

National government and special capital government relations in covid-19 crisis communication

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Abstract

This study aims to analyze the phenomenon of miscommunication between the central government and the Special Capital Region of Jakarta in handling the COVID-19 pandemic, using the lens of Situational Crisis Communication Theory (SCCT). The COVID-19 crisis in Indonesia revealed significant inconsistencies in policy communication, particularly through social media, leading to confusion in public understanding and response. This research focuses on Twitter as a critical platform used by both the Ministry of Health and the Jakarta government. Employing a descriptive qualitative method, the study analyzed social media content from June to September 2021 using NVivo 12 Plus software. The findings demonstrate that while both institutions engaged in digital communication, the Ministry of Health adopted a more centralized, formal approach, whereas the Jakarta government employed a localized and interactive strategy. Despite these efforts, coordination was often reactive and lacked synchronization, resulting in fragmented messaging and weakened public trust. Word cloud and cluster analyses reveal that terms like "Indonesia," "COVID," and "WE" were frequently used to evoke unity, but were insufficient to bridge the rhetorical-practical gap in crisis management. The study concludes that although Twitter has potential as a tool for crisis communication, the absence of coherent strategy and coordination between central and regional governments undermined its effectiveness. Improved integration of SCCT principles and harmonized communication frameworks are essential to strengthen future governmental responses in public health emergencies.

Keywords: crisis communication, national government, special capital government, covid-19

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Introduction

The coronavirus disease 2019 (COVID-19) poses a significant threat to both the population and the sustainability of cities worldwide. Mitigating the surge in positive cases is complex, as it is influenced by multiple factors, including the status of the pandemic, policy-making, and socio-economic conditions . In Indonesia, the spread of COVID-19 has impacted not only the health sector but also the socio-political and economic sectors. The pandemic has adversely affected economic growth and national development. Prevention remains crucial, as no effective treatment for COVID-19 has been discovered to date. As a result, there has been an increased reliance on government policies to curb the spread of the virus. The role of government policy is critical, especially as the death toll from COVID-19 continues to rise (Alsunaidi et al., 2021) .

To minimize the transmission of COVID-19, the Indonesian government issued Government Regulation Number 21 of 2020, concerning Large-Scale Social Restrictions for the Acceleration of COVID-19 Handling . On July 20, 2021, President Joko Widodo announced the Policy for the Implementation of Community Activity Restrictions . This strategy aimed to limit the spread of COVID-19 and manage the capacity of hospitals treating COVID-19 patients, preventing them from being overwhelmed (Alsunaidi et al., 2021; Temiz & Salelkar, 2020).

The community activity restrictions policy was further supported by the issuance of two Ministerial Instructions from the Ministry of Home Affairs: Instruction Number 22 of 2021, which concerned the implementation Implementation of Community Activity Restrictions Level 4 for regencies/cities in the Java and Bali regions, and Instruction Number 23 of 2021, concerning the implementation of Micro Community Activity Restrictions (Level 4 and Level 3 for regencies/cities in regions outside Java and Bali). Both instructions were in effect from July 21 to July 25, 2021 . However, the implementation of Community Activity Restrictions at the regional level created challenges due to the lack of clear guidelines, resulting in varying interpretations across different regions (Alsunaidi et al., 2021; Pandin et al., 2021; Park et al., 2020).

This posed a dilemma: on the one hand, strict policies were necessary to limit community activities and prevent the spread of COVID-19, but on the other hand, such restrictions could disrupt economic activities. The Community Activity Restrictions policy sought to strike a balance between these competing demands. Nevertheless, the absence of a clear explanation for its implementation revealed a lack of coordination between the central and regional governments regarding the Community Activity Restrictions policy . In the midst of public concern over the rising number of COVID-19 cases, what citizens need is a government policy that offers protection both in terms of health and economic stability, in accordance with the mandate of the 1945 Constitution of the Republic of Indonesia (Chen & Biswas, 2021; Krejsler, 2021).

Given that the impact of COVID-19 varies across regions, it would be more effective for local governments to have autonomy in formulating policies tailored to their specific conditions. However, in practice, COVID-19 policies have been highly centralized, with regional governments merely implementing policies set by the central government . Not only are these policies often misaligned with local conditions, but there is also frequent overlap between ministries' directives. For example, the Ministry of Health's policy of restricting public transportation to promote social distancing conflicted with the Ministry of Transportation's initiative to support economic recovery by allowing public transportation to operate without restrictions (Pandin et al., 2021; Seshadri & Kumar, 2023; Yen, 2020). Another example involves the Ministry of Social Affairs' policy of providing social assistance to those affected by the pandemic, which clashed with the Ministry of Villages, Development of Disadvantaged Regions, and Transmigration's focus on reallocating funds for pandemic mitigation, despite existing guidelines from the Ministry of Finance on disbursement . These differing approaches between technical ministries have led to confusion and uncertainty among the public regarding policy information during the COVID-19 (Hao et al., 2023).

In addition to overlapping policies, another factor contributing to the rising number of COVID-19 cases is the central government's lack of clear, widespread communication and the ineffective use of social media to disseminate critical information related to COVID-19. The government appeared unprepared to respond to the crisis. In several countries, social media platforms have proven to be effective tools

for disseminating information during the pandemic. In Indonesia, the use of social media to address COVID-19 challenges would be more effective if delivered through interactive technology. Therefore, this article is significant as it seeks to analyze the communication strategies employed by the central and regional governments, specifically through Twitter, in managing the COVID-19 crisis (Alsunaidi et al., 2021; An et al., 2023).

Previous studies have largely focused on how communication functions during the pandemic (Alsunaidi et al., 2021; Ahmad & Murad, 2020), but they have paid limited attention to the phenomenon of miscommunication in the mitigation of COVID-19, particularly within the framework of intergovernmental relations. This study is urgent and novel because it specifically addresses the miscommunication between the central government and the Special Capital Region of Jakarta in managing the COVID-19 crisis, which caused public confusion and inconsistent policy implementation. By applying the Situational Crisis Communication Theory (SCCT), this research investigates how social media especially Twitter was utilized or misutilized as a communication and coordination tool during the crisis. Unlike previous research that tends to generalize digital communication trends, this study uniquely highlights the fragmented crisis communication strategy between different levels of government, offering a focused critique on the rhetorical-practical gap that weakened public trust (Pandini et al., 2021; Liu, 2021).

Thus, the novelty of this research lies in its analytical emphasis on governmental miscommunication, its use of NVivo-based social media data analysis, and its contribution to building more synchronized and strategic digital crisis communication frameworks for future public health emergencies.

Research Methods

This research adopts a descriptive qualitative method to explore key variables related to crisis communication, particularly those identified through literature reviews and social media data analysis—such as communication strategies, response patterns, message consistency, and coordination mechanisms between the central government and the Jakarta provincial government. These variables serve as the analytical focus in examining how miscommunication occurred during the COVID-19 pandemic and how it influenced public perception and policy implementation. A qualitative descriptive approach was employed by analyzing news, journals, and media content from June 2021 to September 2021. This research uses Qualitative Data Analysis Software as the Technique analysis (Dalkin et al., 2021). The analysis proceeded through five stages: literature review, identifying models in academic journals, collecting data from social media platforms, conducting analysis using NVivo 12 Plus, and drawing conclusions. The NVivo 12 Plus software was utilized for data coding, validity and reliability testing, and visualizing the results of the analysis. This software enhances the rigor and professionalism of the findings, particularly in analyzing data related to communication strategies and social media use.

By employing this methodological approach, the study seeks to understand the miscommunication between the central government and the Special Capital Region of Jakarta in handling COVID-19 through Twitter. The use of NVivo 12 Plus allows for a thorough analysis of social media interactions, offering insights into how crisis communication strategies were implemented and where breakdowns in coordination occurred, thus contributing to a deeper understanding of the situational crisis communication theory in the context of public health emergencies.

Results and Discussion

Figure 1 illustrates the level of interaction between the Government of the Jakarta Special Capital Region and the official Twitter account of the Ministry of Health of the Republic of Indonesia (@kemenkesRI). The figure also includes the governments of West Java and Central Java, all of which have played pivotal roles in managing the COVID-19 pandemic within their respective jurisdictions. The analysis of this figure highlights the consistent communication and coordination efforts made by the Ministry of Health with regional governments. These efforts demonstrate an attempt to foster synergy between the central and local governments as a crucial element in controlling the pandemic across Indonesia (Faustyana, 2022; Pandin et al., 2021; Rudianto & Hendra, 2021).

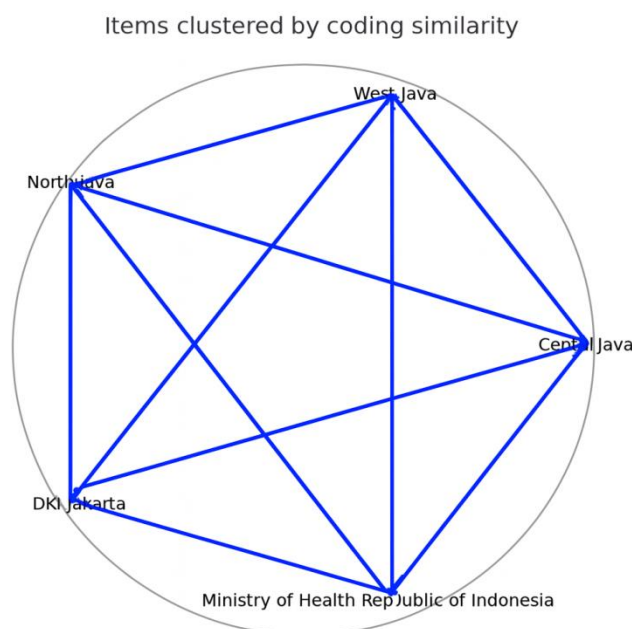


Figure 1. Intensity of communication and coordination of the Ministry of Health of the Republic of Indonesia and Local Government

Source: cluster analysis with nvivo 12 plus

This collaboration is implemented through structured, centralized policies issued by the central government, with the flexibility to accommodate regional differences based on the number of active cases. The figure visually maps out the density of interaction, showing that the Jakarta Provincial Government has the highest frequency of online engagement with the Ministry of Health, likely due to Jakarta being the initial epicenter of the outbreak in Indonesia. Meanwhile, West Java and Central Java show slightly less intensity but still maintain a relatively consistent communication pattern. These findings suggest that the Ministry of Health has sought to engage actively with high-risk regions to ensure coherent public messaging and uniform implementation of health protocols.

Moreover, the figure represents how national and regional governments have aimed to maintain consistent measures to curb the spread of COVID-19 and minimize its socioeconomic impacts on society. Social media platforms, particularly Twitter, serve as a fast and accessible channel to disseminate information, guidelines, and emergency responses. Through retweets, mentions, and direct engagements, the Ministry of Health not only shares official announcements but also responds to local governments' updates, fostering an ecosystem of mutual responsiveness. However, the figure also points to areas of miscommunication and inconsistency in policy interpretation,

coordinated efforts across all levels of government. These terms highlight the Ministry's attempts to assert the importance of national unity in the fight against COVID-19, reinforcing the notion that managing the crisis requires collaboration between the central government and regional authorities, including the Governor of Jakarta. The prominence of the term "Indonesia" suggests that the Ministry of Health deliberately frames the pandemic not as a localized crisis, but as a challenge that affects the entire nation. This framing aims to invoke a sense of shared responsibility and collective urgency among the public and various governmental institutions. Simultaneously, the frequent mention of "COVID" underscores the centrality of the virus in public health discourse, serving both as a factual anchor and a symbolic representation of the broader crisis (Mach et al., 2021; Weaver & Swank, 2021).

Additionally, the frequent use of the term "WE" suggests a collective approach to crisis management, aiming to bolster public trust in the government's role as a protector of the people's interests. This inclusive language signals a rhetorical attempt to build solidarity and reassure the public that the state is acting in a unified and cohesive manner. By invoking "WE," the Ministry implicitly positions itself as part of a larger community that includes healthcare workers, policymakers, and citizens alike. The choice of collective pronouns plays a critical role in shaping public perceptions, especially in times of uncertainty and crisis. This collaborative language also seeks to diminish sectoral divisions, encouraging synergy among various stakeholders. The emphasis on unity and cooperation is intended to cultivate a narrative that transcends political affiliations and bureaucratic boundaries. However, while the rhetoric of unity is strong, the gap between rhetorical commitments and practical implementation is evident. Persistent miscommunication between the central government and regional governments, particularly in Jakarta, reveals the fragility of Indonesia's multilevel governance structure in times of crisis (Cuellar-Garcia et al., 2020; Khan et al., 2021; van Dijck & Alinead, 2020).

Political and economic challenges continue to hinder the effectiveness of disaster management in Indonesia. Competing political interests, bureaucratic inefficiencies, and uneven resource distribution have created inconsistencies in communication and coordination two critical components in the successful handling of the pandemic. For instance, conflicting statements between national and regional officials regarding lockdown policies and public health protocols have sown confusion among the public, undermining the credibility of government communication efforts. Moreover, these inconsistencies have highlighted deeper structural issues within Indonesia's public health governance. The centralized authority of the Ministry of Health often clashes with the autonomy of regional governments, creating friction in the implementation of health directives. While the word cloud suggests a narrative of unity and shared commitment, the reality on the ground reflects a more complex and fragmented governance landscape. In conclusion, while the Ministry of Health's communication strategy emphasizes unity, shared responsibility, and national solidarity, significant challenges remain in bridging the gap between discourse and action. Addressing these issues requires not only better communication strategies but also institutional reforms that promote genuine collaboration and trust across different levels of government.

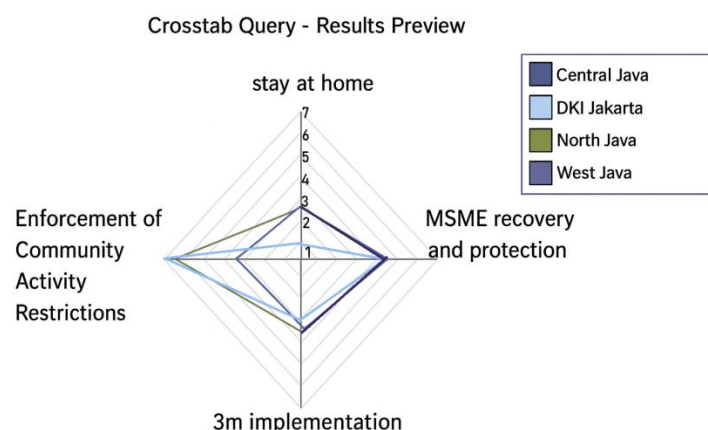


Figure 3. Policy Center of Attention to the Content of Talks in Communication and Coordination of Covid-19 Handling

Source: crosstab analysis with nvivo 12 plus

Figure 3 presents the key policy areas communicated and coordinated by the Ministry of Health of the Republic of Indonesia in managing the COVID-19 pandemic, as analyzed through a Crosstab query using NVivo 12 Plus. The figure illustrates the focus on public education related to pandemic policies, which aligns with the COVID-19 transmission curve in different regions. In particular, the 'Stay at Home' campaign and the 'Enforcement of Community Activity Restrictions' are highlighted in the Jakarta Special Capital Region, aimed at promoting public compliance with health protocols.

Additionally, the 'Implementation of 3M' (mask-wearing, hand-washing, social distancing) was a central policy pushed in regions such as East Java and Central Java. The coordination of these communication efforts sought to increase public awareness and adherence to health measures. However, the figure also underscores the communication gaps that existed between the central government and local authorities, with regional variations in how these policies were promoted, contributing to inconsistencies in public messaging. This highlights the miscommunication challenges faced by both the central and regional governments in achieving a unified response to COVID-19, especially via platforms like Twitter (Hassounah et al., 2020).

Based on the data presented, several regional governments have adopted communication materials similar to those of the central government in disseminating information about the COVID-19 pandemic in their respective areas. However, not all regional governments in Indonesia share the same priorities or take the same measures as the central government, largely due to the varying levels of COVID-19 transmission across regions. The Provincial Government of the Special Capital Region of Jakarta, for instance, implemented distinct policies and faced different issues from the central government (Ahmad & Murad, 2020; Chan et al., 2020; González-Padilla & Tortolero-Blanco, 2020; Yu et al., 2022).

Miscommunication and disinformation were significant concerns, largely resulting from poor communication and coordination between President Joko Widodo, the COVID-19 Handling Task Force, and the Governor of the Special Capital Region of Jakarta. Early in the pandemic, the public observed stark differences in the approaches of the central government and the Jakarta provincial government. The Jakarta government announced and implemented a local lockdown strategy, while the central government chose not to enforce a national lockdown.

The people of Jakarta strongly supported the local lockdown policy, as the Jakarta government provided adequate healthcare services and economic assistance, helping to mitigate the spread of COVID-19. However, the central government did not

align with Jakarta's lockdown measures and requested that the policy be lifted, arguing that COVID-19 had not yet reached pandemic status in Indonesia . Consequently, the central government declared that regional governments, including Jakarta's, did not have the authority to implement lockdowns, as matters of defense, national security, and stability fall under the central government's jurisdiction . This miscommunication and disinformation between the central and Jakarta governments led to ineffective handling of the pandemic in Jakarta and ultimately backfired on the central government. Public support leaned toward Jakarta's lockdown policy, which was perceived as more effective in curbing the spread of COVID-19, while the central government's stance was seen as ambiguous and less effective (de las Heras-Pedrosa et al., 2020).

Stakeholders are groups or individuals affected by or capable of influencing the achievement of organizational goals, necessitating the development of procedures and strategies to enhance the organization's strategic management capabilities. For stakeholders to maintain power, they must have legitimacy. Even without formal authority, stakeholders with legitimacy are still recognized as such. Authority is not a prerequisite for identifying or defining someone as a stakeholder. Power may fluctuate, but it is not entirely lost as long as legitimacy is preserved .

In the context of the COVID-19 pandemic in Indonesia, various stakeholders have experienced both positive and negative impacts. Economic actors in the medical and health sectors, for example, have benefitted due to the increased demand for medical equipment. The pandemic significantly boosted the need for tools and Personal Protective Equipment (PPE). In Jakarta, one of the regions hardest hit by the pandemic, over 1,000 units of PPE were required daily. Businesses related to pharmaceuticals, masks, and digital applications for remote work and learning also saw substantial growth. Conversely, industries such as transportation, tourism, hospitality, and education, as well as governments unprepared to adopt digital technologies, faced severe financial losses and even bankruptcy.

To manage the COVID-19 crisis, the Indonesian government also utilized social media as a communication and coordination tool. Through the COVID-19 Task Force, the government via the National Disaster Management Agency (BNPB) actively disseminated information across social media platforms, including Facebook, Twitter, Instagram, and YouTube. These platforms were used to share various informational materials, such as images and videos. The strategic use of social media proved crucial in this crisis management scenario, as it allowed the government to broadcast official information and provide the public and stakeholders with access to credible, reputable information.

The Situational Crisis Communication Theory (SCCT) can be applied to develop effective crisis management strategies for the Indonesian government in addressing the COVID-19 pandemic. A rebuilding posture is considered the most appropriate approach, as it emphasizes restoring the government's reputation through accountability and concrete actions aimed at assisting stakeholders and mitigating the crisis's negative impacts. This strategy involves offering restitution and issuing apologies. Within this framework, the central government bears the primary responsibility for managing the crisis, including providing economic compensation and covering all COVID-19-related medical expenses. Such expectations are particularly significant given that the government's initial response was widely perceived as inadequate, reflecting a failure to anticipate the virus's rapid spread. Moreover, the slow response and delayed policy measures further aggravated the situation, ultimately

damaging the government's reputation in the eyes of the public (Abd-Alrazaq et al., 2020; van den Broucke, 2021).

Moreover, communication and coordination between the central government, regional governments, and the public have been ineffective. The use of social media as a communication and coordination tool has not been fully optimized. Conflicting policies between the Ministry of Health and the ministries responsible for economic affairs highlight the government's lack of preparedness in managing the emergency conditions caused by COVID-19. The negative effects of this mismanagement extend beyond health, impacting the economy, education, and all aspects of life. The divergent approaches between the central government and the provincial government of Jakarta exemplify the poor communication and coordination that have hindered effective crisis management.

Tabel 1. critical evaluation of various aspects related to the dissemination of information and handling of misinformation

Criteria	Ministry of Health of the Republic of Indonesia	Government of the Special Capital of Jakarta	Critical Issue
Posting Frequency	High	Very high	DKI Jakarta might be posting too frequently, causing important information to get lost amidst numerous posts. Kemenkes RI needs to be more consistent.
Type of Information	Focus on health education and national policy	Focus on local policies and social support	Kemenkes RI needs more relatable content for the broader public, while DKI needs to strengthen its health education content.
Responsiveness	Quick response during working hours	Highly responsive, including outside working hours	Kemenkes RI needs to improve the speed and quality of responses outside working hours. DKI is more proactive in this regard.
Engagement	Moderate	High	Kemenkes RI needs a strategy to increase engagement, while DKI needs to ensure that high engagement translates into tangible impacts.
Anti-Misinformation Content	Infographics and explanatory videos	Calls to action and local infographics	Both accounts need to diversify methods of countering misinformation, such as live Q&As, to enhance credibility and clarity.
Collaboration with Media	Formal collaboration with major media	Collaboration with local media and influencers	Kemenkes RI might be too reliant on traditional media, whereas DKI is more flexible but needs to ensure the accuracy of information.
Specific Misinformation Cases	Handling of several detailed viral cases	Quick reaction to local misinformation	Kemenkes RI needs to be more transparent and swift in handling misinformation, while DKI needs to strengthen its data and references.

Source: processed by authors

To compile a comparative table analyzing how misinformation was handled by the Twitter accounts of the Ministry of Health of the Republic of Indonesia (Kemenkes RI) and the Jakarta Provincial Government during the COVID-19 pandemic, several critical aspects were integrated into the analysis. Table 1 presents a critical evaluation of these aspects, focusing on the dissemination and management of misinformation by both accounts.

This analysis employs the Situational Crisis Communication Theory (SCCT) developed by Timothy Coombs to assess the response of the Twitter accounts of the Indonesian Ministry of Health (Kemenkes RI) and the DKI Jakarta Government during the COVID-19 pandemic, particularly in addressing misinformation. SCCT underscores the importance of selecting an appropriate communication strategy based on the nature of the crisis to mitigate negative impacts on an organization's reputation and enhance communication effectiveness (Pandian et al., 2021; Yen, 2020).

Differences in Strategy and Responsiveness

There are significant differences in the frequency and types of posts between the Ministry of Health and the DKI Jakarta government on their respective social media platforms. The Ministry of Health, as a national-level institution, primarily focuses on disseminating health education and policy information. As such, its communication style tends to be more formal, structured, and educational. Posts often contain infographics, detailed explanations, and references to regulations or research. This approach positions the Ministry as a credible and authoritative source of information, which is important in maintaining institutional legitimacy, especially during public health crises.

In contrast, DKI Jakarta's communication strategy, as a regional government entity, is more dynamic and localized. The provincial government posts more frequently and adopts a tone that is familiar, direct, and emotionally resonant. Its content often addresses practical concerns of the public, such as traffic updates, flood alerts, vaccination locations, and social assistance programs. DKI Jakarta's posts tend to use informal language, visual storytelling, and interactive features like polls or Q&A sessions, which help bridge the gap between the government and its citizens. This strategy enhances relatability and promotes a sense of immediacy and accessibility.

From the perspective of the Situational Crisis Communication Theory (SCCT), both communication styles reflect different strengths and weaknesses. The Ministry of Health's formal and information-rich approach aligns with SCCT's "instructing" and "adjusting" message strategies, which are intended to inform the public and help them cope with the situation. However, the lack of emotional engagement and slower content production can limit its effectiveness in building rapport with the audience, especially on platforms that value speed and interaction. Consequently, the Ministry may struggle to maintain high levels of public engagement, which is crucial for reinforcing preventive behaviors and trust.

Meanwhile, DKI Jakarta's approach aligns more closely with SCCT's emphasis on swift and empathetic communication, particularly during high-threat crises. By providing timely responses, interacting with comments, and adapting content to the public's evolving concerns, DKI Jakarta demonstrates an understanding of the importance of two-way communication. This responsiveness contributes to public trust, which SCCT identifies as a critical factor in mitigating reputational damage and ensuring compliance during a crisis. The use of a more conversational tone also humanizes the institution, allowing it to be perceived not just as an authority but as a

partner in crisis management. However, there are potential drawbacks to DKI Jakarta's approach as well. A more informal tone, while engaging, risks undermining perceptions of professionalism if not balanced carefully. Additionally, the rapid pace of communication can sometimes lead to inconsistencies or oversights, which may harm credibility. SCCT suggests that credibility and transparency are both essential in crisis communication, and neither should be sacrificed for the other.

Engagement and Anti-Misinformation Content

Engagement is a key indicator of the effectiveness of crisis communication, particularly in times of public health emergencies. High levels of engagement reflect not only public interest but also the success of the communication strategies employed in capturing attention, conveying accurate information, and fostering trust. In this context, DKI Jakarta demonstrates a notably high level of engagement through frequent and interactive communication, especially on social media platforms. The provincial government leverages various formats such as live sessions, question-and-answer features, and interactive posts to maintain a strong two-way dialogue with citizens. This proactive approach allows DKI Jakarta to respond swiftly to public concerns, clarify misunderstandings, and provide real-time updates.

In contrast, the Ministry of Health exhibits relatively lower levels of public engagement. Its communication tends to be more formal, structured, and less interactive. While it consistently disseminates crucial information, the limited use of participatory tools may reduce the public's sense of involvement and immediate connection. From the perspective of the Situational Crisis Communication Theory (SCCT), this presents an area for improvement. SCCT emphasizes the importance of timely, open, and interactive communication during crises, advising organizations to engage actively with stakeholders to maintain control over the narrative, reduce public uncertainty, and sustain institutional credibility.

In the realm of anti-misinformation content, both DKI Jakarta and the Ministry of Health adopt strategies that are grounded in SCCT principles, though they differ in execution. DKI Jakarta tends to favor communication that is simple, visual, and accessible. It often utilizes infographics, animated videos, and localized language, which resonate well with diverse local audiences. This approach enhances comprehension and helps dispel myths or rumors in a format that is easy for the general public to digest. Such tactics are particularly effective in targeting populations with varying literacy levels and in promoting quick, widespread understanding. Meanwhile, the Ministry of Health adopts a more data-driven and analytical approach to misinformation. Its content often includes statistics, expert commentary, and detailed reports that appeal to stakeholders seeking authoritative and in-depth insights. This method can be powerful in reinforcing the legitimacy of information, particularly among more educated or professional audiences. However, the more technical nature of this communication may limit its reach and impact among broader demographics.

Despite both approaches aligning with SCCT's emphasis on credibility and transparency, the divergence in communication styles between the central and regional governments can lead to challenges. These include potential inconsistencies in messaging, differing levels of public understanding, and even confusion over which information source to trust. A lack of coordination or harmonization in crisis communication strategies may inadvertently undermine public confidence and create gaps in information dissemination. Therefore, greater synergy and alignment between central and regional communication efforts are essential. By integrating DKI Jakarta's

engaging and accessible style with the Ministry of Health's authoritative and data-rich content, a more cohesive and effective crisis communication model can be achieved—one that not only combats misinformation effectively but also enhances public trust and cooperation in managing health crises.

Media Collaboration and Handling Specific Cases

Collaboration with the media is another critical aspect emphasized by Situational Crisis Communication Theory (SCCT), and both entities—the Ministry of Health and the DKI Jakarta Provincial Government—employ distinct strategies in their media engagement efforts. The Ministry of Health predominantly collaborates with national media outlets. This approach offers significant advantages in terms of broad reach and visibility, particularly when aiming to disseminate urgent public health information to a large and diverse audience across the country. National media channels serve as a powerful platform to frame narratives, deliver expert-driven messages, and ensure alignment with overarching public health objectives and policies. However, this centralized approach may fall short in addressing the specific needs, languages, cultural nuances, and concerns of local communities, which can result in less effective public reception or behavioral compliance, particularly in heterogeneous and densely populated regions like Jakarta.

In contrast, DKI Jakarta employs a more localized and collaborative media strategy, engaging closely with regional news outlets, community radio stations, social media influencers, and grassroots networks. This bottom-up approach allows for more tailored messaging that resonates with the lived realities and sociocultural context of local populations. By working directly with local journalists and leveraging digital platforms popular among Jakarta residents, the provincial government can foster trust and maintain direct communication channels with citizens. This is particularly valuable in times of crisis, such as during the COVID-19 pandemic, when timely and context-sensitive information is essential to encourage adherence to health protocols. Moreover, localized messaging often has a higher chance of cutting through misinformation, as it is perceived to be more relatable and trustworthy.

Despite these differing approaches, both the Ministry of Health and the DKI Jakarta government face a common challenge in maintaining the accuracy and consistency of the information disseminated. A key principle of SCCT is the importance of delivering coherent and unified messages to preserve credibility and public trust during crises. However, discrepancies can arise due to the decentralized nature of Indonesia's governance structure, where policy implementation and communication responsibilities are shared between central and regional authorities. These inconsistencies can confuse the public, reduce message efficacy, and undermine efforts to manage the crisis.

Furthermore, the rapid spread of information through digital and social media adds an additional layer of complexity. Misinformation or premature reporting can easily go viral before official corrections are issued, especially when coordination between the Ministry and local governments is not synchronized. As a result, both entities must invest in real-time monitoring, capacity building for communication staff, and clear protocols for message approval and dissemination. Strengthening inter-governmental collaboration and standardizing communication frameworks could help reduce fragmentation and reinforce message consistency. In conclusion, while the Ministry of Health and the DKI Jakarta government adopt distinct media collaboration strategies centralized and national versus localized and grassroots both can benefit

from improved coordination and alignment. By integrating SCCT principles into their communication planning, particularly regarding consistency, transparency, and stakeholder engagement, they can enhance their overall effectiveness in crisis communication and better serve the public during health emergencies.

Conclusion

This study highlights the critical role of digital communication and coordination between the Ministry of Health and the DKI Jakarta Government during the COVID-19 pandemic, especially in managing misinformation and fostering public trust. Using the lens of Situational Crisis Communication Theory (SCCT), it becomes evident that while both institutions employed distinct communication strategies centralized versus localized their effectiveness was often undermined by inconsistent messaging, political tension, and lack of synergy. The Ministry of Health's formal, policy-driven approach ensured credibility, whereas DKI Jakarta's more adaptive and interactive style fostered engagement and relatability. Nevertheless, the findings also underline the pressing need for harmonized crisis communication strategies across government levels. A major limitation of this research lies in its primary focus on Twitter-based communication, which may not fully capture the entire scope of government communication efforts across other platforms or informal channels. Additionally, this study concentrates on a single regional case (DKI Jakarta), potentially limiting its generalizability to other provinces with different sociopolitical dynamics. Future research should consider a comparative analysis involving multiple regional governments and diverse media platforms, such as Instagram, YouTube, or WhatsApp, to provide a more comprehensive understanding of crisis communication landscapes. It is also recommended that future studies incorporate public sentiment analysis and stakeholder interviews to assess not just the output of communication, but also its reception, perception, and behavioral outcomes. Such insights are crucial for shaping more resilient, inclusive, and integrated communication frameworks for future health crises or disaster response scenarios.

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