HEALTH PROTOCOL MANAGEMENT ON MOSQUE RELIGIOUS PRACTICE DURING THE COVID-19 PANDEMIC IN YOGYAKARTA

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ABSTRACT

This study focuses on mosque management in implementing health protocols. A mosque is a place for community activities, worship, and other social activities, including garbage alms and urban farming. Mosques have the potential to be a source of new transmission of COVID-19. Therefore, studying how to apply health protocols in mosques is necessary. There hasn't been a lot of research done on the management of health protocols in mosques. This study aimed to explore the management of the mosque pilgrims' health protocols in Indonesia during the COVID-19 pandemic. This research design uses a qualitative method with phenomenology. The participants in this study were the mosque administrators from different mosques. There are six participants with the following criteria, namely having the status as a mosque manager, congregation in the mosque, over 18 years of age, and not currently suffering from COVID-19. The sampling is done by purposive sampling. The tools used in this study include the interview guidelines and field notes. The data collection methods are done using in-depth interviews and recorded—data analysis using Collaizi. The study's results produced four themes, namely the opinions about COVID-19, the application of the health protocols at the beginning of a pandemic, the application of the health protocols when the cases decreased, and the obstacles in implementing the health protocols in the mosques. The management of the implementation of health protocols in mosques is critical for the worshipers to avoid transmission in various activities at the mosques.

Keywords: COVID-19, mosque congregation, management, health protocol

INTRODUCTION

The COVID-19 pandemic has hit various countries in the world, including Indonesia. Several policies have been implemented, including the COVID-19 health protocol in dealing with this pandemic. This health protocol is intended to ensure the safety of community activities during this pandemic. The sharp increase in COVID-19 cases can be attributed to several reasons. One of them is related to low compliance with population health protocols during the COVID-19 pandemic. The COVID-19 pandemic has also created a new civilization in the world (1). However, the efforts to reduce COVID-19 cases are prolonged (2).

The policies or efforts to prevent the spread of COVID-19 have been implemented, but several religious people still perceive the threat of the COVID-19 outbreak lightly or normally and tend to ignore policies, fatwas, or government appeals. This can be seen from several cases, such as the case of mass gatherings in various regions such as Gowa, Bogor and the removal of banners prohibiting worship at places of worship in Bandung. Even some people who think fatalistically understand that COVID-19 is God's will so humans must surrender without effort (3). A religious leader also said that an area that has been hit by a disaster, including COVID-19, is caused by the curse of Allah and is a test for a people to always draw closer to Allah (4). So, they continue to worship in the mosque.

Coronavirus is a type of virus that can cause respiratory tract infections in humans ranging from coughs, and colds to more serious conditions such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (5). This virus can cause severe complications in high-risk groups. Common symptoms of COVID-19 are low-grade fever, dry cough, shortness of breath, and muscle aches. However, severe symptoms such as high fever, pneumonia, and acute renal failure can be observed in the elderly and people with comorbidities. Therefore, susceptible individuals must be protected as this disease can be fatal. In addition, the majority of COVID-19 patients are asymptomatic. Asymptomatic COVID-19 patients can spread the disease unnoticed through close physical contact and conversation (6).

The rate of spread of COVID-19 is very fast compared to Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) and has killed more people than SARS and MERS. This condition is troubling and worrying the community. On the other hand, people are
very enthusiastic about going to the mosque. This is due to the function of the mosque as a center of worship, social, da'wah, education, politics, economy, culture, and civilization. The intense social interaction among the congregation in the mosque is one of the driving factors for the transmission and spread of COVID-19 disease. Mosques can be a place for the spread of COVID-19. Thus, mosque administrators need to take strategic steps, based on a health transition during the COVID-19 pandemic to prevent the spread and transmission of COVID-19.

Mosques are the places of worship as well as community centers that need to think about managing health processes so they don't become a source of the spread of COVID-19. This is because congregational activities at the mosque are not only praying in congregation, but also carrying out other activities such as alms garbage, urban farming, and other interactive activities that contribute to the transmission of COVID-19. Another thing that is no less important is how to make sure they understand and comply with the health protocols that have been set. The prevention of the spread of the COVID-19 virus in the mosque environment is a shared responsibility between the mosque administrators and the community.

The application of medical procedures according to the instruction of the Indonesian Ulema Council, include the practice of worship during the COVID-19 outbreak and the health procedures that apply in mosques. When entering the mosque, people should wear masks, bring prayer rugs and prayer utensils, adjust the distance for prayer, provide a place for washing hands, and worshipers are not allowed to have physical contact with other worshipers. Research on mosque management in implementing health protocols through mosque administrators has not been widely carried out, for this reason, exploratory research with a qualitative approach is needed. The purpose of this paper is to explore the management of implementing health protocols in the mosques during the pandemic.

**METHODS**

The research design used a phenomenological qualitative approach which aimed to identify individual experiences regarding certain phenomena. The sampling was done using purposive sampling, in which the sampling was used as a source of data with certain considerations or according to the research needs. The number of the participants was determined by the data saturation, which means that the data obtained already represented the research data so there was no need to add the number of participants. The participants in this study were the mosque administrators from six different mosques with the following criteria, namely having status as takmir (a person who handles/manages the mosque) of the mosque, praying in congregation at the mosque, aged more than 18 years, and not currently suffering from COVID-19 totaling six people.

The tools used in this research included in-depth interview guidelines and field notes. The methods of the data collection were done using in-depth interviews and records. The length of the interview is about 30-60 minutes. Then the results were validated and transcribed using keywords using the Collaizi method.

This study pays attention to the ethical principles of research, namely confidentiality, anonymity, and autonomy. The data collection process has obtained permission from the Research Ethics Committee of the University of 'Aisyiyah Yogyakarta with the number 1424/KEP-UNISA/X/2021.

**RESULTS**

There were six participants in this study. The gender of the participants consisted of one female and five males. The youngest participant was 43 years old and the oldest was 59 years old. The lowest education level is Senior High School and the highest is Master Degree. The participants' occupations consisted of one person as a housewife, two people as lecturers, one person as a Civil Servant, one person as an entrepreneur, and one person as an employee. The longest being a mosque caretaker is 22 years and the shortest is eight years.

The results of this study resulted in four themes, namely:

1. **The opinion about COVID-19**
   
   The participants thought that the current development of COVID-19 is that the development of COVID-19 is getting better, more conducive, and controlled, and activities at mosques can be carried out again. This can be seen from the the participants' expressions as follows:

   "For now, it has improved, so in this environment also thank God it's already a green zone, awareness to wear a mask is also alhamdullilah 75%. There are still one, two that don't use either." (while smiling)(P3)

   "It's good that there are better developments like that, later on, everything can go on like that for worship activities. last night's activity, that was takmir meeting activity, next year's fasting is likely to be normal before it was like before the pandemic, so hopefully." (laughs) (P1)

2. **The implementation of the health protocol early in the pandemic**
The implementation of the health protocols in mosques at the beginning of the pandemic was carried out very strictly. The mosque managers applied strict rules through the obligation to wear masks, maintain distance, wash hands, stop all activities in mosques, and also lock down the mosques as revealed by the following participants:

“In the past, when many people started to get infected, we implemented a very strict protocol, meaning that the mosque continued to provide masks, provide hand sanitizers, and hand washing stations, and it’s still like that until now. It’s just that it has started to close together but now it has started to close again, right? There’s already a vaccine. docked but still wearing a mask, the mask must still be worn only the distance that has started to close” (P2)

“When it’s the peak, the mosque is a place of worship and it’s normal for worshipers to gather, strict health protocols are enforced, starting with outreach through the media. WhatsApp to the congregation and outreach through banners and health protocols for pilgrims who are still using it. Even though we were at its peak when we were locked down, the mosque was not used for worship for some time but when the number decreased again it was allowed to open again for a limited circle of people. Pilgrims usually go to the mosque with a health protocol and are made to keep their distance for the shaff.” (P4)

“For the first wave of COVID-19, we immediately stopped all gathering activities such as recitation of mothers, Quran Education Park, and congregational prayers, we were advised to pray congregational prayers at home and when mosques must continue to have congregational prayers, we take turns managing indirectly, for example, maghrib and dawn it’s me, other times it’s the gentlemen who we take turns managing indirectly according to the schedule.” (P6)

3. The implementation of health protocols when the cases decrease

The implementation of the health protocols changes when the cases decrease. The mosque management allowed the mosque congregation to return to activities such as congregational prayers, recitations, meetings at the mosque, waste processing, and garden farming while still implementing the health protocols. It is as expressed by the participants as follows:

“When the numbers start to decrease again, mosques are allowed to reopen but still limited to the congregation in their environment who usually go to the mosque with the health protocols using masks, washing hands, hand sanitizers, and also being enforced to keep the distance between the rows of prayers.” (P4)

“What has survived is that we have not returned the carpet, because if the carpet is installed it tends not to carry prayer mats, then masks are still mandatory and we still maintain the use of hand sanitizer.” (P6)

“Soap, water faucets for washing hands, thermoguns, and masks are still provided here. Only now it is loose because there is a vaccine, but the masks, soap, and water faucets are still there. We will continue to provide facilities as much as possible even though COVID cases have decreased.” (P1)

4. The obstacles to implementing the health protocols in mosques

The obstacles experienced by the mosque administrators in implementing health protocols in mosques are the lack of awareness, discipline, disobedience, and a sense of reluctance when reprimanding worshipers who do not apply the health protocol. These barriers are as expressed by the participants as follows:

“The problem lies in the discipline and awareness, the awareness of the congregation. Better conditions make it easy for people to get carried away.” (P1)

“One or two of them don't wear masks, that's really annoying. In my mosque, there are one or two who are annoying. I told you it's still annoying, I warned you to wear a mask but it's still annoying. Only one or two are still annoying, people have told them but they are still annoying.” (while taking a breath) (P2)

“The obstacle is that you are reluctant to tell those who don't wear masks.” (P6)

DISCUSSION

The opinions about COVID-19

The participants believed that the development of COVID-19 had improved. This was because, at the time of the interview, the cases of COVID-19 in Indonesia were declining. This is following what was stated by Qazi et al. (12) that differences of opinion in the community regarding COVID-19 were caused by different sources of information, both formal and informal, which influenced the situational awareness. Formal sources of information are associated with greater adherence to preventive measures, whereas informal sources of information are of little help until preventive behavior is easily adopted by the public. So that some have a neutral opinion, some have a positive opinion, and there are also those who have a negative opinion.

The narrow mindset of the society also causes news that is not true or hoax. All of this happened due to the lack of knowledge possessed by the community as well so they were unable to distinguish the truth of the information they obtained. However, Islam teaches mankind
that we must know to filter all the information we receive to get accurate and clear information (4).

The mass media has a very important role in disseminating information and shaping public opinion (13). The role of community leaders and figures is very important in alleviating community uncertainty, so that anxiety, anger, and frustration do not occur, and ultimately lead to conflict (14).

The abundance of information through different media causes panic and stress. It is difficult to prevent the spread of fake news amid uncertain conditions (15). Some villagers think that COVID-19 is dangerous, but there are those who think that COVID-19 doesn't exist. In reality, there are still many people who don't care about the health protocols set by the government which causes panic and psychological stress (16). There are also those who argue that COVID-19 can heal itself by basking in the sun or by consuming traditional herbal ingredients such as ginger, turmeric, lime, and cinnamon. Traditional herbs have also been used in the treatment and referral for the treatment of COVID-19 in China (17).

The implementation of the initial pandemic health protocol

The implementation of the health protocol at the beginning of the pandemic was carried out strictly. The mosque administrators make strict rules to prevent transmission in mosques. In accordance with previous research that the impact of the coronavirus outbreak on the religious life of Muslims caused a temporary suspension of congregational prayer activities (18). At the beginning of the pandemic, people who were still active in the mosque had to pay close attention to their body conditions and strictly implement health protocols (19). This is similar to what was said by (20) that at the beginning of the pandemic the application of the health protocol was carried out by washing hands, using masks, and distancing shaf. The Indonesian Ulema Council issued a fatwa that areas with high cases of COVID-19 may replace Friday prayers with midday prayers and Eid prayers in the mosques. This effort is an effort to break the chain of transmission of the plague (8). The same thing was also conveyed by (21) who said the ban on Friday prayers and congregational prayers in mosques during the COVID-19 outbreak was for the benefit and to avoid damage that would befall humans.

The public is expected to follow the guidelines for preventing the COVID-19 pandemic, such as frequently washing hands, avoiding touching the facial area, avoiding shaking hands, hugging, not sharing personal items, applying ethics when sneezing and coughing, cleaning furniture at home, maintaining social distance, avoiding gathering in large quantities, washing food, and always draw closer to Allah SWT (22). The use of masks can contribute to controlling the spread of COVID-19 (23). Wearing a mask, hand hygiene and social distancing can help to prevent COVID-19 and also reduce other respiratory infections (24).

As in a hadith, Rasulullah SAW gave directions to us to wash our hands first after waking up three times so that our hands do not infect bacteria or germs in tubs filled with water or vessels. In addition, Rasulullah SAW also gave an example of the procedure for ablution by washing hands three times before ablution. Really this is extraordinary advice from Rasulullah SAW in terms of washing hands so that we avoid various kinds of bacteria and viruses (25). In addition, Rasulullah SAW also ordered when an area was being hit by an epidemic to isolate or quarantine sufferers in a special isolation place, far from the residential areas (4).

The implementation of health protocols when the cases decrease

When the cases decreased, worship activities and social activities at mosques began to be carried out by implementing health protocols. This is in accordance with the previous opinion that the application of the health protocols should still be implemented, including the use of masks during prayers and prohibiting people who are sick from praying in mosques (26). The main guidelines for reducing the spread of COVID are by folding carpets, disinfecting floors, ablution at home, and wearing a mask (27). Adopting new lifestyle habits is the right way to deal with COVID-19. As stated (21) the implementation of the health protocol when the cases descend, continuing to use masks, checking body temperature, keeping distance between congregations, washing hands, cleaning prayer places before and after prayer, and the number of worshipers is around 50%.

One effective way to deal with COVID-19 before a vaccine is found is to adopt new lifestyle habits (28). However, if the area has a low level of spread based on a government decree, then worship can be carried out at the mosque by observing the health protocol (20).

The formation of a positive behavior or attitude is influenced by several factors such as driving factors consisting of knowledge, attitudes, beliefs, beliefs, values, perceptions, and traditions that exist in society. The enabling factors are the facilities and infrastructure, and health facilities. In addition, reinforcing factors that encourage and strengthen a person’s behavior such as community leaders, attitudes of husbands, parents, and health workers (29). Another source also conveyed the theory of health behavior models into four types: first, conscious behavior that benefits the health of the community itself both to prevent and to
improve until healing such as the presence of checkpoints to prevent the entry of COVID-19. Second, the behavior that can consciously harm such as calls for physical distancing but people still gather without worry, without distance. Behavior that is realized and has a negative impact on health such as physical distancing which is not done properly because people gather with themselves so they think it is safe. Third, behavior that is carried out unconsciously and is detrimental to health where people do not increase consumption of food that can increase the body's immunity to avoid viruses. The latter is a behavior that is carried out subconsciously but improves health. This can be seen by the existence of checkpoints which unknowingly reduce the individual's desire to leave or enter another village (34).

The obstacles to implement the health protocols in mosques
The obstacles experienced by mosque administrators in implementing the health protocol at the mosque are lack of awareness, discipline, non-compliance, and a feeling of reluctance when admonishing worshipers who do not implement the health protocol. This is in accordance with the previous research that some people in mosque congregations do not comply with the appeal regarding the application of health protocols that have been socialized, namely: washing hands, wearing masks, and maintaining distance. There are almost cases where people forget to wear masks when they enter the mosque area (20). Public awareness about COVID-19 will increase when information is obtained from reliable sources (23).

Awareness, discipline, and compliance are greatly influenced by the existence of barriers to access to health facilities and the presence of the government in managing the community has reduced public confidence in the ability to prevent the spread of COVID-19 in Indonesia (25). The implementation of the health protocol in the mosques must be monitored and evaluated whether it is in accordance with the standards and rules set by the government and the Indonesian Ulema Council. Monitoring and evaluation are preventive actions to prevent the spread of the COVID-19 virus in the mosque environment (30).

The existence of different understandings in implementing health protocols is also an obstacle. Some worshipers consider it illegal to carry out health protocols such as keeping a distance during prayers and wearing masks. Although the Indonesian Ulema Council (MUI) has issued a warning that in the current situation, it should not matter because there are considerations about fiqh rules and other Islamic laws (20). People who have limited knowledge and lack awareness think that hand hygiene is not important (26). Most people, who are elderly, do not understand COVID-19 and how to prevent it (31). Social relations in the new normal era have an impact on changes in communication styles and strategies used by the community, including mosque congregations (32). The use of masks, and keeping a distance has an impact on the solemnity of worship during prayer (33).

CONCLUSION
The results of the research resulted in four themes, namely: opinions about COVID-19, implementing the health protocols at the start of a pandemic, implementing the health protocols when the cases decreased, and the obstacles to implement the health protocols in mosques. The participants said the development of COVID-19 was better because many mosque congregations had received vaccines and implemented health protocols. The implementation of the health protocol at the beginning of the pandemic was very strict so mosques were not allowed to pray in congregation and carry out other social activities. However, once the cases decrease, the mosque can be used as usual with the implementation of the health protocol. The obstacles to implement the health protocol at the mosque are the lack of awareness of the congregation and the reluctance to reprimand members who do not comply. Implementing the health protocol at mosques is very useful for reducing the transmission rate of COVID-19 in places of worship. Always applying the health protocols at mosques is one of the ways to avoid the transmission of COVID-19.

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Conflict of interests
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