causes the realization of social order. The community certainly has been aware of its responsibility and commitment to maintaining community order. They work hand in hand in maintaining the social environment. If there are problems with the safety of citizens in their social environment, they will spontaneously secure the social environment. It means that the control function of social order lies in the hands of the community. Concerning social order, there must be elements that cause social order to be maintained, such as public awareness to maintain the security and tranquility of the environment. In addition, the thought of respecting and maintaining the social environment as a

citizen's property must be preserved. Social orders during the COVID-19 pandemic which is considered urgent can be realized by the movement for implementing health protocols by prioritizing 5M movement: (1) menggunakan masker (wearing a face mask), (2) mencuci tangan dengan sabun dan air bersih (washing hands using soap and clean water) to kill bacteria or germs attached to our hands, (3) menjaga jarak (keeping the distance) by maintaining a distance of at least 1 meter from other people to avoid being exposed to droplets, (4) menjauhi kerumunan (being away from the crowd) by staying away from crowds when outside the home because the more people you meet, the higher the chance of getting infected with the coronavirus will be, and (5) mengurangi mobilitas sosial (reducing social mobility) because COVID-19 can be anywhere outside the home.

2. Methods

In this study, the researchers applied qualitative research to describe social phenomena or visible facts or symptoms (Hagemaster, 1992). In this case, it was the activities of the social movement in the Aruk border during the COVID-19 pandemic when Indonesian immigrant workers returned to their hometowns through the Aruk border, Sajingan Besar District, Sambas Regency, West Kalimantan. The indicators for qualitative research addressed in this study consisted of the procedure for the arrival of Indonesian migrant workers through the Aruk border and the movement of COVID-19 volunteers in helping social security and creating social order in border communities. Furthermore, the object of this study was the social movement of the Aruk border community during the COVID-19 pandemic. The informants in this study were selected using a purposive technique (Rijali, 2019) with the consideration that the informants understand the context under study. The key informants consisted of community leaders (village heads), the task force team for handling COVID-19 in the border area, security apparatus, youth volunteers, and Indonesian migrant workers who arrived at the Aruk border. Meanwhile, the categories to select ordinary informants were (1) understanding the situation of the social phenomenon faced by the border community during the COVID-19 pandemic, (2) understanding the procedure for the arrival of Indonesian migrant workers through the Aruk border, and (3) understanding the procedure for handling Indonesian migrant workers and border residents. The selection of research location and time on the Aruk border was based on the consideration that since the closure of the traffic of people and goods at this place, the economy of the border community has declined and many Indonesian immigrant workers return via the Aruk border. The next step

was to collect data by employing the techniques of non-participatory observation, in-depth interviews, and documentation. During field observations, we visited and reviewed the health and socio-economic conditions of Indonesian immigrant workers at the border and procedures for handling the health of the border community. During the observation, we were assisted by key informants, the task force team, and the COVID-19 volunteer team in collecting field data. Meanwhile, the in-depth interviews were conducted when the informants had spare time and were willing to be interviewed while unquestionably carrying out strict health procedures. During the interview, we were also accompanied by local community leaders. The data analysis was carried out by going through the stages of data reduction, data display, data checking, and conclusion (Rijali, 2019). The data reduction activities were carried out by classifying and selecting data based on the context consisting of social phenomena of the border community during the COVID-19 pandemic, health conditions, socio-economic conditions of the Indonesian immigrant workers at the Aruk border, procedures for handling the health of border community, and the social movement of COVID-19 volunteers. Data display was conducted by converting the obtained data into narrative presentations and interpreting the results of analysis based on sub-themes, namely procedures for the arrival of Indonesian immigrant workers through the Aruk border and the social movement of the volunteers in helping the government minimize the spread of the COVID-19 virus since the arrival of Indonesian immigrant workers at the Aruk border. The next step was data checking by employing the triangulation technique, namely examining the suitability between theoretical studies and field data (Bachri, 2010). The data checks were referred back to research informants, references related to the research context, and expert interpretation according to the research context. The data checked were those related to the movement of COVID-19 volunteers in assisting the government in dealing with the arrivals of Indonesian immigrant workers at the Aruk border. After checking the data, the subsequent step was to make a conclusion as the final data analysis activities in investigating the social movement carried out by the COVID-19 volunteers at the Aruk border.

3. Results and Discussion

The Social Mobility Regarding the Arrival of Indonesian Immigrant Workers through the Aruk Border

The Aruk border community has a unique characteristic that is bound by kinship ties, marriage ties, and blood ties between the border communities in Aruk, Sambas Regency, West

Kalimantan (Indonesia), and border communities in Sarawak (Malaysia). They have strong emotional ties. They help each other because they have lived at the border for a very long time. They consist of ethnic Dayak and ethnic Malays as the original inhabitants of West Kalimantan. Therefore, the social relations and communication that are built between them are very good and even like family. This condition is marked by mutual acceptance. Their relationship as fellow border communities can be seen from the friendly atmosphere they build. In addition, they also interact intensely. This closeness is strengthened by a mutualistic symbiosis. This close relationship becomes stronger when they establish cooperation in terms of traditional trade or buying-and-selling activities. Border communities contribute to each other's development, thereby creating a new economic area. They – people living in Sarawak, Malaysia and Sajingan District, Sambas Regency, Indonesia – develop the Aruk border by maintaining socio-economic and cultural relations. The presence of a cross-border post (Indonesian: Pos Lintas Batas Negara (PLBN)) in Aruk as a traffic lane for the people of the two countries results in advantages for the Aruk border community, making them have traditional trading business opportunities (buying and selling). They sell various foods, beverages, and clothing typical of border communities. They also provide money changing (ringgit [MYR] and rupiah [IDR]) for the purposes of visiting neighboring countries (Malaysia and Indonesia). Of the many businesses that exist on the border, the mainstays are motorcycle taxis, shopping stands, lodging houses, and local agricultural products. In addition, there are more economic advantages due to the presence of the cross-border post in Aruk. Moreover, this post even becomes a place for tourist visits both from Indonesia and Sarawak, Malaysia. An extraordinary event occurred when human health was vulnerable due to the emergence of COVID-19. The spread of this virus was massive. Many people are exposed to this virus every day in uncontrollable amounts. From April 1 to 20 June 2021, the number of people exposed to this virus in Indonesia reached 1,717,854. The number of those who recovered was 1,355,578. Meanwhile, the number of those who died was 41,054

(<https://nasional.tempo.co/read/1448332/update-harian>). The spread of this virus to date (June 20, 2021) has not been controlled, following the issuance of Government Regulation No. 21/2020 concerning Large-Scale Social Restrictions in the Context of Accelerating the Handling of Coronavirus-Disease-2019 (COVID-19). Since the enactment of this regulation, people's mobility has been limited, especially in cross-regency/city and provincial routes. It is to prevent the spread of this virus in each region. West Kalimantan is an area

that borders Malaysia. In this case, it is the state of Sewarak, which can be passed by land. In this area, there are five exit-entry gates, namely the Entikong border in Sanggau Regency, the Aruk border in Sambas Regency, the Jagoi Babang border in Bengkayang Regency, the Badau border in Kapuas Hulu Regency, and the Ketungau Hulu border in Sintang Regency. The five border gates serve the traffic of people, goods, and services. At this time in July 2021, the implementation of the Large-Scale Social Restrictions resulted in a prohibition on the entry and exit of people and goods from Indonesia to Malaysia or vice versa. Prohibition is a provision of both countries. However, Indonesian citizens in Malaysia and Malaysian citizens in Indonesia are allowed to return to their respective countries. For example, Indonesian people can return to Indonesia through a cross-border post. On the other hand, Malaysian citizens, if they want to return to their country, can also do the same thing. What is prohibited is when Indonesian citizens enter Malaysia and vice versa. The problem arises when Indonesian citizens from Sarawak, Malaysia return through the Aruk border, Sambas Regency as the official border gate and the main door to enter Indonesian territory. It is because, to enter Indonesian territory, they have to do administrative and health checks. Some of the reasons they returned to Indonesia via the Aruk border are as follows. The first is a phenomenon that occurs in West Kalimantan Province. As known, the general purpose of Indonesian citizens to Sarawak (Malaysia) is to work for a living. They work as laborers in oil palm plantations, pepper plantations, and rubber plantations. In addition, some become construction workers, shopkeepers, and domestic helpers. During the COVID-19 pandemic, they had to return to their country – Indonesia. Their return is due to the restriction set by the Malaysian government to limit foreign nationals living in their territory. It then causes Indonesian citizens to return to their country. The second is that the return of Indonesian immigrant workers is due to the termination of employment from the company where they worked, making them lose their job in Malaysia. During the COVID-19 pandemic, many companies in Malaysia have taken policies to reduce their workers. Some also closed their operations due to losses. Because of having no more income, Indonesian immigrant workers surely do not want to stay in Sarawak for long. Thus, they must immediately return to Indonesia. The third is that several Indonesian immigrant workers in Sarawak were infected by COVID-19. Thus, those who were infected were sent back by the Malaysian government to Indonesia. Based on information from people living on the border, many Indonesian immigrant workers who were infected were repatriated to Indonesia through the Aruk border.



Figure 1. The Arrival of Indonesian Migrant Workers at the Aruk Border

Health Protocol Procedures for the Arrival of Indonesian Immigrant Workers in Indonesia through the Aruk Border

The arrival of Indonesian immigrant workers through the Aruk border – one of the Indonesia-Malaysia borders and official cross-border posts – is facilitated based on the policy implemented by the government of Sambas Regency. It is the government's duty to provide various health facilities and arrange for the return of Indonesian immigrant workers. To deal with this condition, the government formed a task force team specifically working at the border, consisting of various elements, such as village and district officials, health personnel, police officers, members of the Indonesian Armed Forces, and volunteers. One of their duties is to carry out health procedures for Indonesian immigrant workers returning via the Aruk border. When Indonesian immigrant workers arrived at the Aruk border through the cross-border post gate, they must follow health procedures based on the standards set by the government. The procedures are as follows.

- a. These Indonesian immigrant workers, when they arrive at the border, are required to wear masks and maintain a distance during administrative checks (passports) and health tests.
- b. Before going to the immigration office, Indonesian immigrant workers in the health test examination room were directed to do health screenings, namely an antigen test or a PCR (polymerase chain reaction) test available at the border. These types of tests were used for finding out whether a person is infected with COVID-19. If they were infected, they would be referred to hospitals that specifically receive patients exposed to COVID-19 in Sambas. Meanwhile, those who were not infected had to go through quarantine for 7 days. They were required to quarantine in a building called "Wisma Indonesia" located to the right of the cross-border post, which has

been provided by the government managing the Aruk border.

- c. During the quarantine at Wisma Indonesia, Indonesian immigrant workers who were not infected were closely guarded by the COVID-19 task force so that they would not run away or go home secretly. In some cases, there were Indonesian immigrant workers leaving Wisma Indonesia secretly. They did not care that they would infect others. Thus, awareness to help themselves and others not to contract COVID-19 was very necessary.

The return of Indonesian migrant workers through the Aruk border took place in waves. They came daily in groups. In addition, they were not allowed to return directly to their hometowns but had to go through health procedures, namely being quarantined for several days. Over time, they accumulated at the border. The crowds and piles of people at the border frankly violated the health protocol because they had to keep a distance. This certainly makes the possibility of contracting COVID-19 even greater. In dealing with this situation, the COVID-19 task force at the Aruk border provided emergency tents belonging to the army soldiers. This was confirmed by one of the officers of Sajingan Besar District. The officer said as follows.

"Every day, we welcomed the arrival of Indonesian migrant workers in groups with their families and friends. Besides that, they also brought a lot of stuff. They looked tired and a little worried. This showed how scary the situation during the COVID-19 period was. On the one hand, they were required to keep their distance. On the other hand, they had to be in a place with limited space. Therefore, they were close to each other. Moreover, Indonesian immigrant workers at the border exceeded the capacity of temporary shelters at Wisma Indonesia. For this reason, they were accommodated in emergency tents and houses owned by local people who are kind to provide temporary housing."



Figure 2. The Rest Area and the Cross-Border Post in Aruk Border

Social Movement by Participating in a Volunteer Team at the Aruk Border

The main objective of the social movement of the COVID-19 volunteer team is to assist COVID-19 Task Force Team at the Aruk border to anticipate or minimize the spread of COVID-19 and help people who are affected and exposed to COVID-19. The social movement of the volunteer team started with realizing the conditions at the Aruk border. In addition, this team consisted mostly of local people. Being a volunteer team for handling COVID-19 at the Aruk border was a noble task because it came from the call of the heart. Becoming a member of the volunteer team had a big risk because they might make direct contact with Indonesian immigrant workers whose health conditions were unknown. They were at the forefront of dealing with the source of COVID-19. Moreover, the members of the volunteer team at the Aruk border did not wear complete PPE (Personal Protection Equipment). They just used protective masks without body armor. It can be imagined that this condition makes them more likely to be infected with COVID-19. In other words, they were risking their lives. As known, many Indonesian immigrant workers had direct contact with people exposed to COVID-19. Furthermore, many have died from this virus. For this reason, if it was not for the calling of the heart, one would not be willing to volunteer. Moreover, they volunteered of their own free will and without being paid. The members of the COVID-19 volunteer team at the Aruk border were divided into 3 task forces, as follows.

The first squad was on guard at the immigration border where the health checks for Indonesian migrant workers were located. They joined the COVID-19 Task Force team for the Aruk border. Their task was to help in whatever way they could. The main focus of volunteers in this squad was to raise awareness and distribute masks and hand sanitizers to migrant workers who had just returned. Another important thing was to help to maintain distance when Indonesian migrant workers were examined. If any Indonesian migrant workers turned out to be infected with COVID-19, they would help guide the person until the one was taken by ambulance to the hospital. The volunteer team even helped transport Indonesian immigrant

workers' belongings from the checkpoint to the quarantine area at Wisma Indonesia, which is about one kilometer away. When Indonesian migrant workers arrive, in addition to carrying out a series of administrative tests (i.e., passport checks), they also had to follow a PCR test. There, they queued while waiting their turn. This made them have to huddle. While waiting in line, the volunteer team and the task force team supervised and managed the queue of people waiting for their turn for inspection. It was to prevent infection from one person to another. They were guarded by officers to keep a distance from crowding and wear masks. Indonesian migrant workers were asked to stay away from crowds. In addition, they had to obey the health protocols that have been set previously. This was to ensure that they did not come carrying the virus so that the spread of COVID-19 would not increase sharply.

The second squad stood guard at the post of the COVID-19 Task Force for the Aruk border. Their task was to do whatever needed to be done to help bring Indonesian migrant workers to quarantine locations and help carry their belongings. They had to ensure that Indonesian migrant workers at the time of quarantine were in good health. If someone was sick, they would immediately help check that person to the team of nurses who were on duty at the post. In addition, their other tasks were to ensure that clean water and hand-washing facilities equipped with hand soap were always available. Furthermore, they had to ensure that Indonesian migrant workers got enough food and drink. The quarantined Indonesian migrant workers were also given vitamins and medicine. Considering that they were vulnerable to COVID-19 due to their low immune systems and experiencing psychological disorders caused by the sadness of losing their livelihood, the task of volunteers required courage. Volunteers had to help lift patients into ambulances and take them to a referral hospital in Sambas. The distance to the hospital in Sambas is about 2 hours away. The third squad stood by helping the task force team to manage the local people living around the Aruk border. Their main task was to ensure that people living near the quarantine area always wore masks and kept their distance. It was difficult to implement considering that people who were in their respective homes were difficult to

monitor. In addition, they ascertained whether there were residents who have been exposed to COVID-19. If any, they had to refer the person to the hospital and find an ambulance for the person. Local people living near the border also needed to be given the help of medicines and vitamins to maintain their body fitness and immunity. During the pandemic, many of the local people lacked food stocks. For this reason, the team had to help distribute basic food or food supplies to those in need. Social mobility at the Aruk border, since the arrival of Indonesian migrant workers, had become very busy but tense. Based on the results of an interview with one of the immigration officers at the Aruk border (June 4, 2021), since the border

was closed, no less than 20-30 people entered Indonesia through the Aruk cross-border post daily. Since the closure of the Aruk border in March 2020-May 2021, around 3000 Indonesian immigrant workers had arrived. Among the many immigrant workers coming through the Aruk border, not all of them come from residents of the border and surrounding areas. They originated from other areas, such as Java, Sumatra, Sulawesi, and other eastern parts of Indonesia. They had no family in Aruk. In addition, most of them could not return to their hometowns because there were no ships or planes carrying passengers. Therefore, they were stuck at the Aruk border.



Figure 3 Wisma Indonesia where Indonesian Immigrant Workers were Quarantine and a Picture of the COVID-19 Volunteer Team for the Aruk Border

Extraordinary Conditions Causing Voluntary Movement

A social movement is a movement utilizing social resources to make a change from unrepresentative conditions (Diani, 2000). Nevertheless, the social movement becomes a benchmark of a change that must be made. This thought is based on an extraordinary event that disrupts the previously established social order (Pullin & Newell, 2007). New social movements emerge because of the presence of an extraordinary event without further consideration, which indeed should be immediately addressed by the whole community (Smith, 2004). A COVID-19 pandemic is an extraordinary event that has changed the social order and disrupted the stability of public peace. Therefore, an idea to carry out a social movement emerged to escape the heavy and complicated situation (Hirsch, 2021). Social movements arise when the government and society make new adjustments. In the case of the COVID-19 pandemic, the social movement carried out by the government through its policy was to impose social distancing to break the chain of the spread of COVID-19. Another policy taken was to implement a health protocol in the form of the 5M movement: menggunakan masker (wearing masks), mencuci tangan dengan sabun (washing hands with soap), menjaga jarak (maintaining distance), menjauhi kerumunan (going away from crowds), and membatasi mobilitas social (limiting social

mobility). According to (Nurhidayati & Yuliastanti, 2021) and (Toxvaerd, 2020), these policies were new orders that the public had to obey to get out of the COVID-19 pandemic immediately. The social movement of the COVID-19 volunteers at the Aruk border was motivated by sympathy to help Indonesian migrant workers who were repatriated to Indonesia. Indonesian migrant workers arrived in groups by road via the Aruk border. From March 2020 to April 2021 (more than a year), Indonesian migrant workers were increasing and piling up at the Aruk border. As a result, the shelter facility at the Aruk border exceeded its proper capacity. The various tasks carried out by the COVID-19 volunteer team were a form of high sense of humanity and solidarity (Genschel & Jachtenfuchs, 2021), in which they had a strong desire to help the task force team and immigration officers when Indonesian migrant workers arrived at the Aruk border. Regarding arrival requirements, Indonesian migrant workers were required to undergo health screening and administrative checks, such as passports. Before returning to their respective hometowns, they were required to quarantine. The volunteer team ensured that during quarantine, migrant workers maintained health and hygiene protocols (ERDEM-, 2020). In addition, they ascertained migrant workers got enough food and water. If any Indonesian migrant workers were exposed to COVID-19 when they arrived at the

Aruk border, the volunteer team on call without thinking about the risk of getting infected would help take the patient by ambulance to the hospital in Sambas, which is quite far away (Ivan Muhammad Agung, 2020). One of the biggest risks of being on a COVID-19 volunteer team at the Aruk border was that they were vulnerable to contracting COVID-19. It is because they might make direct contact with new people every day. In addition, they were in crowds of migrant workers who might carry COVID-19. The transmission of the virus is very fast so the possibility of getting infected is greater. COVID-19 volunteers at the Aruk border realized that what they were doing was a noble task. They did it voluntarily without coercion as a responsibility as fellow human beings (Jusmawandi, 2021). Therefore, they were willing to assist others, especially Indonesian migrant workers who returned to their hometowns due to the impact of the COVID-19 pandemic.

Social Concern and Collective Awareness for Rescue

Social care in urgent situations (Moradian et al., 2020) for border communities and all community leaders was built based on collective awareness as a form of social responsibility (García-Sánchez & García-Sánchez, 2020) to help relatives or others when experiencing problems and difficulties, in this case during the COVID-19 pandemic (Qiu et al., 2021). Social concern is an attitude that contains human values, such as building togetherness, sacrifice, rescue, and social security (Salasiah et al., 2020). These human values have been passed down from generation to generation. According to Fatmawati & Viza (2022), human values are a community culture that has been passed down from generation to generation. Extraordinary situations due to the impact of the COVID-19 pandemic have caused various cases. One of them is the arrival of Indonesian migrant workers at the Aruk border due to loss of livelihood, which causes physical-health problems, psychological disorders, anxiety, and hunger. The government and the COVID-19 Task Force were overwhelmed in handling the prevention of COVID-19. This problem required the involvement of all border communities. The COVID-19 volunteer team at the Aruk border did not stand still seeing this situation. They sacrificed what they had to save Indonesian migrant workers from being contracted COVID-19. They helped these migrant workers as part of maintaining peace for the safety of everyone (Arditama, 2020). The new social movement is the movement in securing the situation from uncertainty, anxiety, and indecision (Hadi, M. D. S., Widodo, P., & Putro, 2020). The social care of the volunteer team is a form of solidarity and concern as citizens who need a helping hand. It is also a form of empathy. It

implies 'social sensitivity to others' (Mutmainnah et al., 2020). The call to feel the distress of others is a noble deed. The volunteers are quick to respond to this critical event because it involves a person's health and life so this movement can be interpreted as the collective consciousness of border residents. This concern requires a priceless sacrifice, especially on how to save people from distress and misfortune.

The Social Order Movement in Strengthening the Application of Health Protocols

The education awareness movements given to local people and Indonesian immigrant workers who arrived at the Aruk border were about how to implement the 5M health protocol, which was enforced by the village government. However, this condition can only be realized through continuous efforts made by everyone by raising self-awareness to be able to maintain harmonious conditions with each other and uphold the values held by the community. In addition, the commitment of the government and the community to work for hand in hand is also needed to anticipate the spread of COVID-19. The social order movement is a movement to minimize the spread of COVID-19. The most important thing is to implement the health protocol. This movement involves the COVID-19 Task Force, the government, and the hospital assisted by the COVID-19 Volunteer Team for the Aruk border and the local community. The application was tightened considering that the spread of the virus could occur when many Indonesian migrant workers came to Indonesia as carriers of the virus through the Aruk border. Social order in the Aruk border area is realized through a shared commitment to support regional peace by building a spirit of unity in guarding the border from the threat of the COVID-19 pandemic. Moreover, in this pandemic, border security should have been tightened more because of the possibility of the spread of COVID-19 in the border areas being more massive considering the number of Indonesian immigrant workers arriving via the Aruk border.

4. Conclusion

Since the closure of the Aruk border in March 2020 due to the COVID-19 pandemic, many Indonesian migrant workers have returned to Indonesia via the Aruk border because of the termination of employment. The procedures that must be passed since they arrived are as follows. First, they have to obey the health protocol by using masks and maintaining distance. Next, they must go through administrative checks and health screenings in the immigration section at the Aruk border. After the inspection is complete, they must undergo quarantine for a week at Wisma Indonesia. Those

exposed to COVID-19 were immediately taken to the referral hospital in Sambas. Indonesian immigrant workers were also given education and awareness concerning the implementation of health protocols to minimize the spread of COVID-19. Indonesian immigrant workers experienced health and mental problems. Therefore, they were vulnerable to contracting COVID-19. This condition raised a social movement from border residents to form a COVID-19 volunteer team. Social care is based on a sense of humanity and brotherhood based on empathy and sincerity towards fellow human beings. In this case, they feel socially responsible for helping Indonesian migrant workers. The social order movement aims to minimize the spread of COVID-19 through a joint commitment by building a spirit of unity to support regional peace in guarding borders against the threat of the COVID-19 pandemic.

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