



The Right to a Good and Healthy Environment by Management Practices of Household Mask Waste

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Abstract

This study aims to determine the fulfillment of the right to a good and healthy environment by household mask waste management during the COVID-19 pandemic based on the provisions of existing laws and regulations. This study uses an empirical method by collecting direct data related to the amount of mask waste, procedures for managing masks in the community, constraints, and mask recycling actions using the Miles and Heberman analysis method. The research on 100 respondents showed that 43% of individuals produced eight masks of waste in one week. Next, 79% did not know about the procedures for managing mask waste, and 25% of the community tore up masks before throwing them away. Then, as many as 89% disposed of mask waste together with other types of household waste. In other households, 70% said that there are no government facilities nearby, so the management of household waste has not been effective and runs according to the provisions of existing regulations.

Keyword: Human Right, Mask Waste, Environment.

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INTRODUCTION

The Covid-19 pandemic requires the government to form policies, create rules, and adapt quickly to existing conditions. They formed various policies and provisions during the COVID-19 pandemic, such as carrying out social restrictions, including travel restrictions and activities outside the home, and the policy of using masks to protect from the potential virus spread. Using masks or other personal protective equipment produces new medical waste. It adds regular waste too, but this is inevitable

because it is an effort to reduce the spread and transmission of the COVID-19 virus.

People use various types of masks during this pandemic. Types of masks that have good efficacy include N95, surgical, polypropylene, and masks made of cotton (Dwirusman, 2020). The policy set by the Indonesian government to use masks is a follow-up to WHO recommendations. The emergence of mask waste will follow the policy of using masks that all people must carry out. Garbage that appears in both disposable and cloth masks has the potential as infectious waste that can carry

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the covid-19 virus. This infectious waste should go through a particular sorting process to prevent the virus's spreading or polluting the surrounding environment. Based on data obtained by LIPI (Haryono, 2021), the amount of waste accumulation for masks and personal protective materials reached 1,662.75 tons from the beginning of the pandemic until September 2020. While we cannot predict the end of the COVID-19 pandemic, the use of masks and waste will continue to grow. So, good mask waste management is needed to maintain environmental conditions. As one of the International Human Rights the right to the good and healthy environment which is also found in Indonesian Consitution, the right to good an healthy environment support of the better situation.

The data obtained by LIPI is data from waste that has been successfully separated and collected. However, there is still a lot of mask waste lying carelessly in the environment. Mask waste is still intact, roams in the environment, and floats off like jellyfish into rivers and seas, which causes water pollution (Kassam, 2020). Garbage masks in the sea can ensnare animals and cause death. There have been reports where animals saw the outworn masks were food so they could die from choking. Alternatively, the mask would get entangled around the body, limiting their movement (Merylla, 2021). Not only occurs in the sea but waste on the ground and buried ones can also contaminate the surrounding soil, affecting the life of existing plants and animals that seek food from the soil.

Furthermore, the process of decomposing the mask itself takes a long time. This process allows the development or mutation of the virus into a new variant that can endanger human life. Therefore, we should handle mask waste because it is critical during a pandemic. We should focus on this activity so that it can shape a clean and healthy environment that can encourage the spirit and resilience of living

creatures, especially humans. This research intends to determine the effectiveness of mask waste management to get answers to obstacles and things to optimize from the existing management system. In this research the main topic is about how effective is the management of household mask waste during the COVID-19 pandemic?. The type of research carried out in empirical legal research is known as research that examines and analyzes the legal behavior of individuals or groups concerning the law. The data source comes from primary data from within the community (Sidik, 2014).

According to Wignjosoebroto, this research is called non-doctrinal research, in which the study is aposteriori, meaning that the theory will appear later. In contrast, the facts and data will appear first so that the thinking strategy will be inductive, in which the idea is a hypothesis, so it must be supported by data proof (Wignjosoebroto, 2013).

This research was conducted to review and analyze the workings of law in society to find the reality and ideal of law. So the author will collect data related to the practice of household mask waste management. Then, through the existing data, we will know the effectiveness of waste management by the provisions of existing laws and regulations.

DISCUSSION

The regulation of human rights to the environment is clearly visible with the conferences of Environment and Human in Stockholm, Swedia 1972. The result is Declaration on the Human Environment declare that the state has the rights to take advantage of naturan wealth which in contained in principle 21 and 11 Declaration on the Human Environment that reads (Adolf, 1990):

Principle 21 : *"State have, in accordance with the carter of the United Nations and the principles of international law, the sovereign right to eksplot their own natural resources pursuant to their*



own environmental policies, and responsibility to ensure that activities within their jurisdiction or control do not cause damage to the environment of other state or of areas beyond the limits of nation jurisdiction."

Principle 11: *"The environmental policies of all state should enhance and not adversely affect the present or future development potential of developing countries, not should they hamper the attainment of better living conditions for all, and appropriate steps should be take by states and International organizations with a view to reaching agreement on meeting the possible national and international economic consequences resulting from the application on environmental measures."*

During the pandemic, the government established various new policies, including procedures for managing mask waste, through Circular Letter of the Minister of Environment and Forestry Number SE.2/MENLKH/PSLB3/PLB3/3/2020 concerning Management of Infectious Waste (B3 Waste and Household Waste from Corona Treatment). Virus Disease (Covid-19) and SE number SE.3/MENLKH/PSLB3/PLB.3/3/2021 concerning Management of B3 and Waste from Handling Corona Virus Disease (Covid-19).

Using the SoerjonoSekanto legal effectiveness theory which is divided factors that effects of legal practices into 5 as follows (Soekanto, 2008) :

- a. the legal document and constitution
- b. the law enforcer, who made and apply the law
- c. facilities that support law enforcement
- d. society or community where the law applied
- e. cultural factor in social community

The provisions of SE.3/MENLKH/PSLB3/PLB.3/3/2021 in point C.1 describe the Types and Sources of Generations in the form of Covid-19 B3 Waste and Garbage, including face shields, masks, and gloves. The provision stated

that masks as personal protection during the COVID-19 pandemic are included in medical waste. Infectious medical waste is one of the B3 wastes that can harm the environment if thrown away. Therefore, the disposal of B3 waste must be separated according to the B3 waste disposal regulations (Purwanto, 2020). The procedure for managing medical waste generated from households during the COVID-19 pandemic is stated in SE Number SE.3/MENLKH/PSLN.3/3/2021 (A, Maalouf, 2021). It explains the need for several stages in managing medical waste so that it does not become an intermediary for virus transmission. In the Circular Letter, procedures for waste management have been grouped based on their sources, such as waste and garbage originating from Health Service Facilities, centralized isolation or quarantine facilities, to those originating from households, industrial areas, and social facilities. Therefore with this provision, the community is expected to manage waste according to its origin. Several stages or preparations for household medical waste management are carried out by performing a disinfection process with a disinfectant liquid such as chlorine and destroying the mask waste by cutting or tearing it off before disposal and separating mask waste from other household waste. This provision is stated in item 8 (Eight) SE.3/MENLKH/PSLB3/PLB.3/3/2021 (Mailina, 2021).

The provision of SE.2/MENLKH/PSLB3/PLB.3/3/2020 concerning Management of Infectious Waste (B3 Waste) and Household Waste from Handling Corona Virus Disease (Covid-19) states that local governments prepare trash bins/drop boxes specifically for masks in public spaces. In addition, there is a supporting provision in SE.3/MENLKH/PSLB3/PLB.3/3/2021 local governments must record waste collection from all depots/drop boxes and report to the Provincial Government. The environmental service head appoints the



officials who will record and report in the province and district/city.

Based on a review of the existing literature, the management of household medical waste, mainly mask waste in the COVID-19 pandemic, has not been governed following existing regulations and provisions (Firmalasari, 2020). Several factors cause nonoptimal waste management. Those are the unavailability of information on procedures for managing medical waste at the household level, low public awareness and knowledge, and limited facilities and infrastructure (Pratama, 2021). Another factor is the lack of monitoring or supervision of existing policies (N Mejjad, 2021).

Table 1. The amount of household mask waste produced by each individual in one week is as follows:

Mask Waste/ Week				
	Frequency	Percent	Valid Percent	Cumulative Percent
1-4	17	17,0	17,0	17,0
5-8	40	40,0	40,0	57,0
> 8	43	43,0	43,0	100,0
Total	100	100	100	

From table 1, it is known that 43% of the community produces more than eight mask waste in one week, in the sense that almost every day, people replace the masks used according to the type of mask.

Table 2. Public knowledge regarding procedures for managing regular and mask waste during the covid-19 pandemic (separate packaging from other waste, deforming masks before disposal, spraying disinfectant on masks before disposal) as follows:

Knowledge				
	Frequency	Percent	Valid Percent	Cumulative Percent
Know	21	21,0	21,0	21,0
Do not Know	79	79,0	79,0	100,0

Total	100	100	100,0	
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Table 2 shows that as many as 79% of the public do not know the procedures for managing waste and mask waste that has been described in the Circular of the Ministry of the Environment, including doing separate packaging, tearing off the masks before disposing them, and spraying disinfectant on masks before being disposed of so things like mask waste on the ground and sea that has an impact on ecosystems and other living things.

Table 3. The actions taken by the community in managing household mask waste are as follows:

Action				
	Frequency	Percent	Valid Percent	Cumulative Percent
Direct disposal	63	63,0	63,0	63,0
Ripping off or cutting off	25	25,0	25,0	88,0
Collecting in a particular place	12	12,0	12,0	100,0
Total	100	100,0	100,0	

Table 4. Disposal of mask waste to landfills/trash bins around the household:

Mask Disposing Mechanism				
	Frequency	Percent	Valid Percent	Cumulative Percent
Disposal together with regular waste	89	89,0	89,0	89,0
Disposal in a	11	11,0	11,0	100,0



particular bag				
Total	100	100	100,0	

With previous data regarding public ignorance in managing mask waste, more than 60% of the community immediately disposed of the masks without tearing and immediately disposed of them together with other waste without any separation.

Concerning the method of disposing of mask waste, this creates the potential for mask waste to be recycled until there are used masks that are resold (Nugraheny, 2020).

Table 4. The practice of recycling household mask waste

Mask Recycling

	Freq uency	Perc ent	Valid Perc ent	Cumul ative Percen t
Ever did	10	10,0	10,0	10,0
Never did	90	90,0	90,0	100,0
Total	100	100,0	100,0	

Following the research previously mentioned, several obstacles were also found that underlie people not managing masks under the direction or provisions of the Circular that the government has set.

Table 5. Obstacles faced by the community
Obstacles in the Mask Waste Management

	Freq uency	Perc ent	Valid Perc ent	Cumul ative Percen t
No socializa tion	22	22,0	22,0	22,0
No other	70	70,0	70,0	92,0

facilities				
Others	8	8,0	8,0	100,0
Total	100	100,0	100,0	

From the available data, it is known that 70% of the community stated that these things and/or actions were carried out because they did not receive socialization regarding the management of masks which were then supported by the absence of mask management facilities so that people assumed that later mask waste would be combined with other debris in the Final Disposal Site (TPA). Particular trash bins for masks or centralized mask collection points in every RT and RW are supported by monitoring from the Covid-19 task force, which is then continued by the local environmental service to run effectively and efficiently. The role of Regional Level Organizations (OPD) and the community is vital to have a common understanding of the responsibility for medical waste management (Adilah, 2021).

As the study result found several factors that affect the effectiveness of the management practices of house hold mask waste in the covid-19 pandemic from SoerjonpSoekanto Theory which are the constitution it self, facility that provided from the government and the society culture.

Policies for managing mask waste in Indonesia come in from various parties like Ministry of health and environment but as a whole policies it can be grouped in the management stage of mask waste identification, sorting, storage packaging, transportation, extermination and hoarding of the mask waste. To achieve an effective and efficient stage the government (Ministry of internal affairs, healthy, and environment can make a cooperation with the Ombudsman RI as a superintendent of public services to do live supervision in mask waste management.

CONCLUSION



Based on the data obtained, the management of mask waste in the community is considered not to be effective, as evidenced by the public's knowledge of the mask management procedures contained in the Circular of the Ministry of the Environment, which is relatively low at 21%, this is supported by the results of a survey on how to dispose of mask waste without any the act of tearing or collecting masks in one office was 63%. It was immediately disposed of in the trash without looking at the waste category as much as 89%. As many as 70% of the community stated that the obstacles in managing them were not getting socialization related to management and the absence of mask management facilities. It is necessary to take corrective action by the government in the form of socialization, workshops to the community and Regional Apparatus Organizations (OPD), as well as the provision of facilities to support regulations or policies related to the management of mask waste during the COVID-19 pandemic. The cooperation needed to do from the government (ministry of internal affairs, healthy, and environment) with Ombudsman RI to do a supervision to a mask waste management in each of the provinces or districts.

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