

# Analysing Devotees' Compliance and Health Protocols on Religious Worship During Pandemic Covid-19 In Indonesia

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## Abstract

The study aims to determine the picture of community compliance in complying with health protocols in places of worship during the COVID-19 pandemic. The method used in this study is quantitative research, with the design used being descriptive analysis and questionnaires and interviews as a tool for conducting research. The total sample in quantitative research was 30, with 15 respondents selected to be interviewed. The results found respondents in adulthood were more compliant with the application of health protocols and based on attitudes in respondents who had a high level of confidence in information could affect religious devotees' adherence in complying with health protocols. The recommendation of the study are socialization and education from religious leaders, health workers, and community leaders, periodically, can still be done orally or in writing and can be done to increase knowledge for religious devotees to comply with health protocols following the policies of the central government. The limitation of the samples can be increased more than one place, so it can be involved religious devotees when they are performing worship.

**Keywords:** Compliance; Health Protocol; COVID-19; religion

## 1. Introduction

The Corona Virus or Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CORV-2) is a microorganism with receptors in human breathing that can attack breathing and give rise to clinical manifestations such as flu, cough, fever, can even cause shortness of breath. In severe cases, coronavirus infection can even cause death. Until now, in Maluku Province, 14625 people tested positive for COVID-19, who were declared cured 14338 people, and the dead amounted to 264 people who were temporarily treated amounted to 33 people. (Ketut Sudarsana, et al., 2019; Matulessy, et al., 2021; Munir & Pandin, 2021; COVID-19 Task Force, 2021).

The COVID-19 pandemic brought new challenges for the church. Freedom of religion and expressing religion through worship are fundamental in the lives of believers. When the New Normal period, the government allowed worship to be carried out in houses of worship, new problems arose, namely how to make worship not become a medium for the spread of COVID-19 and how people can worship calmly and safely, places of worship, on the one hand, want to serve the people but on the other hand fear to become clusters of COVID-19 spread. People feel hesitant to worship; then you can imagine the impact of restrictions on worship during the COVID-19 pandemic. Therefore, implementing a new normal where worship can be done in a place of worship directly is very encouraging news for religious devotees (Pandin, et al., 2019; Pramukti, et al., 2020; Pandin, 2020; Prakoeswa, et al., 2021).

Changes obtained in terms of economic, political, socio-cultural that occurred a lot during the COVID-19 pandemic make the culture and religion of the community, especially religious devotees, can make changes to adjust the existing conditions. Religious devotees who have a habit of worship

directly in the church now cannot carry out religious rituals properly (freely) because of the regulations that arise due to COVID-19 to limit the worship activities of the people in places of worship. In these conditions and situations, the church institutionally and the organism is required to respond quickly, precisely, and wisely so that every citizen of the church, namely the active and proactive participation congregation, implements the appeals and policies of government regulations, the church's service to the congregation undergoes quite significant changes, strategies, and technicalities. (Waloejo, et al., 2021; Priyono, et al., 2021; Silitonga, et al., 2020).

These prohibitions and restrictions have led to changes in the worship order of religions, including catholic religions. Many religious institutions offer models of worship and religious activities online or online (Michael, et al., 2021). Performing worship is also a way for every religious believer to express his faith and establish communication with the divine. Worship is a virtue of the faithful; worship makes faith grow, worship increases knowledge, worship increases reward, worship forms morals and behavior, etc. (Adiprasetya, 2020).

A place of worship is one of the public facilities that is a place where people or religious devotees perform worship activities but can have great potential to become one of the sources of the spread of COVID-19. (Wulandari and Suwarni, 2020). At this time, Indonesia has entered a new phase in handling the COVID-19 outbreak known as New Normal. The new normal is the recovery of conditions where people can return to activities, work, and worship while still implementing health protocols. The purpose is to prevent the transmission of COVID-19 aimed at building a new order of life in safe activities by washing hands, wearing masks and maintaining a safe distance, staying away from crowds, and avoiding traveling outside the area, especially areas declared as red zones (Rahayuningsih, et al., 2019; Rahim, et al., 2019; Rianti, et al., 2020; Pandin, et al., 2021; Hamdani, 2020).

According to Kozier (2010), compliance is behavior following the recommendations of therapy and health, while Ian and Marcus (2011) state that Compliance refers to situations when the behavior of an individual is commensurate with the recommended actions or advice proposed by health workers or information obtained from another source of information. Almi (2020) states that compliance can be improved by increasing public awareness with effective communication through various media and methods following the community's diversity, a more precise and directed campaign, facilitating access to health with clear and continuous information (Afrianti, 2021).

Based on a survey by the Faculty of Public Health, Universitas Airlangga showed that the level of Compliance of Surabaya people in places of worship was still low where 70% did not wear masks, and 84% did not keep their distance (Simanjuntak, 2021) There have been no handwashing results and any factors/variables that affect community compliance to run health protocols. The purpose of the study was to find out the picture of religious Compliance in applying health protocols (wearing masks and washing hands) when performing worship in places of worship. The benefits of research are expected to provide information related to the picture of religious Compliance in implementing health protocols (wearing masks and washing hands) when performing worship in places of worship.

## **2. Material and Methods**

The design of this study used descriptive-analytical research with a correlational approach. Data sources are collected by sharing online questionnaires with respondents and conducting brief interviews with selected respondents. The respondents were provided informed consent to give their response and undergo the interviews. The respondents were allowed to stop in the any steps of the study (Yanto & Pandin, 2023).

The study was conducted in the residential area of Kenangga Street Regency in December 2021. The population in this study was a society of 30 respondents. Sampling in this study used total sampling techniques (Pandin & Yanto, 2022; Pandin & Yanto, 2023).

The instrument used in this study is a questionnaire consisting of (1) the respondent's Biodata containing name, age, gender, religion, and address; (2) Attitude questionnaire; (3) Compliance Questionnaire; (4) Availability of facilities and infrastructure in places of worship consisting of 13

statements with four positive statement answer options: Strongly Agree, Always and very well rated 4; Agree, Often and adequately assessed 3; Disagree, sometimes and inadequately rated 2; Disagree, Never and Inadequately rated 1 in addition to an interview consisting of 22 questions to strengthen the filling of selected questionnaires, namely 15 respondents.

### 3. Results

Table 1 Data from Previous Studies

City	Compliance with Wearing a Mask	Handwashing compliance
Jeneponto	39,7 %	48,3 %
Aceh	74,19 %	68,3 %
Jakarta	85,69 %	75,23 %
Pontianak	57,8 %	-
Surabaya	35 %	-
Yogyakarta	80,44 %	66,33 %

Based on Table 1 obtained in several areas about level of Compliance with washing hands and wearing masks when performing worship. It showed high evidenced by the findings of several studies that Compliance with health protocols is above 50%.

Based on demography of the research samples depicted in Table 2 showed that the highest age group is the age of  $\geq 65$  number 1 person (3.3%), the low age group is respondents aged 12-25 (19.8%), the most age group is 26-45 (53.1%), and the small age group is  $\geq 65$  (3.3%). The most gender is female as many as 19 respondents (63.3%), while respondents of the male sex amounted to 11 people (36.7%). Additionally, based on the most religion is Islam with 12 participants 40%), and the number of respondents is protestant, with the number of respondents as many as 8 (26.7%).

Table 2. Demographic of Research Samples

	Characteristic	Sample (n)	Percentage (%)
Age (Years)	12 – 25	6	19, 8
	26 – 45	16	53, 1
	46 – 65	7	23,8
	$\geq 65$	1	3,3
<u>Gender</u>	<u>Man</u>	11	36,7
	<u>Woman</u>	19	63,3
<u>Religion</u>	Muslim	12	40
	Protestant	8	26,7
	Catholic	10	33,3

Table 3. Protocol Attitude and Facilities

Characteristic	Samples (n)	%
<b>Attitude</b>		
- Wearing a mask	27	90 %
- Washing hands	29	96,6 %
- Using Hand Sanitizer	29	96,6 %
<b>Compliance</b>		
- Wearing a mask	24	80 %
- Washing hands	30	100 %
- Using hand sanitizer	29	96,6 %
- Bringing a hand sanitizer	26	86,7 %
- Bring a spare mask	18	60 %
<b>Facilities/infrastructure</b>		
- Attached is information/media	25	83,4 %
- There is a team	23	76,7 %
- Handwashing	30	100 %
- Area cleaning officer	29	96,6 %
- Mobilization officers	24	80 %

Based on the Table 3 showed that of the 30 respondents, 27 respondents (90%) wear masks, wash hands and use hand sanitizer, amounting to 29 respondents (96.6%). Further, compliance with wearing masks were 24 respondents (80%), wash hands 29 respondents (96.6%), use hand sanitizer 29 (96.6%), carry hand sanitizer 26 respondents (86.7%) and carry a spare mask 18 respondents (60%). At facilities provided by places of worship obtained results from 30 respondents were information or media installed 83.4%. The existence of a team responsible for people who did not comply with health protocols 76.7%, the existence of handwashing provided in places of worship 100%, officers who cleaned all areas and equipment in places of worship were 96.6%, and the presence of officers who regulated mobilization 80%.

#### 4. Discussions

The COVID-19 has become a threat to humanity, the spread of the virus that occurs from human to human causes the encounter between humans to be an event that can endanger safety and health. Therefore, the spread of this virus forces humans to apply the rules of health protocols, namely by running a healthy and clean lifestyle, maintaining distance, wearing masks or personal protection, staying away from those infected with the disease, and staying away from crowds.

People who follow worship are healthy and do not indicate the symptoms of COVID-19; they must come with a mask and wash their hands before entering the place of worship. Facilities and infrastructure provided are the provision of faucet water and soap for handwashing, hand sanitizer, and tools to measure body temperature, namely Thermo-gun and the existence of a team responsible for implementing health protocols in places of worship when religious devotees perform worship.

This study describes the Compliance of religious devotees in applying health protocols in the residential environment of Southeast Maluku Regency when conducting worship. The discussion based on the results of the study is as follows:

### **Attitudes towards Health Protocols**

Based on a study of 30 respondents obtained >90% of religious devotees wear masks, wash their hands and use hand sanitizer when performing worship. This result is supported by research (4), with results showing that most of the public has also been dominant in dealing with pandemics (65.2%). Attitude is a person's opinion of a situation or situation and is influenced by several factors (4). Experience has a significant role in shaping one's attitude, where objects, conditions, and beliefs can shape a person's attitude. In an interview conducted on 15 respondents obtained >90% of religious devotees expressed confidence in COVID-19 information reported by the government, governors, community leaders, religious leaders, and health workers following research conducted by Almi (2020) stated that Compliance can be improved through increasing public awareness by effective communication through various media and methods under the diversity of the community, a more precise and directed campaign, facilitating access to health with clear and continuous information. In interviews conducted with 15 respondents, 14 respondents (93.4%) washed their hands with soap. 13 respondents wore masks (86.7%), 12 (80%) respondents also felt embarrassed if they did not wear masks.

Moreover, 13 (86.7) respondents felt embarrassed if they did not wash their hands, 11 (73.3%) respondents expressed confidence in Covid 19 information from religious figures. 13 respondents (86.7%) said they had shared masks with others, 10 respondents (66.7%) expressed annoyance if they saw others not wearing masks when leaving the house. Eight respondents (53.3%) did not wear masks during the interview. The study results found that confidence in the information conveyed is one factor in improving the positive attitude of religious devotees when carrying out worship against health protocols.

### **Compliance with Health Protocols**

Based on the results of a study of 30 respondents, 24 respondents (80%) wear masks, and 30 respondents (100%) wash their hands when performing worship in places of worship. Factors that affect Compliance are age, education, knowledge, and attitudes. Some respondents were adults (90.1%) religious devotees who had a high level of obedience, followed by teenagers (9.9%). The data above shows that Compliance will increase with age.

The results of the study were obtained by 10 respondents (83.3%) who are Muslim in Compliance with health protocols when performing worship in places of worship, 8 respondents (100%) who are Christians adhere to health protocols when performing worship in places of worship, 10 respondents (100%) who are Catholic adhere to health protocols when performing worship in places of worship. It is found that places of worship also provide adequate facilities, including handwashing (100%). There is information/media taped to the notice board or installed on the walls of the church (83.4%), the existence of a team responsible for controlling religious devotees who do not wear masks (76.7%), the presence of officers who organize mobilization (80%), cleaning the area and church equipment (96.6%).

In the interview conducted to 15 respondents, 14 respondents (93.4%) washed their hands using soap and wore masks 13 respondents (86.7%). The interview obtained by 8 respondents stated that the facilities in the church are adequate so that religious devotees do not feel afraid to places of worship while still complying with health protocols. Public Compliance with government policies to comply with health protocols, namely wearing masks, washing hands, maintaining distance, staying away from crowds, and reducing mobilization and maintaining health through nutritious food and adequate exercise. The aim is to increase endurance in the new normal era must still be improved to prevent the spread of COVID-19 and not to increase new cases or clusters.

### **5. Conclusions**

The application of religious health protocols when performing worship was the right decision. Several variables influence religious compliance with health protocols when carrying out worship, namely Age, Knowledge, and Attitude. Socialization and education from religious leaders, health workers, and

community leaders are still carried out both orally and in writing. This can be done periodically, every 2 months, to increase knowledge for the community, especially for religious devotees, in complying with health protocols following the central government's policies.

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