

Deauthorization of the Religious Leader Role in Countering Covid-19: Perceptions and Responses of Muslim Societies on the *Ulama*'s Policies in Indonesia

Mustaqim Pabbajah^{1,*}, Nurhidayat Muhammad Said², Faisal³, M. Taufiq Hidayat Pabbajah⁴, Hasse Jubba⁵ and Juhansar¹

¹Universitas Teknologi Yogyakarta, Indonesia

²Universitas Islam Negeri Alauddin, Makassar, Indonesia

³Institut Agama Islam Negeri Fattahul Muluk, Papua, Indonesia

⁴Institut Agama Islam Negeri, Parepare, Indonesia

⁵Universitas Muhammadiyah Yogyakarta, Indonesia

Abstract: *Ulama* as epicenters of religious leader in spreading religious teachings in Muslim societies have experienced deauthorization. This study aims to reflect the Muslim societies' perceptions and responses on the *Ulama* policies in countering Covid-19 in Indonesia. This study uses observation, interviews, and literature review as data sources. This study presents a theoretical perspective on the deauthorization of the *Ulama* role in Indonesia in handling Covid-19. This study found three socioreligious aspects. Firstly, less public's knowledge and understanding of Covid-19 socialization confirms multiple interpretations at the grass road level. Secondly, the socialization of the *Ulama* policies has not been carried out effectively, as seen in several cases, such as the rejection of the mosque closure and the prohibition of other religious activities, due to the lack of public knowledge about this epidemic. Thirdly, government policies on Large-Scale Social Restrictions (PSBB) which are totally supported by the MUI (Indonesian *Ulama* Council) as the representation of Indonesian Muslim scholar have not been able to suppress the Muslim societies' enthusiasm in the practice of religious activities. It indeed demonstrates *Ulama*'s deauthorization in countering Covid-19 pandemic for Muslim societies in Indonesia.

Keywords: Deauthorization, Religious Leader, Role, *Ulama*, Covid-19, Indonesia.

INTRODUCTION

The government of Indonesia supported by the MUI (Indonesian *Ulama* Council) as the representation of Muslim scholar have been making and implementing various policies (Fakhruroji *et al.*, 2019; Hidayah, 2020; Indriya, 2020; Widjaja *et al.*, 2020; Kurniawan, 2020) such as strict health guidelines approach in handling covid-19 (BNPB, 2020; GTPP Covid-19, 2020; Ministry of Health of the Republic of Indonesia, 2020; Azwar & Setiati, 2020), communication and education approaches (Sampurno *et al.*, 2020; Sulaeman & Supriadi, 2020; World Health Organization, 2020), psychology and social approach (Buana, 2020; Marlioni *et al.*, 2020; MHPSS Reference Group, 2020), even religious and cultural approaches. However, the policies implementation still shows various forms of disobedience among the people. It is proved by the high rate of Covid-19 transmission in Indonesia. As the most religious adherents in Indonesia, religious (Islam) approach leading by the *Ulama* as the holder of

religious authority tends to be the most appropriate approach to be implemented. Unfortunately, this approach has not been able to optimally suppress the spread of Covid-19. The statistic data as cited in 18 July 2020 show that there were 84,882 confirmed positive cases with 1,752 confirmed cases in 18 July 2020 and 1,462 confirmed cases in 17 July 2020. It indicates the high rate Covid-19 spreading in Indonesia. Moreover, the confirmed positive cases of Covid-19 have reached 2,657 cases in 24 hours in 9 July 2020 (<https://covid19.go.id/>). 2,657 confirmed positive cases were the highest cases since the first cases of Covid-19, 2 March 2020, proclaimed by The Presidents of the Republic of Indonesia, Joko Widodo (kompas.com). Therefore, this study is going to provide a description of the emergence of various approaches in preventing and countering the Covid-19 pandemic in Indonesia, such as religious approach where religious leaders' roles seem to be powerless.

Covid-19 lately becomes current and trend issue for the researchers and academics to discover using various perspectives. The existing studies on Covid-19 in Indonesia focus on at least four aspects. The first is dominated by medical perspective (Djasri, 2020; Azwar, 2020; MLE, 2020; Parwanto, 2020;

Address correspondence to this author at the Universitas Teknologi Yogyakarta, Jl. Siliwangi, Ringroad Utara, Jombor, Sleman, Yogyakarta, P.O. Box 55285, Indonesia; Tel: +62-274-623310; Fax: +62-274-623306; E-mail: mustaqim_pabbajah@uty.ac.id
Orchid ID: <https://orcid.org/0000-0002-1171-950X>

Notoatmodjo, 2012; Yuliana, 2020). The second is business and economy perspective (Bahtiar & Saragih, 2020; Hadiwardoyo, 2020; Nurwati, 2020; Pakpahan, 2020; Sikki, 2020). The third is socio-cultural perspective (Sampurno *et al.*, 2020), as well as the role and psychological impact (Buana, 2020; Marliani *et al.*, 2020), and religious studies (Indriya, 2020; Kosasih *et al.*, 2020; Syafrida, 2020; Telaumbanua, 2020; Hidayah, 2020; Supriatna, 2020), such as the empowerment of religious institutions (Aji, 2020; Mushodiq & Imron, 2020). The fourth is government policy in handling Covid-19 (Harisah, 2020; Ibnu & Setiawan, 2020; Wadi, 2020; Zahrotunnimah, 2020). Those previous studies show the researchers and academics great attention in discovering the Covid-19 in various perspectives.

This study is a response to existing studies with an emphasis on the deauthorization of religious leaders' roles where the *Ulama* statement is not maximally carried out by Muslims in Indonesia. Accordingly, this study covers three main issues; to see the Muslim societies' perceptions towards Covid-19 both medically and psychologically, to explore the Indonesian Muslims responses on the government policies supported by the *Ulama* statement, and to discover the significance of the *Ulama* authority in preventing the transmission of Covid-19 in Indonesia.

This study argues three issues related to deauthorization of *Ulama* during the Covid-19 pandemic. *Firstly*, the Indonesians' perceptions in understanding Covid-19 pandemic have not been yet comprehensive; policies dichotomy between central and regional, especially in rural areas in Indonesia. *Secondly*, the policy socialization and implementation in countering Covid-19 are more centralized; the ignorance of the religious and community leaders at the grass-root level. *Thirdly*, high religious spirit with less religious understanding causes the disobedience of health protocols in the practice of religious activities; being resistance to government policies by conducting religious activities as they were.

LITERATURE REVIEW

Religious Authority

Authority is an institutional and individual rules and actions domain of power in society. Government in a country as the holder of power often involves religious leaders as the owner of religious authority (Burhani, 2016; Zulkifli, 2013). Religious authority reflects the

relationship between relational and hierarchical in building human moral order (Agbaria, 2019). In Indonesian Islam, *Ulama* play a strategic role in society in the context of social, political and economic change. The *Ulama* authority has been fragmented for a long time where global media and information technology make the authority more plural (Zulkifli, 2013). In fact, religious authority is not static, but dynamic. Religious authority has inter-relation of authority levels (Rumadi, 2012). It can be examined through four layers of authority, i.e. religious hierarchy (recognized religious leaders and community leaders' roles and perceptions), religious structures (community structures, practice patterns, or official organizations), religious ideologies (beliefs, faith, or shared-identity), and religious texts (Oweidat, 2019).

Religious authority can be observed from its position in society. *Ulama* as religious (Islamic) leaders have authority to issue official statement or policy related religious law. *Ulama* in Indonesia have been recognized as being in a central position in society. Black and Watson (Ostebo & Ostebo, 2014) recognize the existence of religious leaders as potential resources, 'vehicles for development'. Authority can promote unity in the Islamic world through *da'wah* as an instrument (Meuleman, 2011). However, as a result of political and social transformation, the relationship of various religious (Islamic) institutions, religious leaders, and social leaders show the authority and power contestation. The *Ulama* as religious leaders may influence the social life of the society because they have authority to issue official statements or (religious) policies (Shiozaki & Kushimoto, 2014). The concept of religious authority in Indonesia is not static; it is the subject of political and social change that adjusts to the dynamics of the social and local context (Kaptein, 2004; Jubba *et al.*, 2019).

Ulama as Religious Leaders

Religion is law and rule for humans (Zaman, 2009). In the perspective of sociology, Max Weber in McCulloch (2014) stated that the concept of legitimacy is a subcategory of 'domination' which means as the order probability. Order probability should be obeyed by certain groups of people because it is binding. Charismatic religious leaders have a great influence on the adherents (Pabbajah *et al.*, 2019). The presence of religious leaders as respected figures in addition to the government impacts on the community loyalty and adherence on the government policy (Zulkarnain & Samsuri, 2018). A religious leader has a vital role in

managing and solving the problems faced by the societies (Prummer, 2019).

Religious authority in Indonesian context has been redistributed since the increasing number of religious figures. The existence of *Ulama* and traditional religious (Islamic) scholar (*Kyai* or *Anre Gurutta*) as the main religious sources brings the authority vary from time to time (Pabbajah, 2020). In relation to religious authority, it is required also to explore the aesthetic dimension of authority in religious leadership. Aesthetics refers to various sensory form and experiences shaping the relation between practitioners and religious leaders that contribute to explaining the role of religious leader aesthetic forms and performativity practices in making official statement or religious policy (De Witte *et al.*, 2015). Azra mentioned that the role of the *Ulama* may differ and change throughout the rise and the role of Muslim organizations, the developments of Islamic education such as *madrasas* (Islamic school), and the spread of *Salafi* (Islamic orthodox) ideas in contemporary Indonesia (Azra, 2018). *Ulama*, well-educated Islamic leaders, spread their knowledge of Islamic understanding through teaching, leading, and worshiping (Yumna, 2018). In short, *Ulama* play a significant role in the socio-religious life of Muslim communities in Indonesia.

Responses of Religion on Covid-19

Historically, religions always present in every outbreak of disease (GENOVA, 2002; Kim & Koenig, 2014; Vanderweele, 2017) including Covid-19. In Islam, for example, various approaches, e.g. *tafakkur* in Islam, are used in responding the ongoing Covid-19. The use of *tafakkur* concept in responding Covid-19 shows four main findings, i.e. being 'alone' or quarantine (isolating certain area which is affected by the pandemic is a right conduct), being patient, thinking positively (being kind and wise), and praying a lot (Indriya, 2020). Additionally, Islamic teaching considers the pandemic (Covid-19) as the God test for being closer to Him. Islam also recognizes the term lockdown and social distancing in order to prevent the transmission of disease. Some *Ulama* said that the term disease in Islam refers to *tho'un* which means illness having high risk of transmission (Supriatna, 2020). On the other hand, Christianity sees Covid-19 pandemic as an opportunity for Christians to stimulate the rise of the churches through the government's policy on social distancing in performing religious activities (Widjaja *et al.*, 2020). Meanwhile, in Islamic tradition, many

references such as *Bazl Ma'un* and *al-Asqalany Islam* discuss the pandemics happened in the world. Those references do not only discuss the pandemic in religious perspective but also in the perspective of empirical and scientific ones (Qudsy & Sholahuddin, 2020).

In Islam, it is recognized some sects of Islamic teaching such as *Jabariyah* and *Qadariyah* as well. *Jabariyah* theology response to Covid-19 leads to fatalism, *Qadariyah* theology leads to the acceptance of the pandemic as a disaster based on humans error (Hidayah, 2020). Therefore, in the context of religiosity in Indonesia, the government has cooperated with religious institutions, e.g. the MUI (Indonesian *Ulama* Council) to educate people in terms of religious aspects in handling and countering Covid-19. Cooperating with religious leaders (*Ulama*), institutionally and personally, could strengthen the government policies implementation in the grass-root level. Besides, it is also government strategy to influence the Indonesian Muslim communities to not conducting religious activity collectively during the Covid-19 pandemic by issuing official statements (Mushodiq & Imron, 2020). Furthermore, Muslim societies should use social media wisely and fairly in receiving and sending information. Society as social media users must filter every received and sent information by avoiding sensitive cases such hoax in the name of religions (Kosasih *et al.*, 2020). Mass and religious communication are the public communication strategies carried out by the Government of Indonesia in handling and countering Covid-19 (Fakhrurroji *et al.*, 2019). Thus, the positive values of religion can be used as a reference in responding to various diseases in the medical world such as Covid-19.

METHOD

The handling or the prevention of the Covid-19 pandemic with its complexities is the main issue discussed this study. Various paradoxical responses of the community during the pandemic take several parties attention. However, the responses have not been debated descriptively and scientifically. This study portrays the Muslim society's responses by looking at the tendency of de-authorization of the *Ulama* in countering Covid-9. Observations, interviews, and online literature studies related to the Covid-19 pandemic in Indonesia were the techniques used in collecting data. Observations were conducted in the field of study by obeying the health protocol of the government and by using technology. Open-ended

Interviews were conducted by interviewing religious and community leaders. Likewise, online literature search and review related to Covid-19 were conducted to map the studies which were conducted previously. Data were analyzed using a qualitative descriptive approach.

FINDINGS AND DISCUSSION

The People Perception on Covid-19

The emergence of Covid-19 has not only changed people's perspectives on medical aspects, but also resulted in changes in social, psychological, economic, and even religious behavior in the community. Social changes that occur are not just caused by external factors that tend to be compelled to be obeyed. Some government policies must be obeyed such as social distancing and physical distancing. The policy must be implemented strictly and followed by various health protocols. In addition, social change also tends to occur because of internal encouragement that originates from oneself or the adjustment of the community members. Therefore, this study shows various community perceptions of the presence of Covid-19 obtained through observation and interviews, as shown in the following table:

From the description of the table, it shows four trends of people's perception of Covid-19. This perception certainly does not represent the perception of society, but it is as a simple description of the

perception of perceptions that exist in the community in Indonesia as a consideration in handling Covid-19. The four perceptions include; medical, psychological, socio-economic and religious perception.

Medical Perception

So far, the public perception is more dominated and concentrated on medical aspects. Public perception sees that this disease is a disease originating from China with a high transmission rate and is dangerous to health, especially in the respiratory system. When someone is infected with this virus, special handling is needed in the isolation room of the government referral hospital. In addition, the perception that many people show is the high concern and attention to health. Some cases of changes that can be observed are the concern for health. Spontaneously the community becomes more concerned with various matters related to health. Before the existence of Covid-19, it was usually not routine to wash hands. People even forgot to wash their hands. Now people wash their hands almost every time. Indonesian people who are relatively unfamiliar with masks when they leave the house are now more likely to wear masks and carry hand sanitizers.

In this perception, the grassroots community has known historically about disease outbreaks, so that it is used as a valuable lesson if a disease will occur someday. This makes the community that Covid-19

Table 1: The People Perception on Covid-19

Medical	Psychological	Social economy	Religious
Disease that has existed for a long time and that will be repeated	Igniting public panic and fear	Social distancing from others (social distancing and physical distancing)	Realizing God destiny to humans
An Infectious disease from China that are transmitted through the nose, mouth and eyes	Becoming stressed with the stay at home policy	Many people becoming jobless and laid off	More focused worship at home (remembrance and prayer)
A respiratory and dangerous disease that can cause death	Being saturated and bored with the conditions that are not yet clear	Sluggish economic and trade activities	Being patient and sincere to face any disaster
Concern for health and hygiene	Being paranoid with all diseases	Social care and solidarity	Closed places of worship (spiritual religion blocked)
No vaccine or cure yet	Becoming traumatic with the information obtained	Panic buying and hoarding goods	Abolished religious activities
Special medical treatment need	Becoming worried about vulnerability	Economic and business interests	Recognizing the religion and <i>Ulama's</i> rules about epidemics
Infectious disease that heals itself	Mental disorder	Many areas closed by local residents	Having not been implemented and obeyed the whole official statements of <i>Ulama</i>

(Source: Compiled by Researchers, 2020).

disease is something serious and cannot be underestimated. As the following interview quote:

"In my opinion Covid-19 is a disease that has often been told by his parents in ancient times. In ancient times when his parents were still living, they very often told of a time when there were an epidemic of diseases that made people live only a few and Java people lived in a quarter, and someday there will be a disease that cannot be seen and everyone is affected. If they walk out of houses, they will die. Hence, the plague makes many people die. When their parents were still kids, there was also a very dangerous disease led to death." (RO, Interview, 2020).

Likewise, there is a public perception that the disease does not yet have a vaccine and specific drugs that specifically cure it. However, there are people who think that Covid-19 can heal by itself in the sun, even by consuming traditional ingredients such as herbal medicine that contains in it. Those are ginger, turmeric, lime, cinnamon and so forth. Traditional ingredients have also been used in medicine and reference Covid-19 treatment in China (Chen et al., 2020; Liu et al., 2020). This traditional herb is believed to make the body healthy and fit and avoid a variety of diseases, including Covid-19. It was stated in the following statement:

"If a person infected with this corona virus, he can be cured by sunbathing and doing daily activities that make the body easy to sweat. They can consume "empon-empon" or herbs such as turmeric, ginger, cinnamon, lime and others so. Hence, by consuming herbs every day regularly and by eating healthy foods, it will increase his endurance." (AB, Interview, 2020).

The informant statements showed that society essentially has local genius on deadly infectious disease such as Covid-19. Besides, they also have their own mechanism to deal with it, such as consuming traditional herbal medicine like what their ancestors did and it worked.

Psychological Perception

Psychologically, covid-19 causes a variety of public perceptions that are always overshadowed by fear and

panic with a variety of information that adorns all media, both online, offline and visual media (Abdullah, 2020). Almost everyday community conversations are filled with the face of co-19. It gives rise to the perception of concern and vulnerability. Indirectly it also gives birth to a perception of trauma with various information obtained. This phenomenon shows that stigma is closely related to mental illness and schizophrenia (Corrigan, 2020). In line with these psychological conditions, the psychological approach is known by the term psychosomatic which is closely related to psychosocial. In the view of behavioristic theory, it states that the environment greatly influences the personality of individuals. Currently, information can be reached easily and quickly by the public through the internet network. This has greatly influenced the mindset of modern society today, such as the rise of the Covid-19 case. It has always been the main topic in citizen talks (Zulva, 2020). Likewise, the community has a perception that is indicated by boredom, stress and bored living at home for approximately three months. With the large-scale social restriction policy (PSBB) implemented by the government, it has forced people who are accustomed to gathering and socializing, to become more activities at home. In addition, people have perceptions that tend to be paranoid with various diseases and those related to medicine, such as hospitals and health workers.

Socio-Economic Perception

It is inevitable that social perception in the presence of Covid-19 has experienced a significant shift. Some of these shifts are caused by social distancing and physical distancing policies. Perception is shown in various ways in interpreting the policy. One of them is the amount of closure of the area carried out by residents locally. Nevertheless, interesting and positive perceptions are demonstrated by the strengthening of social solidarity by sharing with fellow affected communities. It is also shown by the concern of others, especially in the material aspects. Another perception that is no less prominent is the economy. People tend to look at Covid-19 with an economic perception by doing panic buying. In fact, there are other perceptions which assess that economic activity and trade have decreased significantly. It shows the importance of public involvement in development cannot occur when it is not promoted through collective activities (Abdullah et al, 2019). A number of workers are laid off or termination of employment (layoffs) due to sluggish industrial enthusiasts. Covid-19 has caused social problems to weaken the economic community and

state (Syafrida, 2020). There is even a public perception that Covid-19 is a conspiracy in the interests of an economic crisis.

Religious Perception

The Indonesian nation, known as a society, that has a high religious character, has shifted religious life and activities as a result of Covid-19. The perception of religious communities especially Muslims in Indonesia as a majority is also not insistent from various responses regarding Covid-19. This perception is shown by several statements which assess that all diseases are the will of God, so we ask for help and healing from God for all diseases and problems. Likewise, some consider that the Covid-19 pandemic on the one hand is a test for sincerity and patience to accept it, but on the other hand it is assumed that this is a disaster as a warning and introspection for humans. Another perception is this condition as a medium to strengthen the spiritual, so that they can concentrate more at worship at home. However, there is a perception that tends to assess the closure of places of worship as a barrier in the spiritual needs of the community. This is caused by religious activities being abolished in places of worship and communally prohibited. This religious perception shows two contradictory things, one side is obedient based on the policies of religious leaders through the MUI official statements, on the other hand there are some other people who still ignore government and *Ulama* policies.

Response of Muslim Communities to Religious Activities Policy

Many Muslim communities respond to the Covid-19 pandemic which becomes endemic with a perspective of faith. In this case religion has an important role in influencing its adherents. In line with that Zahra states that religion is recognized as the most important factor that can influence one's social behavior. Religious belief in carrying out ethical actions as necessary or dependent may have diverse and valuable consequences for adherents of different religions (Khazaei, 2015). The conditions in the middle of the Covid-19 pandemic tend to force people to comply with government policies in trying to break the chain of distribution. One of the potential things in the spread of Covid-19 is through the gathering of people in places of worship as a place for communal religious rituals. Of course, the potential of the government needs the help of religious leaders in preventing and deciding on an increasingly endemic pandemic. The motives for MUI socio-religious actions through official statement issued

contain three dominant motives, namely instrumentally rational, value rational, and traditional (Mushodiq & Imron, 2020). The existence of policies set from restrictions to the prohibition of religious activities results in a paradoxical response from the community. As stated in the policy through a circular (SE) Ministry of Religion in the following table:

With the policy issued by the Ministry of Religion through a circular of the Minister of Religion, there are two trends in the pros and cons responses of the Muslim community in responding to the policy of religious activities in the middle of Covid-19. Some people respond to this by accepting sincerity if they do not meet the criteria required by the policy, preferring to choose to worship at home. It is a step to obey the government policies and *ijtihad* of the *Ulama* represented by the Indonesian *Ulama* Council (MUI) and the Ministry of Religion. Therefore, religious beliefs and understandings have a significant influence on social life. In line with that, Subandi *et al.* (Rezaei *et al.*, 2017: 8) stated that religion and spirituality can help someone to live and conduct his life. Religiosity provides individual guidance on how to behave and assess the situation, what actions should be taken, and decide what strategies to take to overcome the situation. It is as stated by one of the informants:

"Of course, Covid-19 inhibits all religious activities of citizens. However, for the sake of safety, it is always urged to remain patient by praying from home." (RD, Interview, 2020).

The different response shown by the community is such a counter to the policy of limiting religious activities in places of worship. Some cases show that people who are accustomed to worship in mosques are more likely to be resistant to government policies related to religious activities. This shows that there are still religious groups that have not accepted the policy in the name of the beliefs and spiritual needs of pilgrims. Physical Distancing policy or the government's prohibition to keep distance and not get together is included in religious activities, so this is what disturbs the habits of Muslims in meeting their spiritual needs, especially for those who always pray in congregation at the mosque. Some community groups even force their will to continue worshipping at the mosque during the Covid-19 pandemic, because they consider that the mosque is a sacred place so there is no possibility of transmission of disease. Likewise, there is a comparison between activities in the mosque

Table 2: Religious Activities Policy

No	Policy	Remarks
1.	The obligations of the management or the person in charge of houses of worship	<ul style="list-style-type: none"> a. Prepare officers to conduct and oversee the application of health protocols in the area of places of worship. b. Perform regular cleaning and disinfection in the area of the house of worship c. Limit the number of doors / lanes in and out of places of worship in order to facilitate the application and supervision of health protocols d. Limit the number of doors / lanes in and out of places of worship in order to facilitate the application and supervision of health protocols. e. Provide hand washing / soap / hand sanitizer facilities at the entrances and exits of houses of worship. f. Provide temperature check devices at the entrance for all users of houses of worship. If a user of a house of worship is found with a temperature of more than 37.5 degrees celsius (2 times checking with a distance of 5 minutes), it is not permitted to enter the area of the house of worship. g. Apply distance restrictions by giving a special mark on the floor / chair, a minimum distance of 1 meter. h. Set the number of worshippers / users of houses of worship gathered at the same time to ease the limitation of keeping distance. i. Shorten the time of worship without reducing the provisions of the perfection of worship. j. Post an appeal for the application of health protocols in places of worship in places that are easily visible. k. Make a letter of readiness to implement health protocols that have been determined. l. Enact special health protocols for guest worshippers who come from outside the house of worship.
2.	The obligations of the community who will carry out worship in places of worship	<ul style="list-style-type: none"> a. Make sure to be in good health. b. Be convinced that the house of worship used has a Covid-19 certificate of safety from the authorities. c. Use a mask / face mask since leaving the house and while in the area of the house of worship. d. Maintain cleanliness of hands by frequently washing hands using soap or hand sanitizer. e. Avoid physical contact, such as shaking hands or hugging. f. Maintain a minimum distance of between 1 (one) meter. g. Avoid long silence in houses of worship or gathering in areas of places of worship, other than for the purposes of compulsory worship. h. Prohibit worship in houses of worship for children and elderly citizens who are prone to contracting the disease, as well as people with congenital illness who are at high risk of Covid-19. i. Participate in the application of the implementation of health protocols in places of worship in accordance with the provisions.
3.	If the house of worship will be used for religious social activities, such as a marriage / marriage contract, still refer to the above provisions with additional provisions	<ul style="list-style-type: none"> a. Ensure that all participants present are healthy and negative Covid-19. b. Limit the number of participants to a maximum of 20 (twenty) percent of the room capacity and may not exceed 30 people. c. Hold the meeting in the most efficient time possible.

(Source: The Official Letter of the Minister of Religion of RI No 15/2020).

with the opening of markets which are considered to have greater potential in disease transmission. As the following informant's statement:

"The mosque is a holy place and a place of worship, so illness is not easily transmitted compared to market activities. All Muslims who enter the mosque for prayer must have purified ablution" (MK, interview, 2020).

Here religion is seen as a function of social control for humans, where the religious beliefs do not recognize space and time. Correspondingly, Lowicki and Zajenkowski in their study also stated that religious beliefs related to perception of emotion had a significant impact on self-regulation by influencing people's goals, self-monitoring and providing the power of self-regulation (Łowicki & Zajenkowski, 2016). In addition, Sanders provides evidence that beliefs can have a greater influence on mental health than other aspects of religion such as organized religious activities

(church attendance, etc.) or personal service (personal prayer, personal service, etc.) (Galek & Porter, 2010). In line with Sanders, another study conducted by Papazisis regarding the relationship between religious beliefs and mental health found that strong religion or strong spiritual beliefs are associated with decreased stress levels and decreased depressive symptoms (Papazisis *et al.*, 2013). The response of the Muslim community to this outbreak perceives it as an opportunity to draw closer to God, as the following interview excerpts;

"Covid-19 is happening now is a plague that we can also make as a medium for meditation, enduring and getting closer to Allah SWT because this disaster is under the control of Allah SWT" (SA, interview, 2020)

Through its teachings and religious practices, religion becomes a guide and directs the perspective of humans and society. Seeing the reality of history and a long legacy and the fact that the major religions are embraced by people with a very large population, religion plays a very decisive role in social life. In addition, religious traditions have established values that cannot be separated from the lives of their adherents. The various sacred instruments established and perpetuated by religious authorities strengthen the process of forming values and their inheritance. The Scriptures, ritual activities, religious teachings, worship activities and sermons become a channel for instilling values and forming a very effective perspective. The long history of religion with its large adherents has taken part in shaping world culture and civilization (Lakonawa, 2013). Thus, religion becomes a forum for resolution of problems faced by humans, including in the handling of the ongoing Covid-19 pandemic.

Deauthorizing *Ulama* as Religious Leader in Countering Covid-19

Religion as a guide to human life is not only used as a ritual and spiritual medium, but it is also used to answer various social problems, including responding to the importance of maintaining health and hygiene to avoid various diseases. Representation of religious leaders through the Indonesian *Ulama* Council (MUI) has used the values of Islamic religion that originate from the Koran, Hadith, and Jurisprudence principles that are rational-dynamic and full of probabilities so as to give birth to alternatives to worship that can serve as mitigation of the Covid-19 (Mushodiq & Imron, 2020).

Likewise, *Ulama* as central figures in the study of Islamic religion have an important role to make people aware of the importance of maintaining health. Various attempts are made by *Ulama* both verbally and in writing, but in practice there are still community groups who ignore the appeal of religious authority holders both individually and institutionally. The shift of authority of the *Ulama* is shown by the response of Muslim communities who still have a high religious enthusiasm, but it is still minimal in religious understanding. Some of the cases that have been presented previously prove that the response of the Muslim community in Indonesia during the Covid-19 pandemic has experienced a shift in authority. Although some *Ulama* said that this disease is called *tho'un*, which is an outbreak that causes people to become sick and at risk of communicating (Supriatna, 2020), but the *Ulama* as the figure with the highest authority in handling Covid-19 with a religious approach experience de-authorization.

When there are government regulations and *Ulama*'s appeal to keep distance and stay at home such as studying, working and worshiping at home, and then there are three groups or groups of Muslim people who come to the surface in responding to the rules and appeals of these *Ulama*. According to Mahmuddin there are three groups in Muslim society that represent the response of the Covid-19 pandemic. First, there are Muslim community groups who respond to these rules and appeals with a *Qadariyyah* perspective. They only rely on their ability to respond to the spread of co-19 without associating that co-19 is God's destiny which is God's will and power. Muslims affected by *Qadariyyah* thought do not leave this matter to Allah. This attitude makes them abandon efforts to prevent and stop the spread of co-19, such as prayer, because it has become his belief that prayer does not affect something that happens. Hence, it is as if this group denies God's will and power. The response of the public exposed to this understanding is the occurrence of skepticism about the efforts made to resolve the problem. Among other things doubt that negating prayer in life, with the belief that prayer will not change anything.

Second, the *Jabariyyah* group is responding to government regulations and *Ulama*'s appeal with the perspective that everything has been determined by God, so there is no need to fear and worry because illness and death are absolute rights of Allah SWT. Communities that are infected with *Jabariyyah* understanding will become Muslim communities who tend to ignore government policies; even they do not

obey the rules because they build absolute conviction that if God is predestined all will happen, regardless of the process that can be taken to avoid the distress. It is shown with the present condition. Due to the disproportionate problem of destiny that is not proportional, this group ignores the rules that have been made by the government such as the prohibition of gathering anywhere including in the mosque.

The third group is *Ahlussunnah wal Jamaah* group. The response of Muslim communities with this perspective is more moderate responding to the rules and appeals positively. The policy is responded by complying with government and *Ulama's* rules because it builds its belief in destiny by relying on destiny to God, but humans must and efforts for mutual benefit (Mahmuddin & Syandri, 2020).

Pandemic had been known in Islamic prophetic tradition as a warning for people to be avoided. Meanwhile, people must be staying in a certain territory if it is contaminated by virus like Covid-19. The Prophet Muhammad (peace be upon him) said in Shahih Bukhari #5728, "If you hear of an outbreak of plague in a land, do not enter, but if the plague breaks out in the place while you are in it, do not leave that place." Moreover, a pandemic in Islamic tradition, as prophet Muhammad said, is called as *Tha'un*. *Tha'un* is a deadly infectious disease caused by *Pasterella Pestis* bacteria that attacking humans body. Muslims believe that paradise will be with them if they are passing away caused by the plague, as prophet said in Shahih Bukhari #5732, "the death due to the plague for Muslims rewards a paradise" (Supriyatna, 2020). The hadits shows the important of self-protection from the plague or the pandemic such as Covid-19 (Arifin et al., 2020). Islamic teaching and prophetic tradition have a relevance to handling Covid-19 pandemic situation (Mardiana & Darmalaksana, 2020).

Some *Ulama* and Muslim scholars supported the government policies by conducting intensive communication and collaboration to handle and counter the spread of Covid-19 pandemic in Indonesia. The *Ulama* and Muslim scholars explored their positive constructive ideas to the government in order to press the spread of the pandemic transmission. MUI representation suggested the Indonesian nation to be discipline by obeying the health protocol issued by the government. Yusuf Mansur, an Indonesian Muslim scholar, said, "the government must be confident, consistent, and serious in handling the pandemic. Meanwhile, Syaikh Ali Jaber, the *ulama* representation,

stated that the government should involve and work with the *Ulama*, in handling the spread of the pandemic because the *Ulama* in Indonesia nowadays still have a power to handle the society (<http://ksp.go.id/>). In fact, most Indonesian Muslim societies tend to ignore the Islamic teaching and the prophetic tradition in handling and countering Covid-19 as a pandemic.

The response of Muslim communities that have a high religious enthusiasm has opened space in the interpretation of religion and disease openly. Thus, it is very natural that the response of the Muslim community in Indonesia is diverse in understanding the disease, including causing a shift in the authority of the *Ulama* during the Covid-19 pandemic.

CONCLUSION AND RECOMMENDATION

Religion is not only seen as a spiritual need through a series of ritual activities, but, more than that, religion is used as an important reference in dealing with social problems, including in responding to various diseases. Religious attention to disease and health through various views of *Ulama* as holders of authority in handling Covid-19 apparently has not been able to suppress the spirit of religion in the middle of the Muslim community. This study shows three important findings related to the deauthorization of *Ulama* in handling Covid-19 in Indonesia. First, people's perceptions of the Covid-19 pandemic have not been well understood, as are the varying public perceptions of the Covid-19 pandemic as indicated by medical, psychological, socio-economic and religious perceptions. Second, the response of the Muslim community to Covid-19 has not yet fully complied with the directions and explanations of the *Ulama* as religious figures in conducting worship during the Covid-19 pandemic. This is indicated by the response of Muslim societies showing the pros and cons and even tends to be resistant to the policies set. Third, the de-authorization of the *Ulama* in countering Covid-19 experiences a shift due to the religious and religious zeal of the Muslim community in Indonesia, which is relatively high. Thus, it requires intense religious understanding. In other words, the religious enthusiasm of the community has degraded the authority of *Ulama* both individually and institutionally.

Deauthorization of *Ulama* in the Covid-19 pandemic is a problem that can lead to a paradoxical response of Muslim societies in religious activities. Therefore, this study suggests the need for accommodation of all parties in handling Covid-19, especially religious and

community leaders. Likewise, cultural accommodation promoted in the context of preventing and dealing with Covid-19 has not received much attention. Therefore, the handling of Covid-19 is not only borne by the government and the medical approach but it is expected to contribute to various parties in order to break the chain of distribution of Covid-19. This study is certainly still limited to the data used, so that further contextual studies are needed with a more comprehensive conceptual approach. With the various perspectives offered, it is expected to be able to provide an overview in the handling of Covid-19 which is still ongoing.

REFERENCES

- Abdullah, I., Jubba, H., Pabbajah, M., Sari, I. P., Zuhri, S., & Ernas, S. 2019. From Selfism to Indifferentism : Challenges Facing Indonesian Society and Culture , 2015 – 2045. *Academic Journal of Interdisciplinary Studies*. 8 (3), 102–112. <https://doi.org/10.36941/ajis-2019-0009>
- Abdullah, I. 2020. COVID-19: Threat and fear in Indonesia. *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi.org/10.1037/tra0000878>
- Agbaria, A. K. 2019. Contact religious authority and the creation of hyper-solidarity: reflections on Israeli politics and Islamic political thought. *Ethics and Education*, 14(2), 227–240. <https://doi.org/10.1080/17449642.2019.1587685>
- Aji, A. M. 2020. Pandangan Keagamaan Majelis Ulama Indonesia Kabupaten Bogor Terkait Kewajiban Menjaga Diri, Pelaksanaan Shalat Jumat dan Pengurusan Mayit Dalam Situasi Darurat Penyebaran Covid-19. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(5). <https://doi.org/10.15408/sjsbs.v7i5.15313>
- Arifin, T., Nuraeni, N., Mashudi, D., & Saefudin, E. 2020. Proteksi diri saat pandemi COVID-19 berdasarkan hadits shahih. KTI FWH UIN Sunan Gunung Djati Bandung
- Bahtiar, R. A., & Saragih, J. P. 2020. Dampak Covid-19 terhadap perlambatan ekonomi sektor umkm. *Jurnal Bidang Ekonomi Dan Kebijakan Publik*, 7(6), 19–24.
- BNPB. (2020). Pedoman Penanganan Cepat Medis dan Kesehatan Masyarakat Covid-19 di Indonesia. 23 Maret, 1–38.
- Buana, D. R. 2020. Analisis Perilaku Masyarakat Indonesia dalam Menghadapi Pandemi Virus Corona (Covid-19) dan Kiat Menjaga Kesejahteraan Jiwa. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(3). <https://doi.org/10.15408/sjsbs.v7i3.15082>
- Burhani, A. N. 2016. Aksi Bela Islam: Konservatisme dan Fragmentasi Otoritas Keagamaan. *Jurnal Maarif Institute*, 2, 15–29.
- Chen, J., Wang, W. Q., Shi, C. Y., & Fang, J. G. 2020. Thoughts on prevention and treatment of coronavirus disease 2019 (COVID-19) by traditional Chinese medicine. *Chinese Traditional and Herbal Drugs*, 51(5), 1106–1112. <https://doi.org/10.7501/j.issn.0253-2670.2020.05.003>
- Corrigan, P. 2020. *On the stigma of COVID-19*. *Psychology Today*.
- De Witte, M., De Koning, M., & Sunier, T. 2015. Aesthetics of religious authority: Introduction. *Culture and Religion*, 16(2), 117–124. <https://doi.org/10.1080/14755610.2015.1058524>
- Djasri, H. 2020. Corona Virus dan Manajemen Mutu Pelayanan Klinis di Rumah Sakit. *The Journal of Hospital Accreditation*, 2(1), 1–2. <https://doi.org/10.35727/jha.v2i1.62>
- Fakhruroji, M., Tresnawaty, B., Sumadiria, A. S. H., Risdayah, E., & Kunci, K. 2019. Strategi Komunikasi Publik Penanganan COVID-19 di Indonesia : Perspektif Sosiologi Komunikasi Massa dan Agama. *Ilmu Komunikasi UIN Sunan Gunung Djati Bandung*, 1(1), 1–11.
- Galek, K., & Porter, M. 2010. A brief review of religious beliefs in research on mental health and ETAS theory. In *Journal of Health Care Chaplaincy* (Vol. 16, Issues 1–2, pp. 58–64). <https://doi.org/10.1080/08854720903489246>
- Genova, P. 2002. Handbook of Religion and Health. *American Journal of Psychiatry*. <https://doi.org/10.1176/appi.ajp.159.9.1619>
- GTPP Covid-19. 2020. Pedoman Penanganan Cepat Medis dan Kesehatan Masyarakat Covid-19 di Indonesia. In 23 Maret.
- Hadiwardoyo, W. 2020. Kerugian Ekonomi Nasional Akibat Pandemi Covid-19. *Baskara: Journal of Business and Entrepreneurship*, 2(2), 83–92. <https://doi.org/10.24853/baskara.2.2.83-92>
- Harisah, H. 2020. Kebijakan Pemberian Insentif Pada Tenaga Medis Virus Corona Covid-19 Pendekatan Masalah. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(6). <https://doi.org/10.15408/sjsbs.v7i6.15320>
- Hidayah, N. 2020. Dari Jabariyah, ke Qadariyah, hingga Islam Progresif: Respons Muslim atas Wabah Corona di Indonesia. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(6). <https://doi.org/10.15408/sjsbs.v7i6.15365>
- <https://covid19.go.id/p/berita/infografis-covid-19-29-juni-2020> (acesable 18 July 2020)
- <https://nasional.kompas.com/read/2020/07/09/16251081/2657-kasus-baru-covid-19-rekor-penambahan-tertinggi-sejak-2-maret?page=all> (acesable 9 July 2020)
- <http://ksp.go.id/tangani-covid-19-tokoh-agama-beri-pendapat-pada-pemerintah/index.html> (acesable 17 July 2020)
- Ibnu, Y., & Setiawan, S. 2020. Penetapan Karantina Wilayah Menurut Pandangan Legal Positivisme Dalam Rangka Pencegahan dan Pemberantasan Pandemi Coronavirus Disease (Covid) -19. *Penetapan Karantina Wilayah Menurut Pandangan Legal Positivisme Dalam Rangka Pencegahan Dan Pemberantasan Pandemi Coronavirus Disease (Covid)-19*, 1–16. <https://doi.org/10.31219/osf.io/zfq6x>
- Indriya, I. 2020. Konsep Tafakkur Dalam Alquran Dalam Menyikapi Coronavirus Covid-19. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(3). <https://doi.org/10.15408/sjsbs.v7i3.15050>
- Jubba, H., Pabbajah, M., H Prasodjo, Z., & Qodir, Z. (2019). The Future Relations between the Majority and Minority Religious Groups, Viewed from Indonesian Contemporary Perspective: A Case Study of the Coexistence of Muslims and the Towani Tolotang in Amparita, South Sulawesi. *International Journal of Islamic Thought*, 16(1), 13–23.
- Kaptein, N. J. G. 2004. The voice of the “Ulamā”: Fatwas and religious authority in Indonesia. *Archives de Sciences Sociales Des Religions*, 125(1), 115–130. <https://doi.org/10.4000/assr.1038>
- Kemertian Kesehatan Republik Indonesia. 2020. Pedoman Pencegahan dan Pengendalian Coronavirus Disease (COVID-19). *Germas*, 0–115.
- Khazaei, Zahra. 2015. Religious Belief, Motivation and Moral Commitment. *Comparative Theology*, 5(12), 85–98.
- Khifzhon Azwar, M. 2020. Geriatric Division Project View project Tackling undernutrition in the Asian healthcare setting: a Southeast Asian expert consensus View project Siti Setiati cipto mangunkusumo hospital. *Acta Med Indones-Indones J Intern Med*, 52(1), 84.
- Khifzhon Azwar, M., & Setiati, S. 2020. COVID-19 and Indonesia. *Acta Medica Indonesiana*, 52(1), 84–89.

- Kim, K. H. C., & Koenig, H. G. 2014. Religion and health. In *Cambridge Handbook of Psychology, Health and Medicine, Second Edition* (pp. 182–187). <https://doi.org/10.1017/CBO9780511543579.039>
- Kosasih, E., Raharusun, A. S., Dalimunthe, R. P., & Kodir, A. A. 2020. Literasi media sosial dalam pemyarakatan moderasi beragama dalam situasi pandemi Covid-19. *Digital Library UIN Sunan Gunung Djati Bandung*.
- Kurniawan, A. 2020. Ini Hadits Rasulullah Seputar Wabah Penyakit, Thaun, atau Covid-19. *NU Online*.
- Lakonawa, P. 2013. Agama dan Pembentukan Cara Pandang Serta Perilaku Hidup Masyarakat. *Humaniora*, 4(2), 790. <https://doi.org/10.21512/humaniora.v4i2.3507>
- Liu, J., Cui, Y., Bai, M. X., Zhang, H. W., Jin, Y. L., & Lv, P. 2020. Application of traditional Chinese medicine in prevention and treatment of COVID-19. *Chinese Traditional and Herbal Drugs*, 51(4), 860–865. <https://doi.org/10.7501/j.issn.0253-2670.2020.04.005>
- Łowicki, P., & Zajenkowski, M. 2016. Emotional intelligence and religiosity: Complex connections and possible explanation. *Personality and Individual Differences*, 101, 496. <https://doi.org/10.1016/j.paid.2016.05.215>
- Mahmuddin, Ronny & Syandri. 2020. Qadariah, Jabariyah dan Ahlus Sunnah (Studi Komparatif Merespon Kebijakan Pemerintah dan Ulama Mencegah Merembaknya Covid-19). *Bustanul Fuqaha: Jurnal Bidang Hukum Islam*. 1 (2). <https://doi.org/10.1234/bustanul.v1i2.147>
- Mardiana, D., & Darmalaksana, W. (2020). Relevansi Syahid Ma'nawi dengan Peristiwa Pandemic Covid-19: Studi Matan Pendekatan Ma'anil Hadis. *Jurnal Perspektif*.
- Marliani, R., Nasrudin, E., Rahmawati, R., & Ramdani, Z. 2020. Regulasi Emosi, Stres, dan Kesejahteraan Psikologis: Studi Pada Ibu Work from Home dalam Menghadapi Pandemi COVID-19. *Jurnal Psikologi*, 1.
- McCulloch, A. D. 2014. Charisma and patronage: Reasoning with Max Weber. In *Charisma and Patronage: Reasoning with Max Weber*.
- Meuleman, J. 2011. Dakwah, competition for authority, and development. *Bijdragen Tot de Taal-, Land- En Volkenkunde*, 167(2–3), 236–269. <https://doi.org/10.1163/22134379-90003591>
- MHPSS Reference Group. 2020. Catatan-Tentang-Aspek-Kesehatan-Jiwa-Dan-Psikososial-Wabah-Covid-19-Feb-2020-Indonesia. *Catatan Tentang Aspek Kesehatan Jiwa Dan Psikososial Wabah COVID-19 Versi 1.0 Inter-Agency*, Feb, 1–20.
- MLE. 2020. Virus Corona 2019-nCoV) penyebab COVID-19 MLE. *Jurnal Biomedika Dan Kesehatan*, 3(1), 1–2. <https://doi.org/10.1038/nsmb1123>
- MLE Parwanto. 2020. Virus Corona (2019-nCoV) penyebab COVID-19. *Jurnal Biomedika Dan Kesehatan*, 3(1), 1–3. <https://doi.org/10.1038/nsmb1123>
- Mushodiq, M. A., & Imron, A. 2020. Peran Majelis Ulama Indonesia Dalam Mitigasi Pandemi Covid-19 (Tinjauan Tindakan Sosial dan Dominasi Kekuasaan Max Weber). *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(5). <https://doi.org/10.15408/sjsbs.v7i5.15315>
- Notoatmodjo, S. 2012. Promosi Kesehatan dan Perilaku Kesehatan. In *Journal of Chemical Information and Modeling*. <https://doi.org/10.1017/CBO9781107415324.004>
- Nurwati, R. A. M. dan R. N. 2020. Dampak pandemi covid-19 terhadap peningkatan angka pengangguran di indonesia. *Kesejahteraan Sosial*.
- Ostebo, M. T., & Ostebo, T. 2014. Are Religious Leaders a Magic Bullet for Social/Societal Change? A Critical Look at Anti-FGM Interventions in Ethiopia. *Africa Today*, 60(3), 82–101.
- Oweidat, L. 2019. Islamic Ethos: Examining Sources of Authority. *Humanities*, 8(4), 170. <https://doi.org/10.3390/h8040170>
- Pabbajah, M., Abdullah, I., Juhansar, & Jubba, H. 2019. Contested Socioreligious Reality: An-Nadzir, a Non-mainstream Islamic Movement in Indonesia. *The International Journal of Religion and Spirituality in Society*. <https://doi.org/10.18848/2154-8633/cgp/v09i02/71-78>
- Pabbajah, M., Jubba, H., Widyanti, R., Pabbajah, T., & Iribaram, S. 2020. *Internet of Religion: Islam and New Media Construction of Religious Movements in Indonesia*. <https://doi.org/10.4108/eai.1-10-2019.2291750>
- Pakpahan, A. K. 2020. COVID-19 Dan Implikasi Bagi Usaha Mikro, Kecil, Dan Menengah. *JIHI: Jurnal Ilmu Hubungan Internasional*, 2–6. <https://doi.org/10.26593/jihi.v0i0.3870.59-64>
- Papazisis, G., Sardeli, C., Goulas, A., & Kouvelas, D. 2013. Generic products of psychotropic drugs in Greece: A market overview. *Journal of Mental Health Policy and Economics*, 16, S28.
- Prummer, A. 2019. Religious and Cultural Leaders. In *Advances in the Economics of Religion* (pp. 103–117). https://doi.org/10.1007/978-3-319-98848-1_7
- Qudsy, S. Z., & Sholahuddin, A. 2020. Kredibilitas Hadis dalam COVID-19: Studi atas Baʼl al-Māʼūn fi Fadhli al-Thāun karya Ibnu Hajar al-Asqalany. *AL QUDS : Jurnal Studi Alquran Dan Hadis*, 4(1), 1. <https://doi.org/10.29240/alquds.v4i1.1476>
- Rumadi, R. 2012. Islam Dan Otoritas Keagamaan. *Walisongo: Jurnal Penelitian Sosial Keagamaan*, 20(1), 25. <https://doi.org/10.21580/ws.20.1.183>
- Sampurno, M. B. T., Kusumandyoko, T. C., & Islam, M. A. 2020. Budaya Media Sosial, Edukasi Masyarakat, dan Pandemi COVID-19. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(5). <https://doi.org/10.15408/sjsbs.v7i5.15210>
- Shiozaki, Y., & Kushimoto, H. 2014. Reconfigurations of Islamic authority in Malaysia: state control of Islam and the role of the Ulama. *Asian Journal of Social Science*, 42, 602–619.
- Sikki, K. L. 2020. Kebijakan Ekonomi Arab Saudi Dalam Mengantisipasi Pandemi Covid-19. *Journal of Islamic Civilization*, 2(1), 8–16. <https://doi.org/10.33086/jic.v2i1.1517>
- Sulaeman, & Supriadi. 2020. Peningkatan Pengetahuan Masyarakat Desa Jelantik Dalam Menghadapi Pandemi Corona Virus Diseases–19 (Covid-19). *Jurnal Pengabdian UNDIKMA: Jurnal Hasil Pengabdian & Pemberdayaan Kepada Masyarakat*, 1(1), 12–17.
- Supriatna, E. 2020. Wabah Corona Virus Disease (Covid 19) dalam Pandangan Islam. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(6). <https://doi.org/10.15408/sjsbs.v7i6.15247>
- Syafrida, S. 2020. Bersama Melawan Virus Covid 19 di Indonesia. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(6). <https://doi.org/10.15408/sjsbs.v7i6.15325>
- Telaumbanua, D. 2020. Urgensi Pembentukan Aturan Terkait Pencegahan Covid-19 di Indonesia. *QALAMUNA: Jurnal Pendidikan, Sosial, Dan Agama*, 12(1), 59–70. <https://doi.org/10.37680/qalamuna.v12i01.290>
- Vanderweele, T. J. 2017. Religion and health: A synthesis. In *Spirituality and religion within the culture of medicine: From evidence to practice* (pp. 357–401).
- Wadi, R. 2020. Konstitusionalitas Pemerintah Daerah dalam Menetapkan Kebijakan Lockdown pada Penanganan Covid-19. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(5). <https://doi.org/10.15408/sjsbs.v7i5.15319>
- Widjaja, Irwan F., Gunawan Marisi, C., Tua Togatorop, T. M., & Hartono, H. (2020). Menstimulasi Praktik Gereja Rumah di tengah Pandemi Covid-19. *Kurios (Jurnal Teologi Dan Pendidikan Agama Kristen)*, 6(1), 127–139. <https://doi.org/10.30995/kur.v6i1.166>

- World Health Organization. 2020. Materi Komunikasi Risiko COVID-19 untuk Fasilitas Pelayanan Kesehatan. In *World Health Organization*.
- Yuliana. 2020. Corona virus diseases (Covid -19); Sebuah tinjauan literatur. *Wellness and Healthy Magazine*, 2(1), 187–192.
- Yumna. 2018. *Ulama* Sebagai Waratsatul Anbiya (Pergeseran Nilai *Ulama* Di Mata Masyarakat Aceh). *Syifa Al-Qulub*, 3(3), 19–30.
- Zahrotunnimah, Z. 2020. Langkah Taktis Pemerintah Daerah Dalam Pencegahan Penyebaran Virus Corona Covid-19 di Indonesia. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(3). <https://doi.org/10.15408/sjsbs.v7i3.15103>
- Zaman, M. Q. 2009. The *Ulama* and contestations on religious authority. In *Islam and Modernity: Key Issues and Debates* (pp. 206–236).
- Zulkarnain, Z., & Samsuri, S. 2018. *Religious Leaders and Indonesian Religious Harmony*. <https://doi.org/10.2991/acec-18.2018.23>
- Zulkifli, Z. 2013. The *Ulama* in Indonesia: Between Religious Authority and Symbolic Power. *MIQOT: Jurnal Ilmu-Ilmu Keislaman*, 37(1). <https://doi.org/10.30821/miqot.v37i1.79>
- Zulva, T. N. I. 2020. Covid-19 Dan Kecenderungan Psikosomatis. *Journal of Chemical Information and Modeling*, 1–4. <https://doi.org/10.1017/CBO9781107415324.004>

Received on 25-06-2020

Accepted on 27-07-2020

Published on 31-07-2020

DOI: <https://doi.org/10.6000/1929-4409.2020.09.25>

© 2020 Pabbajah *et al.*; Licensee Lifescience Global.

This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.