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Half-Heart Compliance: The Implementation of Health Protocols by Religious People in Worship

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Abstract

This study aims to show that the implementation of health protocols has not been fully implemented by the community, especially among religious people. The application of health protocols includes wearing masks, washing hands with soap, and maintaining physical distancing. The focus of this research is on the application of health protocols in places of worship including mosques, churches and monasteries. Research focus in Semarang City, Central Java. The findings of the study show that religious people who come to places of worship do not follow health protocols including not wearing masks, not washing their hands with soap or hand sanitizer, and not maintaining physical distance according to the provisions in the health protocol. These findings indicate that religious people have not fully implement health protocols seen from 1) the obligation to wear a mask when in a place of worship, 2) the obligation to wash hands using soap or hand sanitizer when in a place of worship, 3) maintain physical distance when in a place of worship. The reasons put forward are quite diverse, including with respect to zone, security and comfort. Some religious people do not apply health protocols because they a) consider their area to be in the green zone, which means that they may not apply health protocols in places of worship; b) considers places of worship safe so that they do not have to apply health protocols; c) implementing health protocols is considered inconvenient and troublesome. This finding has implications for 1) the need for the government to tighten the implementation of health protocols in places of worship; 2) the need for socio-religious organizations to be more active in supporting government policies to implement health protocols in places of worship; 3) the need to socialize the importance of implementing effective health protocols and the dangers of the COVID-19 virus and 4) the need to prevent negative discourse about COVID-19 from developing.

Keyword*: COVID-19, implementation, health protocols, places of worship, religious communities.*

Introduction

The application of health protocols is not only to prevent transmission of COVID-19 but also to enforce discipline in the community. The implementation of health protocols to enforce community discipline is carried out by government officials from the central and local levels. In order for the implementation of health protocols to take place effectively, the government issues various rules or regulations. The rule or regulation states the provisions for implementing the health protocol, including sanctions for members of the community who violate these rules. So, in brief, it can be said that the rules for implementing health protocols are made so that members of the public are disciplined to comply with the health protocols that have been socialized, in addition to preventing the transmission of COVID-19.

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The health protocol simply includes provisions for all members of the community to wear masks, wash their hands with soap or hand sanitizer, and maintain physical distance. The provisions for wearing masks in the health protocol include the obligation to use masks correctly, the masks that are worn meet the requirements, and sanctions for violators. This provision is made to protect that person and others around him. The provisions for washing hands with soap or hand sanitizer include the obligation to wash their hands properly with soap or hand sanitizer, the soap or hand sanitizer used meets the requirements, and sanctions for community members who violate them. The provisions for maintaining physical distancing in the health protocol include consistently maintaining physical distance from other people of at least one meter, both in closed and open spaces, and sanctions against violators. So, the health protocol contains provisions for maintaining health for all members of the community to be obeyed.

However, in reality not all community members adhere to health protocols. This study aims to prove that there are members of the community who do not fully adhere to health protocols for various reasons. The main problem of this research is how obedience of the community (religious community) in implementing health protocols in places of worship (mosques, churches, temples and monasteries) in Semarang City, Central Java.

Method

The research method used in this research is descriptive qualitative method. The research was conducted from 1 to 30 September 2020 in Semarang City. The research targets for places of worship include mosques, churches, temples and monasteries in 16 sub-districts in Semarang City. The number of places of worship that were the targets of this study included 1,308 mosques, 324 churches, and 23 monasteries. Temples were not the target of this study because no data was found on the number of temples in the city of Semarang (BPS Kota Semarang, 2019).

Research indicators for the implementation of health protocols in places of worship consist of 1) the number of places of worship that apply health protocols; 2) the behavior of religious communities in implementing health protocols in places of worship. The first indicator is translated into a) the number of places of worship that apply health protocols according to sub-districts and sub-districts; b) number of places of worship that do not apply health protocols according to sub-districts and sub-districts; c) number of places of worship that apply health protocols according to status; d) number of places of worship that do not apply health protocols according to status; e) number of places of worship that apply health protocols according to location; f) number of places of worship that do not apply health protocols by location.

The second indicator of the behavior of religious people in implementing health protocols in places of worship is translated into a) the behavior of wearing masks when in places of worship; b) the behavior of washing hands when in places of worship; c) the behavior of maintaining distance when in a place of worship. The behavior of the religious community in implementing health protocols is very much influenced by their background in thinking about COVID-19. The behavior of wearing masks is distinguished by the behavior of using masks correctly and using masks incorrectly. Likewise, the behavior of washing hands with soap or hand sanitizer is differentiated on the basis of whether or not the method of washing hands is correct. The behavior of maintaining physical distance from one congregation to another is also differentiated on the basis of whether or not they occupy the designated place.

Literature Review

There is already a lot of literature discussing COVID-19 and religion, but there is little writing about the

compliance of religious communities to the implementation of health protocols. Discussions about religion and COVID-19 mainly discusses the issue of religious relations and COVID-19, including the influence of COVID-19 on religious life, an overview of COVID-19 from a religious perspective, and the perception of religious people about COVID-19. This paper does not discuss the three issues of the relationship between religion and COVID-19, but focuses more on the level of religious adherence to the implementation of health protocols in Semarang City in the new normal era. The research was conducted from early September to early October 2020. The targets of all places of worship in Semarang City include mosques, churches and monasteries based on data from the Semarang City Central Bureau of Statistics in 2019.

This study would like to emphasize that the obedience of religious communities in Semarang City in implementing health protocols is still half-hearted. This research also wants to emphasize that the statement of the managers of places of worship in the city of Semarang has high readiness in implementing health protocols in the new normal era is not entirely true. This affirmation implies the need for stronger government intervention so that the spread of COVID-19 can be tackled. This statement is to reject the conclusions of Rebecca E. Glovera, et al. (2020) which states "that COVID-19 policy interventions may result in or exacerbate interactive and multiplicative equity losses. Implementing this framework can help in three ways: (1) identifying areas where policy interventions could have unfair adverse effects; (2) reduce policy and practice interventions by facilitating systematic examination of relevant evidence; and (3) planning to lift the COVID-19 lockdown and policy interventions around the world "

Less massive and inconsistent information about the COVID-19 pandemic related to the spread and regional status has also generated a variety of responses in society, including religious communities. Some religious people consider the COVID-19 pandemic not yet over but its spread is under control so that religious people who are in safe zones may not follow health protocols. Meanwhile, some people of other faiths think that even though they are in a safe zone, they still have to follow the health protocol because the government has not revoked the implementation of the health protocol.

Religious compliance with health protocols is measured from three aspects, namely attitudes, religious perspectives, and practices or ARP (Ulhaq.et.al., 2020). Exposure to data presented by Ulhaq, et al. shows the compliance of students / students, teachers / lecturers, government health workers, and related parties in the perspective of religion and practice (ARP) in urban and rural areas of Indonesia, based on indicators of praying in places of worship other than homes, 64.01% of students answered no, 52.98% of teachers answered no, 57.85% of health practitioners answered no, 75.76%) government officials said no, and 57.01%) other related parties said no. In addition, Ulhaq, et al. also stated that 63.31% of urban people answered no, and 54.50% of rural people studied answered no. These findings indicate that most respondents (students, teachers, health practitioners, government officials, and other related parties as well as urban and rural communities) answered that they did not pray in places of worship other than homes. This finding underlies the researcher's argument regarding the willingness of religious people who come to places of worship to wear masks, wash their hands with soap or hand sanitizer, and maintain physical distance. The willingness of the religious community to follow the health protocol is not seen individually but collectively.

As a result, it is still found that religious people who come to places of worship do not follow health protocols including not wearing masks, not washing their hands with soap or hand sanitizer, and not maintaining physical distance according to the provisions in the health protocol. Also, sometimes they don't want to be tested for their temperature. Those who do not wear masks argued that they forgot, were left behind, did not want to be bothered, and so on. Likewise, religious people who do not wash their hands with soap or hand sanitizers have the excuse that they have washed their hands at home, forgot, did

not want to bother, and so on. Then those who do not maintain physical distance from people around them reasoned because a) they considered their area to be in the green zone, which means that they may not apply health protocols in places of worship; b) considers places of worship safe so that they do not have to apply health protocols; c) implementing health protocols is considered inconvenient and troublesome. People who do not want to be tested for their body temperature argue that a) the measuring device used is inaccurate; b) lazy to queue; and c) unnecessary because they feel healthy.

Result and Discussion

The findings of this study consist of two aspects: 1) religious adherence to health protocols; 2) readiness of managers of places of worship to apply health protocols.

Compliance Following Health Protocols

The findings above are discussed based on anthropological theory and psychological theory. Anthropological theory is used to explain the behavior of religious communities in responding to the implementation of health protocols in places of worship. Psychological theory is used to explain why religious people behave not in accordance with health protocols that have been promulgated by the government. In particular, the theory used is the social learning theory which states that the process of individual understanding and its interpretation of situations will be influenced by past experiences of individuals and individual cognitive development. Based on social learning theory, the individual is an active subject. This shows that individuals do not take environmental influences for granted. Individuals also change the environment so that the environmental influence that the individual receives is an experience that has been influenced by himself. Social learning theory emphasizes situational conditions or environmental determinants of behavior.

Based on the social anthropology theory, the behavior of obeying or not obeying health protocols in a special place of worship is closely related to one's cultural values. One of the cultural values that influence the attitude or behavior of a religious community is the religious value he adheres to. It is believed that all religions certainly teach religious values to each of their followers, while how obedient a person is to the religious value that is believed depends on the individual himself. The health protocol is a government product that must be obeyed by its citizens because obedience to the government is a religious command. Adhering to health protocols means obeying the government as well as obeying religious orders.

Furthermore, to explain why a religious community does not comply with health protocols, psychological theory is used, especially social learning theory. Based on this theory, it can be explained that a religious community behaves not in compliance with health protocols because according to their understanding the application of health protocols is determined by the zone of the area where they live, the security they perceive for themselves, and the comfort that is disturbed due to the application of the health protocol. The understanding that the implementation of health protocols depends on regional zones also comes from statements by local officials who allow the implementation of health protocols to be relaxed. This means that areas included in the red zone are required to implement health protocols, but for areas included in the orange or green zone, it is permissible to loosen up the application of health protocols, for example not having to maintain a distance, not having to wash hands with soap or hand sanitizer, and not even obliged to wear masks. This understanding is a logical consequence of the division of regions according to zones implemented by the government.

The behavior of not complying with health protocols is also caused by their perceived safety factors. Because in the area around where they live nothing has been confirmed positively, they consider their

area, especially in the area of places of worship, to be a safe area so they are not obliged to apply health protocols. This means that when they come to a place of worship they do not have to wear masks, do not have to wash their hands using soap or hand sanitizer, and do not have to keep their distance. They consider that their area, especially places of worship, is categorized as safe, so they are not obliged to apply health protocols.

The behavior of not complying with health protocols is not only caused by regional zone factors and safety factors, but also by comfort factors. They think that wearing masks causes discomfort in their activities, such as difficulty breathing, speaking incoherently, bothering, and others. Washing their hands with soap or hand sanitizer also causes discomfort in them, for example, they feel itchy in their hands, wet hands, lazy to queue, and others. Likewise, keeping a distance makes it uncomfortable to carry out activities at places of worship, for example, people who usually sit or stand close to family, friends or relatives, become far away, people who usually shake hands or hug can not shake hands or embrace, and others.

Readiness of Managers of Places of Worship to Implement Health Protocols

Managers of places of worship have not entirely implemented health protocols as expected by the government. There are managers of places of worship who prepare all the necessary health protocols, but there are also those who do not fully prepare all the needs of the health protocols. The need for equipment for implementing health protocols in places of worship includes a thermogun (body temperature measuring device), a place for washing hands along with soap and / or hand sanitizers, regulating physical distance between people by giving special signs using insulation, paint, and other materials. At the beginning of the spread of COVID-19 in Indonesia around the beginning of March 2020, the government has gradually issued regulations that regulate all components of society in their activities. This regulation was then followed up by the COVID-19 response task force by issuing derivative regulations on various sectors of public life, including the economic and religious sectors. Regulations in the economic sector regulate how people do activities in the economic sector, for example in certain economic subsectors they are allowed to carry out their business while still applying the health protocol while other economic sub-sectors are not allowed to carry out their business for a while. Regulations in the religious sector regulate community activities in the religious field, including regulating how people carry out religious teachings in places of worship. This regulation in the religious sector was then followed up by religious authorities such as the Indonesian Ulema Council (MUI), the Indonesian Church Association (PGI), the Indonesian Bishops' Commission (KWI), Indonesian Buddhist Trustees (WALUBI), and Parisadha Hindhu Dharma Indonesia (PHDI). The religious authority then makes regulations governing how religious people carry out activities in their respective places of worship. In principle, the regulation regulates the application of health protocols in places of worship and at places of other religious activities.

The government then carried out social restrictions in various terms including PSBB (Large-Scale Social Restrictions), Restrictions on PKM Community Activities), Transitional PSBB, and others. These social restrictions are intended to break the chain of transmission of COVID-19 from one person to another. This has to be done by the government because the level of transmission is quite high in the community, the number of people who are positive for COVID-19 is getting higher, and the death rate from COVID-19 is getting higher. As a result of this social restriction, people cannot move freely, both for economic activities and for other activities including religious activities.

Restrictions on religious activities in places of worship are realized by requiring all religious people who will carry out worship in places of worship to wear masks, take body temperature measurements, wash their hands with soap or hand sanitizer, and maintain a physical distance of at least one meter. The government, through this religious authority, also urges religious people to worship at home. Religious

people are encouraged to continue their activities at home unless there are urgent and important activities, such as work, earning income, medical treatment, and others.

Some managers of places of worship were initially very enthusiastic about implementing this health protocol, but due to the long time of social restrictions by the government, the community felt bored and bored so that some managers of places of worship began to relax the implementation of health protocols in their places of worship. Indications of the weakening of the application of this health protocol can be observed including the increasing number of people who do not wear masks when entering places of worship, the reluctance of people to wash their hands with soap or hand sanitizer when entering places of worship, the absence of body temperature checks, the unavailability of places to wash their hands and even if there is not enough water, soap, or hand sanitizer. Apart from that, other indications are the reluctance of religious communities to maintain a physical distance of at least one meter and the unavailability of barriers in places of worship that indicate whether a person is allowed to occupy that place.

The imposition of social restrictions or community activities that lasted almost half a year has not been able to break the chain of transmission of COVID-19. In fact, the transmission rate is increasingly worrying and the death rate due to COVID-19 is increasing. The government assesses that the public is not disciplined in implementing the health protocol so that new clusters have emerged, such as housing clusters, pesantren clusters, office clusters, corporate clusters, and others.

As a result of the long enough implementation of these social restrictions, the community began to become apathetic and the economy deteriorated so that the government implemented a new normal policy, namely a policy that allowed people to carry out normal activities but still applied strict health protocols. This policy has made economic activity begin to improve but the spread of COVID-19 has not been well controlled. Even new clusters have emerged, such as office clusters and family clusters.

These various facts prove that even though the government has made serious efforts to prevent the transmission of COVID-19 by imposing social restrictions and implementing health protocols on various components of society, because the community is considered to be still lacking discipline in implementing health protocols, the spread of COVID-19 cannot be controlled properly. In the scope of places of worship, religious adherence to the implementation of health protocols is still lacking and the readiness of the managers of places of worship that has begun to decline has contributed to the uncontrolled transmission of COVID-19 in the community. It is feared that the obedience of the religious community and managers of places of worship will give birth to a new cluster, namely the cluster of places of worship. So that this does not happen, religious communities and managers of places of worship need to increase discipline by implementing more stringent health protocols.

Conclusion

Based on the description above, it can be concluded that the obedience of religious communities in implementing health protocols in Semarang City is still half-hearted. This happens because 1) religious people consider that the environment around their place of worship is safe from COVID-19 transmission, so there is no obligation to comply with the implementation of health protocols; 2) The managers of places of worship consider that the environment around their places of worship is safe from the spread of COVID-19 so that they relax in the implementation of health protocols, including by allowing religious people who do not wear masks to enter places of worship, do not take body temperature measurements, do not provide a place to wash hands with soap or hand sanitizer, and do not regulate physical distancing according to the rules in the health protocol.

Based on the conclusion of this study, it is recommended to the Semarang City government c.q Semarang

City COVID-19 Acceleration Task Force to further tighten the implementation of health protocols in places of worship in the new normal era so that the spread of COVID-19 through places of worship can be controlled. In addition, it is recommended that the Semarang City Government, through the Semarang City COVID-19 Task Force, conduct more intensive socialization to places of worship in Semarang City.

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