

Indonesian Ulema Council Fatwa On Religious Practices During Covid-19 Pandemic: An Investigation Of Muslim Compliance

Yusuf Hanafi (✉ yusuf.hanafi.fs@um.ac.id)

Universitas Negeri Malang <https://orcid.org/0000-0001-9118-9248>

Ahmad Taufiq

Universitas Negeri Malang

Muhamad Saefi

Universitas Negeri Malang

M. Alifudin Ikhsan

M. Alifudin Ikhsan

Tsania Nur Diyana

Universitas Negeri Malang

Andy Hadiyanto

Universitas Negeri Jakarta

Yedi Purwanto

Institut Teknologi Bandung

Ahmad Imam Mawardi

UIN Sunan Ampel Surabaya

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Abstract

This cross-sectional study was conducted on 1139 Muslims in Indonesia. Attitudes and practices were assessed using a questionnaire developed by researchers referring to the main points of the MUI fatwa. Of the 1139 participants, 73.5% were academics, and 63.8% held bachelor's degrees and higher, while gender and age-group comparisons were balanced. The average score of attitudes and practices about was 60.57 out of 70 and 5.35 out of 7. In general, the results of this study indicate that Indonesian Muslims have positive perceptions and submissive attitudes towards the MUI fatwa.

1. Introduction

In the present day, Coronavirus disease (COVID-19) pandemic becomes the most global health challenge faced by all countries, including Indonesia. The current research present that COVID-19 has quickly influence our day to day life, healthcare, economic, social (Haleem et al., 2020), and even religious practice. In general, most people who suffer from COVID-19 experience trifling to severe respiratory illness, with clinical symptoms early, such as fever, cough, and fatigue (Huang et al., 2020). As of May 8, 2020, the World Health Organization (WHO) reported that at least 3,934,813 people had confirmed positive COVID-19 worldwide, 271,095 of whom had died. Meanwhile, in Indonesia, COVID-19 positive cases have reached 13,112, with 943 deaths and 2,949 patients reported to have recovered from this disease (World Health Organization, 2020.). In Indonesia, COVID-19 was first detected on March 1, 2020, with the case of 2 positive people in the City of Depok, West Java, a buffer zone of Jakarta. Jakarta, as the capital city of Indonesia, has now become the epicenter of COVID-19, and all provinces in Indonesia have reported positive cases of COVID-19. In response to an increasingly serious health crisis, the President of the Republic of Indonesia established the COVID-19 outbreak as a national disaster in accordance with Presidential Decree 7/2020. This was then followed by the establishment of a Large Scale Social Restriction (PSBB) policy in DKI Jakarta and buffer zones, such as Depok City and Bekasi City (West Java), and Tangerang City (Banten). With this status, the Government of the Republic of Indonesia imposes restrictions on public activities throughout Indonesia, and residents are asked to stay at home, work from home, study from home, pray from home, maintain social distance and physical distance, and avoid crowds. This policy is considered the best course of action in breaking the chain of transmission and transmission of COVID-19 (Brooks et al., 2020).

In Indonesia, COVID-19 also had a major impact on the practice of religious life. Even if it is not managed correctly, the effects of COVID-19 on the practice of religious life will cause another serious problem because Indonesia is a country with the largest Muslim population in the world with diverse ethnic, educational, economic, and cultural characteristics. Therefore, government policy is an important key to anticipating the problem. One of the countries that responded to COVID-19 quickly by issuing policies related to religious practices such as pilgrimage, umrah, and other worship activities was Saudi Arabia (Yezli & Khan, 2020). However, the characteristics of the people of Saudi Arabia differ greatly from the characteristics of the people of Indonesia so that different policies are also needed. Determination of the Government's policy certainly has an impact on Muslim religious activities that involve many people, for

example praying in five times together, Friday prayers, general speech assembly, and sermons in mosques and *mushallas*. The community responded in a variety of ways to this policy; there are those who agree with the consideration of the health aspects, and there are those who contradict because they are considered to weaken Muslim religious activities. Responding to the pros and cons situation at the grassroots, the Indonesian Ulama Council (MUI) issued a fatwa with Number 14 of 2020 concerning the conduct of religion in situations of the outbreak of COVID-19 (Komisi Fatwa MUI, 2020). MUI called this fatwa as a religious guide for the community, especially Muslims, to continue to perform religious activities according to Sharia provisions, but also pay attention to health protocols in COVID-19 prevention.

Resistance to COVID-19 receives full and unanimous support from the whole community, especially those who are Muslim as the majority population. In order to the COVID-19 handling, the scenario is in accordance with the Government's target, then the compliance of Muslims to the MUI fatwa is an absolute necessity. Based on knowledge, attitude, and practice (KAP) theory, attitudes and practices are considered to have a significant influence on taking actions that reflect community compliance. Recent research on the evaluation of public accounting firms on COVID-19 treatment was reported by Zhong et al. (2020). Based on a number of research reports, negative attitudes and bad practices of Muslims towards the MUI fatwa, while continuing to carry out a number of religious activities that bring large masses, are allegedly strong contributing significantly to the risk of transmission and infection of COVID-19 in Indonesia. We can take important lessons from previous disease control events (Driessche et al., 2009), especially the 2003 SARS outbreak, which reported that community non-compliance with important measures determined by the Government would only make things more difficult and complicated (Person et al., 2004).

To ensure positive attitudes and practices of Indonesian Muslims towards the MUI fatwa to participate in assisting the Government in suppressing positive cases of the COVID-19 outbreak, data on attitudes and religious practices in the situation of the outbreak of COVID-19 are urgently needed. Accurate data about it is very urgent to evaluate the effectiveness of the fatwa that has been issued by the MUI and become the basis for making further strategies for the Government. Therefore, this study aims to evaluate the attitudes and practices of Muslims regarding their religious activities while exploring the relationship between the demographic variables, attitudes, and religious practices of Muslims in Indonesia amid the global pandemic of COVID-19.

2. Methods

2.1. Participants

In this work, a cross-sectional survey was employed in this study. The survey was conducted in April 2020, the day after the Government of the Republic of Indonesia declared the COVID-19 pandemic as a national disaster, and the day after the DKI Jakarta Regional Government established the PSBB, followed by the buffer zones of DKI Jakarta on April 15 2020. This survey was conducted online because it was

not possible for community-based sampling. By relying on a network of researchers and local people who reside in the regions of East Java, West Java, Banten, and DKI Jakarta, a questionnaire link in the form of a google form was sent through WhatsApp contacts and groups. This link contains a brief introduction to the background, objectives, and procedures for filling out the questionnaire. This filling is non-coercive or voluntary and guarantees the confidentiality of participants. This questionnaire is intended for Muslim respondents who are 16 years or older and are willing to participate in this study. This questionnaire was aimed more at the population in East Java, West Java, Banten, and DKI Jakarta (the four highest provinces with positive cases of COVID-19). However, we did not limit the sample to residents of these four provinces. Residents from outside the four provinces are permitted to participate if they are willing and eligible.

2.2. Questionnaire

The questionnaire consisted of three parts: demographics, attitudes, and practices. Demographic variables include gender, age, residence, education, occupation, and religious orientation. The questionnaire capturing the attitudes and practices towards religious practices in the situation of the COVID-19 outbreak was developed by the author in reference to the MUI fatwa No. 14 of 2020, which came out in mid-March (Komisi Fatwa MUI, 2020). This questionnaire encompasses 21 questions consisting of 14 attitude questions (A1-A14) and 7 practice questions (P1-P7). Questions A1 to A8 are asked about religious and social activities in daily life, while questions A9 through A14 contain questions about activities during Ramadan and Eid. Questions about attitude use a Likert scale of 1-5 to indicate a totally disagree with a very agreeable attitude. The total attitude score ranges from 14-70 points, with a higher score indicating a higher agreement attitude. Meanwhile, questions about practice are answered with a choice of "yes" and "no". "No" answers are given 1 point, and "yes" answers are given 0 points, except for items P5 and P7. The total practice score ranges from 0 to 7, with a higher score indicating a higher level of compliance. The Cronbach alpha coefficient of the attitude and practice questionnaire reached 0.9, showing very good reliability (George & Mallery, 2002). The question items and answer choices are presented in Table 1.

2.3. Statistical Analysis

Participants' responses that showed attitudes and practices towards the MUI fatwa were explained with frequency and percentage. To examine differences in attitudes and practices scores based on demographic characteristics, we used an independent sample t-test and one-way analysis of variance (ANOVA). A hierarchical multiple regression approach was also employed to examine the relationship between demographic variables as independent variables and the dependent variable i.e. attitude scores and practices simultaneously in a large sample size. This approach aims to identify the amount of variance that is explained by all the independent variables that are combined. This analysis approach was carried out with gender and other independent variables such as age, residence, education, work, and religious orientation. To calculate the practice of the dependent variable, we added attitudes as an

independent variable in addition to demographic factors. We attempted to find out how much attitudes contribute to practice.

3. Results

In this study, 1152 participants filled out the survey questionnaire. 13 of them were excluded because they did not fully complete the questionnaire, so the total final sample was 1139 participants. In this final sample, 638 (56.0%) were participants in the age group of 16-29 years, 588 (51.6%) were men, 588 (51.6%) were residents of East Java, 412 (36.2%) had a high school education or further down, 837 (73.5%) work as academics, 770 (67.6%) oriented to the Nahdlatul Ulama (NU) religion.

The response rates were measured with the 14 questions on the attitude questionnaire towards the MUI fatwa related to the religious practices in a COVID-19 outbreak situation in the range of 67.2% (item A13) -99.4% (item A2) (Figure 1). The average total score of 60.57 (SD: 7.24, range: 35-70) shows the overall level of agreement to the MUI fatwa of 86.5% ($60.57/70 \times 100$). If the total score of each respondent is converted back to a scale of 1-5, then respondents who agree (score 4) are 590 (51.8%), and strongly agree (score 5) as many as 484 (42.5%), thus, respondents classified as not stated that they agreed to the MUI fatwa of 65 (5.7%).

Attitude scores differed significantly between age groups, residence, and education level ($P < 0.01$) (Table 2). Hierarchical regression analysis shows that gender does not contribute significantly to attitude variables. The addition of the age variable to the regression model increased the variance explained, overall gender and age accounted for 8.9% of the variance, $F = 56,379$, $P < 0.01$. The addition of a number of variables such as residence, education, work, and religious orientation continues to increase R^2 gradually, but the regression coefficient β for religious orientation is not significant. The six characteristics (gender, age, place of residence, education, occupation, and religious orientation) together explain 14.8% of the variance, $F = 32,666$, $P < 0.01$) (Table 3).

The level of adherence measured from seven questions about the holding of worship in a COVID-19 situation based on the MUI fatwa in the range of 57.8% (item P2) - 87.9% (item 1) (Figure 2). The average total score of 5.35 (SD: 1.42, range: 0-7), this shows the level of compliance with the overall MUI fatwa of 76.4% ($5.35/7 \times 100$). If the total score of each respondent is converted to numbers 0 and 1, then respondents who comply with the MUI fatwa are 999 (87.7%) and 140 non-compliant (12.3%).

The practice scores differed significantly between genders, age groups, residence, education level, and occupation ($P < 0.01$), but not significantly on the characteristics of religious orientation (Table 4). Hierarchical regression analysis showed that gender, age, residence, and education as a whole accounted for 11.2% of the variance, $F = 36,873$; $P < 0.01$, but the regression coefficient β for education was not significant. The addition of an amount can increase R^2 by 12.7% of the variance, but the regression coefficient β for education and religious orientation is not significant. Finally, the addition of attitude variables can significantly increase R^2 . Six characteristics (gender, age, place of residence, education,

occupation, and religious orientation) together with attitudes explained 31.5% of the variance, $F = 75,704$; $P < 0.01$) (Table 5).

4. Discussion

To the best of our scholarly investigation, this study sheds as the first attempt in Indonesia to examine how the attitudes and practices of Indonesian Muslims towards the fatwa regarding religious practices in the situation of the COVID-19 outbreak issued by the MUI, as the highest Islamic religious authority in Indonesia. In this study, the majority of Indonesian Muslims have positive attitudes and perceptions toward the fatwa issued by the MUI (94.3%), and most of them take actions that reflect compliance (87.7%). These results are far above previous research figures on people's attitudes and perceptions of the MUI fatwa with a positive attitude level reaching 78% (Kusuma & Waluyo, 2010). However, this finding generally reflects that the Indonesian people believe the MUI as a credible institution in issuing fatwas so that they appreciate (a positive attitude level reaches 86.5%) and obey it (compliance rate reaches 76.4%).

Examining the relationship of compliance practice to the MUI fatwa with other components such as positive attitudes and contextual factors (demographics) using multiple regression analysis is an informative step. This finding will be useful for the Government and the task force handling the COVID-19 MUI to recognize the target population to make policies or rules related to religion and the religious practices of the societies. However, in this study, we were only able to explain 14.8% of the variance in positive attitudes and were able to reach 31.5% of the variance in compliance with the MUI fatwa. Multiple regression explains the variance in the dependent variable (compliance) using a linear combination of the independent variables (attitude and demographics), each of which is multiplied by the regression coefficient. This coefficient allows a result to make a predictive power comparison of each independent variable so that the most dominant independent variable can be determined. In this study, the multiple regression equation can be written as follows:

$$\text{Attitude} = \beta_0 + 0.095 * \text{gender} + 0.205 * \text{age} - 0.129 * \text{residence} + 0.210 * \text{education} - 0.117 * \text{occupation} - 0.011 * \text{religious orientation}$$

$$\text{Practice} = \beta_0 + 0.150 * \text{gender} + 0.101 * \text{age} - 0.193 * \text{place of residence} - 0.054 * \text{education} - 0.082 * \text{occupation} + 0.012 * \text{religious orientation} + 0.468 * \text{attitude}$$

Based on these equations, it can be inferred that the educational factor has the strongest predictive power for variance in attitude. As for practice, attitude factors have the strongest predictions, as well as housing aspects, in terms of demographic factors.

Most of the samples in this study are academics (73.5%), with 63.8% holding a bachelor's degree or higher. In a situation where positive cases of COVID-19 are increasing in Indonesia, news reports are increasingly abundant and are continually being received by the people in Indonesia. All national and local television channels and social media are filled with news about the COVID-19 outbreak all day. One

of the news concerns of the Muslim community in Indonesia is the MUI fatwa regarding the organization of religious and religious services in the increasingly serious situation of the COVID-19 epidemic. Two weeks before this survey was conducted, the MUI fatwa had become the topic most widely discussed by the wider community, especially those who worked as academics. It seems that academics are active participants in learning the MUI fatwa and have quite good knowledge. There is evidence that those with sufficient knowledge tend to have a positive attitude (Evans & Durant, 1995), including the understanding of the MUI fatwa (Warsono, 2007). The positive relationship between education level and attitude score supports this speculation.

In this study, the level of community compliance with the MUI fatwa is influenced by residence. Communities in the Jakarta and West Java regions have positive attitudes and practices that are more in line with the MUI fatwa. This result can be attributed to a major step in preventing the spread of COVID-19, namely the Large-Scale Social Restrictions (PSBB) taken by the DKI Jakarta government and the West Java government (especially the Depok and Bekasi regions). In this situation, religious activities are restricted and prohibited in places of worship and large numbers of worshippers. Then, the choice of the community is none other than following the procedures for conducting worship issued by the MUI. Meanwhile, for areas outside DKI Jakarta and West Java that still do not apply PSBB, the prohibition of religious activities is still relatively loose and permissible. In addition, they also believe that the risk of being infected with COVID-19 is lower in the area. This can be the main trigger of community non-compliance with the MUI fatwa. Another possibility is that their adherence to the MUI fatwa was due to good knowledge about the dangers of COVID-19 and how to prevent its transmission, considering that all participants from DKI Jakarta and West Java who claimed to have good knowledge about COVID-19. These results are similar to research on COVID-19 knowledge, attitudes, and prevention practices in China (Zhong et al., 2020).

It should be emphasized that, in this study, it has been proven that a positive attitude has a significant influence on taking action (practice) in accordance with the MUI fatwa. Several studies have shown that there is a positive and significant correlation between attitude and practice in terms of health (Garcia-Basteiro et al., 2016; Harapan et al., 2018; Wang et al., 2015), and its relation to the administration of Islamic religious practices (Goni et al., 2019). This finding clearly shows the importance of building public perception and positive attitudes towards MUI as the highest religious authority in Indonesia and fatwa as its product. Building a positive attitude can be done by increasing public knowledge about the MUI fatwa. The public can be explained that taking fatwa is done by considering medical aspects (health) so that fatwa is considered more rational. This finding further shows that strengthening public knowledge and positive perceptions will be more effective if targeting certain demographic groups, for example, aimed at adolescents, men, poorly educated, and living in areas that are still low in positive cases of COVID-19.

Unfortunately, even though most of the participants had complied with the MUI fatwa, there were some who were still not compliant (12.3%). This disobedient behavior is related to male sex, young age, non-academic work, low education, and residence outside Jakarta and West Java. In this study, we found a

significant relationship between young men and the practice of disobedience in the religious practices during the COVID-19 outbreak, indicated by a regression coefficient > 1 . A number of previous studies also stated that risk-taking behavior was related to demographic factors such as age and gender, where men tend to take greater risks than women (Byrnes et al., 1999; Cobey et al., 2013; Langsford et al., 1998; Rolison et al., 2014) and the highest risk-taking is generally in the late teens (Duell et al., 2018; Turner & McClure, 2003).

Interestingly, on the aspects of attitude, it is portrayed that the lowest positive attitude is the question items about hospitality in using technology. Traditionally, Ramadhan exodus (called: *mudik*) was annually done by Indonesians from big cities to villages. As a consequence, this is of particular concern because the movement of people from DKI Jakarta and its surroundings as the COVID-19 epicenter to other regions in Indonesia can cause transmission of COVID-19 to become faster and the epidemic curve of COVID-19 to dive high. The low level of positive attitude on this item has a high enough potential to be realized in the form of action, and there have been reports that hundreds of thousands of DKI Jakarta residents returned home earlier despite an appeal not to do so. Reflecting from this result, the decision of the Government of the Republic of Indonesia to ban the homecoming of the citizens of DKI Jakarta and its surroundings to other regions in Indonesia is the right and safe action. As is well known, the nature of the COVID-19 transmission vector is due to the human closeness, and other social interactions (Casella et al., 2020; World Health Organization, 2020), so social isolation is the most reliable and convergent effort to reduce transmission of COVID-19 and to level the curve (Telles, 2020). In terms of preparedness, aspects of contingency planning and financing become significant obstacles in every homecoming procession ahead of Eid al-Fitr in Indonesia (Ariani et al., 2019).

In the aspect of the practice, the lowest level of adherence to the question items about performing Friday prayers. For men, the Friday prayer is compulsory and important worship that is performed once a week, right in the middle of the afternoon on Friday. For Muslims, changing men to Friday prayers with midday prayers is not as easy as changing the five daily prayers at the mosque, then at home. They have an inner conflict that is strong enough to implement this fatwa. The main cause is the problem of Islamic law regarding sanctions for not performing Friday prayers three times in a row. This speculation is supported by research findings that negative behavior is closely related to gender, especially men.

Furthermore, both in terms of attitudes and practices, the demographic variables of religious orientation showed unexpected results, where there were no significant differences, especially among those affiliated to the Nahdlatul Ulama and Muhammadiyah organizations. This result is certainly an encouraging sign because there are no differences of opinion and support among Indonesian Muslims in complying with the MUI fatwa to be applied in everyday life during the COVID-19 outbreak. A study shows that the two social organizations have similarities in terms of religious orientation (Al-Ansi et al., 2019). This result can also be attributed to the support given by the leaders of the two organizations to the fatwa issued by the MUI. On the other hand, these results also reflect that there is not always a difference in the perceptions and attitudes of Indonesian Muslims towards the MUI fatwa on health, for example, as happened to the MUI fatwa on smoking (Ihsan, 2017).

The strength of this research lies in the large sample and its actuality because it was carried out after the COVID-19 outbreak was designated as a national disaster, reflecting the health crisis situation in Indonesia. In addition, this study reflects the latest national population statistics in Indonesia, where the male population and young age still dominate. However, in this study, it seems clear that our study sample is more representative of participants with higher education and professionals as academics. In other words, because education and employment are proxies in determining economic status (Ware, 2019), then this research can be generalized to the population of Indonesia with relatively high socioeconomic status, especially men and young age.

The weaknesses of this study are that limited internet access raises the potential of rural and elderly people, who have low technological literacy, to have negative attitudes and low compliance not recorded as participants. This is reinforced by reports that the application of CBND for rural areas such as Bogor and Depok districts, West Java, cannot be fully implemented due to social and cultural problems. Therefore, research on perceptions and compliance at the grassroots level of the MUI fatwa on the religious practices during COVID-19 needs further attention. Besides, this study uses non-standard instruments because it does not go through internal consistency validation procedures. The development of instruments in this study was only through focus group discussions and in-depth interviews with Islamic Education lecturers who were also active as MUI members. The questions in the questionnaire refer directly to the main points of the MUI fatwa. Third, given the contribution of demographic variables and high attitudes towards adherence (practice), we may have overestimated the level of positive attitudes without knowing more deeply how the relationship between their attitudes and knowledge regarding this MUI fatwa. The relationship of knowledge and practice in the MUI fatwa review may need to get special attention, given that previous research shows a positive and significant relationship between these two variables (Goni et al., 2019; Kwol et al., 2020).

5. Conclusion

The findings of this study have documented that Indonesians who have relatively high socioeconomic status, especially those who are male and young, have a positive attitude and high adherence to the MUI fatwa related to handling COVID-19. In addition, the attitudes associated with compliance with the MUI fatwa indicates that building a positive public perception of the MUI is essential to encourage the religious practices that are in accordance with the Government policies and health protocols. This study suggests that, with the existence of the MUI fatwa, the Indonesian people will be able to organize and carry out religious activities without ignoring the health and safety factors of the threat of the infectious danger of COVID-19 since in terms of religious orientation, all Indonesian Muslims express the same support.

Declarations

Declaration of interest statement

The authors declare no conflict of interest.

Ethics approval and consent to participate

Ethical approval was obtained from the joint research committee of Universitas Negeri Malang, Universitas Negeri Jakarta, Universitas Islam Negeri Sunan Ampel Surabaya, and Institut Teknologi Bandung.

The questionnaire was designed to be anonymous and informed written consent was obtained from every respondent.

The data were kept confidential and the result didn't identify the respondents personally.

Consent for publication

Not applicable.

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Tables

Table 1. Attitudes and practice questionnaire towards MUI fatwa about COVID-19 prevention

Questions	Options
<p>1. A1. Do you agree with the MUI fatwa stating that everyone is obliged to make efforts to maintain health and stay away from anything that can cause exposure to disease?</p>	<p>Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5)</p>
<p>2. A2. Do you agree with the MUI fatwa stating that people who have been exposed to the coronavirus (COVID-19) must isolate themselves so that transmission does not occur to others?</p>	
<p>3. A3. Do you agree with the MUI Fatwa, which states that Muslims must obey and support government policies that carry out isolation and treatment of people exposed to COVID-19?</p>	
<p>4. A4 Do you agree if the people in the affected area perform prayers in <i>maktubah</i> (5 times) in their homes?</p>	
<p>5. A5. Do you agree if the community in the affected area performs the midday prayer at home instead of Friday prayers?</p>	
<p>6. A6 Do you agree if the people in the Affected Area may not conduct religious worship activities that involve many people such as public recitals, <i>majelis ta'lim</i>, and <i>tahlilan</i>?</p>	
<p>7. A7 Do you agree if there are super strict restrictions on the entry and exit of people and goods from and to foreign countries, except medical personnel and essential goods?</p>	
<p>8. A8 Do you agree that the management of bodies that are exposed to COVID-19, especially in bathing and caving, must follow medical protocols and only be carried out by the authorities?</p>	
<p>9. A9 Do you agree with the call for tarawih prayers to be done individually or in a congregation with</p>	

families in their homes. Do you agree?

-) A10 Do you agree with the ban on the implementation of Nuzulul Quran warnings in the form of *tablig akbar* by presenting large speakers and crowds?
- .. A11. Do you agree with the prohibition on carrying out the activities of lightning boarding schools, tarawih roving, roving takbir that gather mass?
- }. A12. Do you agree with the ban on carrying out joint opening activities and joint meals at mosques, mosques, government institutions, and other places?
- }. A13. Do you agree with the call for the Eid al-Fitr to be done through social media and video calls/conferences?
- }. A14. Do you agree with the call for the collection of *Zakat Fitrah* and ZIS (*Zakat, Infaq, Sadaqah*) through *zakat* pickup services and banking service transfers?

Practices

Yes, No

- .. Q1. Do you continue to pray five times in the congregation at the mosque or mosque?
- }. P2. Do you still carry out Friday prayers?
- }. Q3. Will you continue to attend religious activities such as *majelis ta'lim* and general recitals?
- }. Q4. Do you go on pilgrimage and take care of the body when your family or neighbor who is exposed to COVID-19 dies?
- }. Q5. Will you receive your neighbor or family recovering from COVID-19?

3. Q6. Are you still going home (coming home) before Eid al-Fitr despite the strong call to delay?
7. Q7. Do the managers of houses of worship around your place of residence implement strict health protocols?

Table 2. Attitudes towards fatwa MUI by demographic variables

Characteristics		Attitude score (mean ± SD)	t/F
Gender	Male	60.65 ± 7.75	0.109
	Female	60.50 ± 6.67	
Age-group (years)	16-29	58.78 ± 7.14	53.251**
	30-49	62.25 ± 7.10	
	50+	64.20 ± 5.62	
Place of current residence	Jakarta	62.05 ± 6.68	19.381**
	Banten	59.61 ± 8.96	
	West Java	63.24 ± 6.39	
	East Java	58.99 ± 7.18	
	Others	61.87 ± 6.16	
Education	Middle schools and below	58.06 ± 7.36	60.683**
	Bachelor's degree	60.61 ± 6.93	
	Master's degree and above	63.67 ± 6.23	
Occupation	Academicians	60.81 ± 7.03	3.323
	Non-academicians	59.93 ± 7.78	
Religious orientation	Nahdlatul Ulama'	60.54 ± 7.21	0.178
	Muhammadiyah	60.39 ± 7.23	
	Others	60.81 ± 7.35	

**P < 0.01

Table 3. Summary of hierarchical (or sequential) regression analyses for variables explaining attitudes towards fatwa MUI

Variable	B	SE B	β	Adjusted R ²	F
Step 1				-0.001	0.109
Gender	-0.142	0.430	-0.010		
Step 2				0.089	56.370**
Gender	1.228	0.430	0.085**		
Age	3.147	0.297	0.315**		
Step 3				0.101	43.837**
Gender	1.454	0.430	0.100**		
Age	3.055	0.295	0.306**		
Place of current residence	-0.736	0.178	-0.118**		
Step 4				0.132	44.317**
Gender	1.667	0.424	0.115**		
Age	1.753	0.354	0.175**		
Place of current residence	-0.738	0.175	-0.119**		
Educati on	2.007	0.313	0.223**		
Step 5				0.144	39.198**
Gender	1.386	0.427	0.096**		
Age	2.042	0.359	0.204**		
Place of current residence	-0.802	0.174	-0.129**		
Educati on	1.891	0.312	0.210**		
Occupat ion	-1.916	0.474	-0.117**		

Step 6				0.148	32.666**
Gender	1.378	0.428	0.095**		
Age	2.048	0.360	0.205**		
Place of current residence	-0.806	0.174	-0.129**		
Educati on	1.891	0.312	0.210**		
Occupat ion	-1.916	0.474	-0.117**		
Religiou s orientation	-0.095	0.244	-0.011		

B = unstandardized regression coefficient; SE B = standard error of B; β = standardized regression coefficient. **P < 0.01

Table 4. Attitudes practices fatwa MUI by demographic variables

Characteristics		Practice score (mean ± SD)	<i>t/F</i>
Gender	Male	5.19 ± 1.56	15.424**
	Female	5.52 ± 1.26	
Age-group (years)	16-29	5.15 ± 1.43	15.943**
	30-49	5.54 ± 1.42	
	50+	5.75 ± 1.38	
Place of current residence	Jakarta	5.96 ± 1.18	27.704**
	Banten	5.32 ± 1.41	
	West Java	5.77 ± 1.21	
	East Java	4.96 ± 1.50	
	Others	5.63 ± 1.30	
Education	Middle schools and below	5.18 ± 1.41	9.887**
	Bachelor's degree	5.29 ± 1.47	
	Master's degree and above	5.64 ± 1.38	
Occupation	Academicians	5.44 ± 1.36	10.513**
	Non- academicians	5.12 ± 1.60	
Religious orientation	Nahdlatul Ulama'	5.34 ± 1.41	0.517
	Muhammadiyah	5.29 ± 1.52	
	Others	5.35 ± 1.43	

**P < 0.01

Table 5. Summary of hierarchical (or sequential) regression analyses for variables explaining practices towards fatwa MUI

Variable	B	SE B	β	Adjusted R ²	F
Step 1				0.026	31.007**
Gender	0.323	0.058	0.163**		
Step 2				0.055	33.903**
Gender	0.520	0.087	0.181**		
Age	0.430	0.060	0.217**		
Step 3				0.111	48.137**
Gender	0.611	0.085	0.213**		
Age	0.393	0.058	0.198**		
Place of current residence	-0.298	0.035	-0.241**		
Step 4				0.112	36.873**
Gender	0.622	0.085	0.217**		
Age	0.324	0.071	0.164**		
Place of current residence	-0.298	0.035	-0.242**		
Educati on	0.106	0.063	0.059		
Step 5				0.128	34.468**
Gender	0.557	0.085	0.194**		
Age	0.392	0.072	0.198**		
Place of current residence	-0.313	0.035	-0.254**		
Educati on	0.079	0.062	0.044		
Occupat ion	-0.446	0.095	-0.137**		
Step 6				0.127	28.711**

Gender	0.558	0.086	0.194**		
Age	0.391	0.072	.0197**		
Place of residence	-0.313	0.035	-0.253**		
Education	0.079	0.062	0.044		
Occupation	-0.446	0.095	-0.137**		
Religions	0.013	0.049	0.007		
orientation					
Step 7				0.315	75.704**
Gender	0.430	0.076	0.150**		
Age	0.201	0.065	0.101**		
Place of residence	-0.238	0.031	-0.193**		
Education	-0.097	0.056	-0.054		
Occupation	-0.268	0.085	-0.082**		
Religions	0.022	0.043	0.012		
orientation					
Attitudes	0.093	0.005	0.468**		

B = unstandardized regression coefficient; SE B = standard error of B; β = standardized regression coefficient.

**P < 0.01

Figures

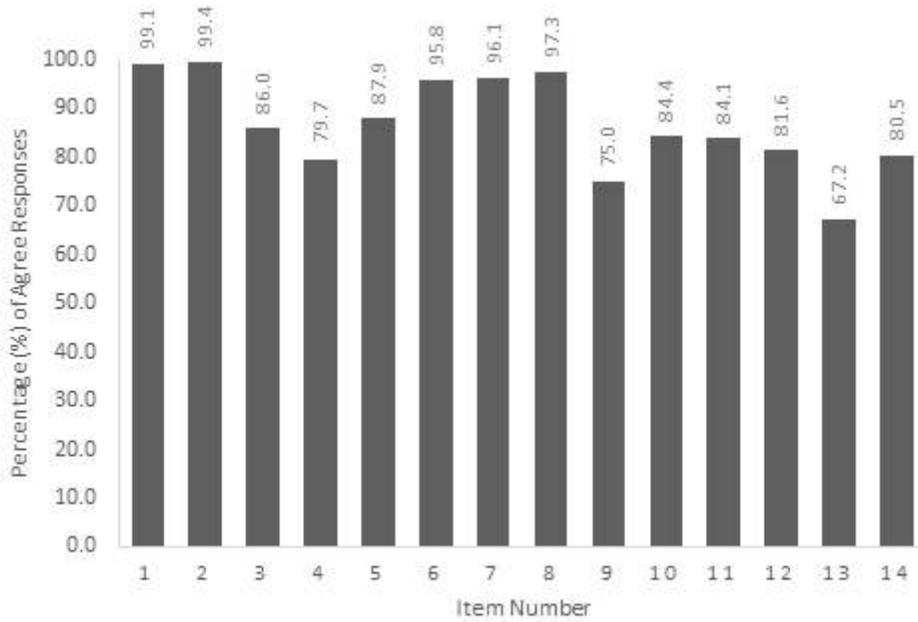


Figure 1

Percentage of Responses (Agree and Strongly Agree) on Each Question Item

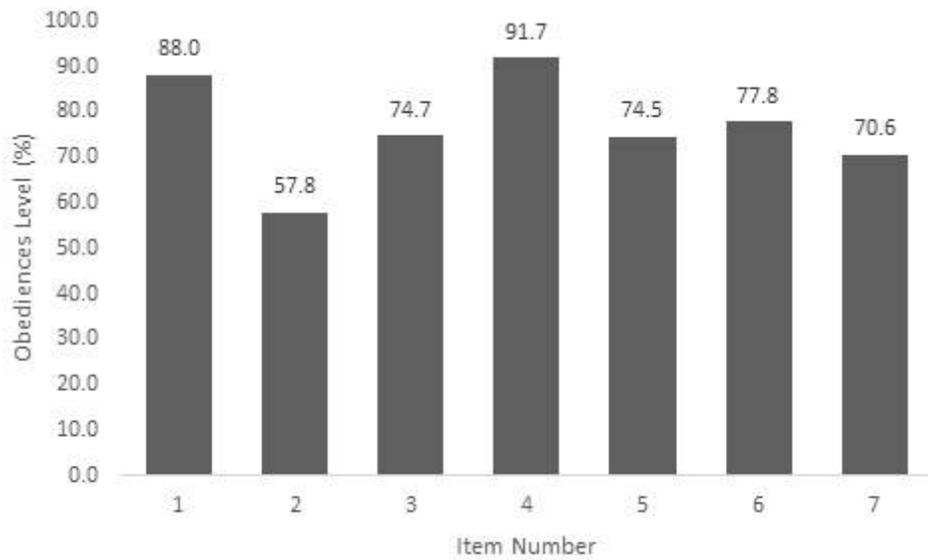


Figure 2

Compliance Level (%) toward MUI Fatwa