

Elderly Muslims, Mosques and Restrictions on Worship: Cognitive Responses in the Covid-19 Red Zone

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ABSTRACT

Even though Indonesia has passed Covid-19, there are still various experiences on the ground that need to be uncovered. Many previous studies have discussed the relationship between mosques as places of worship that are considered resistant to Covid-19 restricting policies. Unfortunately, how elderly Muslims react as restriction policy-breaking subjects has not been elucidated. This article aims to explain elderly Muslims' cognitive response to restriction policy in Al-Mukmin and Asy-Syifa mosques, Bengkulu City, which are always in red zone. These two sample mosques are adjacent to the main referral hospital for Covid-19 patients in Bengkulu Province. Qualitative methods were used. Data were collected through interviews, observation and documentation. Triangulation techniques and sources were used to test the validity of the data. The results showed that cognitively, elderly Muslims know, understand, apply, critique, combine with basic knowledge and evaluate the rules. The combination with prior knowledge of older Muslims is considered to be the most urgent stage for the emergence of resistant views and behaviour towards the rules. This finding has implications for government policy in critical times - not just limited to Covid-19 - to provide the same decision at the socio-economic level of society. It was felt that village government should include religious leaders in implementing central government policy.

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INTRODUCTION

Covid-19 has become the deadliest disease of the 21st century. The World Health Organization (WHO) has declared it a global public health emergency. First confirmed in Wuhan, China in late 2019, it quickly spread to all corners of the world (Kumar et al., 2021; Lau et al., 2021; Pan et al., 2020), including Indonesia (Azwar & Setiati, 2020; Olivia et al.,

2020). Based on preliminary February data, WHO (2024) reported more than 774 million confirmed cases and more than seven million deaths worldwide. More than 503,000 new cases were reported in the 28-day period from 8 January to 4 February 2024, a 58% decrease from the previous 28-day period. In Indonesia, 161,879 deaths, 8,245 active positives (still ill) and 6,642,003 recoveries were reported by the Ministry of Health (2024).

Indonesia has been going through a difficult time during Covid-19, which is characterised by many policies: lockdown, staying at home, quarantine, physical and social distancing, large-scale social restrictions, towards a new normal. Each of these rules has its own set of reactions from people in need of a more normal way of life. The issuance of rules on restricting religious activities is one of the rules that has aroused opposition. The rule restricting religious activities is a rule issued by the government to suppress the rate of the Corona virus. In addition to the regulations, there are also frequent appeals from a variety of non-governmental organisations. The Indonesian Ulema Council (MUI), as one of the most authoritative organisations in providing rules or laws for Muslim life in Indonesia, issued a number of appeals during the Covid 19. Based upon data from <https://fatwamui.com/data-fatwa>, 21 Covid-19-related fatwas were found: 1) 13 vaccination fatwas, 2) 6 worship fatwas, 3) 2 donation fatwas.

MUI Fatwa No. 14 of 2020 on the Implementation of Worship in the Situation of Covid-19 Outbreak on 16 March 2020 and Government Regulation of the Republic of Indonesia No. 21 of 2020 on Pembatasan Sosial Berskala Besar (PSBB) are seen as policies that change the atmosphere of Muslim worship in mosques. Various restrictions have been put in place to prevent people from congregating. Fernando et al (2022) found that these restrictions have led to passive, active and reactive defiance from some Muslims who persistently worship in the mosque. Previous studies have found resistance from Muslim communities (Al-Astewani, 2021; Fernando et al., 2022, 2023; Pabbajah et al., 2022; Said & Santosa, 2021). While resistance is seen across all age groups, older Muslims dominate. This is due to the strength of social media rumours (Sangaji et al., 2021), lower levels of education among the elderly and poor (Abedin et al., 2021), and community experience (Fernando et al., 2023). Good spiritual qualities also contribute towards aversion towards social distance (Akgün Şahin et al., 2023; Durmuş & Durar, 2022).

Unfortunately, how resistance can arise in older Muslims has not been addressed in existing studies. The aim of our research is to fill this gap through the study of resistance from the Muslim mind. This article aims to explain the cognitive response of elderly Muslims

to the restrictions on worshipping in mosques during Covid-19. Elderly Muslims are considered vulnerable to the virus and are the first victims of Covid-19 worldwide. Therefore, in order for this research to be an important contribution to policy makers in difficult times, it is important to explain it as an effort to understand the responses of older Muslims.

CONCEPTUAL REVIEW

Cognitive Response

In psychology, a response is defined as the result or impression obtained from observations about subjects, events or relationships. This is achieved by inferring information and interpreting messages (Jalaludin, 1999). It is important to note that responses are influenced by both internal and external conditions. The internal conditions that influence responses originate from the body. These include the existence, integrity and workings of the sensory organs, nerves and certain parts of the brain. The external conditions that influence responses originate from the environment. In addition to these factors, responses are also influenced by the existence and feeling, reason, fantasy, mental views, mental thoughts, motivation and so on. The external factors which influence responses include the environment, the intensity of the exposure and the type of stimulating object (Walgito, 1999).

Chaffe and Schleuder (1986) distinguish between three types of responses, one of which is cognitive. The cognitive response is one that is closely related to a person's knowledge, thought process, skills and information about something. It can be seen to spur the development of rational ability. Cognition can be defined as a person's belief about something that is obtained from the process of thinking about someone or something. The process of acquiring knowledge and manipulating it through the activities of remembering, analysing, understanding, assessing, reasoning, imagining and speaking is fundamental to the development of cognition. The capacity or ability of cognition is usually interpreted as intelligence or intelligence. Individuals can realise their surroundings through sensation and perception. In order for an individual to realise something, several conditions must be met. These include the existence of an object that is observed, sensory organs or receptors that are sufficiently developed, namely tools to receive stimuli, and the need for attention, which is the first step in the process of observation (Govindaraju, 2021).

Plague in Islam and Covid-19 Clustering

In Islam, plague is interpreted as an infectious disease that is sent down by Allah SWT as a form of test for some humans, and even as punishment for other humans. In the At-Taghabun verse 11, it is written that “No calamity befalls a person except by the permission of Allah” and that “whoever believes in Allah Subhanahu wa Ta'ala, Allah will guide his heart.” An infectious disease that is capable of killing large numbers of people is known in Arabic as tho'un. The term appears in the hadith of the Prophet Muhammad, in which Yahya bin Yahya states that he read the hadith of Malik from Muhammad bin Al Mukandir and Abu an Nadhr, the slave of "Umar. Bin Ubaidillah from Amir bin Sa'ad bin Abu Waqqash from his father that he heard Usamah bin Zaid inquire of the Messenger of Allah regarding the disease of Tha'un. In response, Usamah stated that the Messenger of Allah had informed him that tha'un (cholera) was a form of divine punishment sent down to the Children of Israel or to those who had preceded them. Accordingly, when one hears that tha'un (cholera) has broken out in a land, it is advisable not to visit that land, and when it has broken out in a land where one is already located, it is similarly inadvisable to leave that land in order to avoid contracting the disease (Muslim, 2021). Wahab (2021) states that when takhrij was conducted, five books containing the hadith were discovered. This indicates that the term tho'un was previously employed by the Prophet Muhammad to elucidate the legal framework pertaining to the plague.

In the past, a similar situation arose with the Covid-19 pandemic. Scientific evidence suggests that this virus can be transmitted from one human to another through cough/sneeze droplets (Ciotti et al., 2020; Wang et al., 2020). This is the main known route of transmission, although aerosols are also a potentially important factor (Han et al., 2020). Those at greatest risk of contracting the disease are those in close contact with Covid-19 patients, including those who are caring for Covid-19 patients. Those with confirmed coronavirus typically experience flu-like symptoms, such as a sore throat, cough, and fever. Common symptoms include high fever, dry cough, and shortness of breath (Corman et al., 2018). These symptoms are observed in all variants of the virus. The Omicron variant has been identified as particularly dangerous due to its rapid spread, and has led to a global alert phase. This variant has caused significant psychosocial impacts on humanity (Araf et al., 2022; Chenchula et al., 2022).

The National Task Force for the Acceleration of Covid-19 Handling (2020) has established several criteria based on the risk of the spread of Covid-19. These criteria have

been detailed in a document published by the Task Force and entitled 'Covid-19 handling', in which four levels of regional zoning criteria are set out. These criteria are based on colour and are intended to serve as indicators of the risk category of the virus in a given area in terms of its level of transmission. The criteria are as follows.

1. Green Zone (Unaffected). Areas designated as the green zone are those in which the risk of infection is low, enabling a range of activities to be conducted. These include education, learning, business and religious activities. However, it is essential that health protocols are observed, which include maintaining distance, wearing masks and washing hands with soap. In addition, individuals experiencing flu-like symptoms are advised to remain at home.
2. The yellow zone (low-risk zone) is defined as an area where there is a low probability of transmission of SARS-CoV-2 from person to person. While the possibility of transmission from imported cases and household-level clusters cannot be ruled out, these instances can be managed through implementation of effective control measures. Therefore, the spread cluster can be controlled and does not increase. While activities such as travelling, industry, business, sports venues, health services and limited religious activities can be carried out, they must be conducted in accordance with strict health protocols.
3. Orange Zone (Medium Risk). In general, the risk of further transmission of the virus at this level is high and the potential for the virus to spread is uncontrollable. At this level, local transmission to imported cases may occur quickly, with local governments being required to implement stringent control measures to prevent further spread. Therefore, it is advised that all people, with particular consideration to vulnerable groups in areas with Orange Zone status, remain at home and avoid all unnecessary travel.
4. Red Zone (High Risk). In areas where the transmission rate of the spread of Covid-19 is high and uncontrollable, the establishment of numerous new clusters can be expected. Consequently, the recommendation is that people stay at home and refrain from undertaking activities such as travelling, attending public gatherings, teaching, and learning. Business operations are suspended, except for those that are deemed necessary for essential services, such as pharmacy, grocery supermarkets, health clinics, and fuel stations. Furthermore, public places, public/crowded areas, and school facilities have been closed in order to prevent and stop the spread of the virus.

The National Task Force for the Acceleration of Handling of the Coronavirus Disease 2019 (Covid-19) has indicated that the clustering of cases in each region is highly dynamic. Previously unaffected areas may become at-risk, while areas previously identified as at-risk may become unaffected. Conversely, areas previously identified as low-risk may become moderate-risk, and vice versa.

MATERIAL RESEARCH

This research was conducted using a qualitative case study approach. The case presented is the cognitive response of elderly Muslims at Al-Mukmin and Asy-Syifa Mosques in Bengkulu City. The case of elderly Muslims in the two mosques is considered interesting for several reasons. Firstly, the implementation of worship takes place throughout the Covid-19 pandemic, which has had a significant impact on the lives of many people worldwide. Secondly, the location of the two mosques is adjacent to the main referral hospital for Covid-19 patients in Bengkulu Province, which has placed additional strain on the local healthcare system. Data collection was conducted between January and February 2023. This entailed employing a range of techniques including semi-structured interviews, non-participant observation and the documentation of policies and fatwas issued by the Indonesian Ulema Council (MUI). This was achieved through examination of the MUI's website.

Table 1. Describe the demographics of interviewees

Sn.	Interviewee	Gender	Class Age	Education	House-Mosque Distance
1	Elderly Muslim 01	M	68-72	Senior High School	Al-Mukmin, ±100 Meter
2	Elderly Muslim 02	M	70-75	Graduate	Al-Mukmin, ±10 Meter
3	Elderly Muslim 03	F	50-55	Senior High School	Al-Mukmin, ±40 Meter
4	Elderly Muslim 04	F	50-55	Graduate	Al-Mukmin, ±30 Meter
5	Elderly Muslim 05	M	60-65	Junior High School	Asy-Syifa, ±150 Meter
6	Elderly Muslim 06	M	65-70	Graduate	Asy-Syifa, ±45 Meter
7	Elderly Muslim 07	F	53-57	Senior High School	Al-Mukmin, ±15 Meter
8	Elderly Muslim 08	M	70-75	Graduate	Al-Mukmin, ±15 Meter
9	Elderly Muslim 09	M	70-75	Senior High School	Asy-Syifa, ±150 Meter
10	Elderly Muslim 10	M	60-65	Graduate	Asy-Syifa, ±50 Meter
11	Elderly Muslim 11	M	54-56	Graduate	Asy-Syifa, ±200 Meter

We defined the characteristics of the informants as follows: 1) male or female informants aged over 54, based on WHO standards (Azizah, 2011); 2) regular worshippers of Al-Mukmin and Asy-Syifa mosques; 3) experienced in worshipping at the mosque before and during Covid-19; 4) informants were able to communicate well and understand the researcher's questions. Table 1 shows the data of 11 informants from the two mosques studied. A semi-structured interview procedure was used by preparing 5 (five) general

questions. The researcher explored the elders' knowledge of restrictions on worship, government regulations, clerical guidance, conflicts between Islamic rules, and the basis for the elders' decision to worship outside the home during Covid-19. All data was recorded using a smartphone and transferred to a laptop for data analysis.

The standards of Creswell (2013) and Miles, Huberman and Saldana (2018) were used to process all interview data obtained. The presentation of the findings in the subchapters follows the main questions set from the beginning. While the results of the categorisation of the cognitive responses are presented in tabular form, all data are presented according to the sub-chapter requirements. This allows the researcher to explain the findings, identify key findings, draw conclusions and policy implications of the findings.

RESULTS AND DISCUSSION

Fatwa and Policy on Restricting Worship

Since the declaration of Covid-19 as a national disaster under Presidential Decree of the Republic of Indonesia No. 12 of 2020 on the determination of the spread of Covid-19 as a non-natural disaster on 13 April 2020, various policies have been issued to religious institutions at different levels of government and across sectors. This sub-section focuses on the discussion of fatwas and policies related to Islamic worship activities during Covid-19. The first is from the appeals issued by MUI (Majelis Ulama Indonesia) as the representative body of Muslims in Indonesia. Nisa, Marni and Lisnawati (2022) stated that there were at least 12 fatwas issued by MUI during the Covid-19 pandemic. Researchers tracing back on the website <https://fatwamui.com/data-fatwa> found 21 fatwas related to Covid-19, including 1) 13 fatwas on vaccination; 2) 6 fatwas on worship; 3) 2 fatwas on donations.

The first fatwa on worship that came out was the MUI Fatwa No. 14 of 2020 on the implementation of worship in the situation of the outbreak of Covid-19 on the 16th of March 2020. In this fatwa, there are clear restrictions on the situations and conditions under which worship is permissible outside the home. This fatwa has four main points in which two conditions are presented:

1. In conditions where the spread of Covid-19 is under control (green zone), Muslims are obliged to perform Friday prayers and may perform worship activities that involve a large number of people, such as the congregational five daily prayers /rawatib, tarawih and Eid prayers in mosques or other public places, as well as participation in public recitations and taklim gatherings, while protecting themselves from being

exposed to Covid-19.

2. Muslims must not perform Friday prayers in an area where the uncontrolled spread of Covid-19 (red zone) is life-threatening. Until the situation becomes normal again, they must replace it with the Zuhur prayer in their respective places. Similarly, it is not allowed to hold worship activities that involve large numbers of people and are considered a medium for spreading Covid-19, such as congregational five daily prayers / *rawatib*, *tarawih* and *eid* prayers in mosques or other public places, as well as attending public recitations and taklim gatherings.

The fatwa issued by the MUI is in line with the government's policy during Covid-19. Two policies that have affected restrictions on Muslim worship are Government Regulation of the Republic of Indonesia No. 21 of 2020 on PSBB and Instruction of the Minister of Home Affairs (Inmendagri) No. 24 of 2022 (Java) and No. 25 of 2022 (Outside Java) on the Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM). The PSBB and the PPKM explain to Muslims that they should refrain from carrying out various activities in the mosque. The five daily prayers are given priority at home. Friday prayers are replaced by *zuhur* prayers at home. Celebrations of Islamic holidays and lectures that attract large crowds are replaced by online lectures. During *Ramadan*, *tarawih* prayers are held at home and *eid* prayers are held at home with a limited number of worshippers. During the emergency response period to overcome Covid-19, the conduct of daily prayers is technically left to the respective religious institutions.

Mosque and Congregation Conditions: Before and During Covid-19

This research sets Al-Mukmin Mosque and Asy-Syifa Mosque as cases to understand the cognitive responses of elderly Muslims. Al-Mukmin and Asy-Syifa Mosques are located in the vicinity of the M. Yunus Hospital complex, Jalan Bhayangkara, Sidomulyo Village, Gading Cempaka Sub-district, Bengkulu City, Bengkulu Province, Indonesia. Figure 1 illustrates the spatial configuration of the study area. The red circle represents M. Yunus Hospital, the yellow area depicts Asy-Syifa Mosque and the blue region delineates Al-Mukmin Mosque. M. Yunus Hospital serves as the primary referral centre in Bengkulu Province for individuals diagnosed with coronavirus disease 2019 (COVID-19). Consequently, the area surrounding the hospital is frequently designated as a red zone. The Al-Mukmin Mosque is situated to the southeast of the hospital, in close proximity to the morgue and a minor river. The Asy-Syifa Mosque is located on the hospital's northern side, adjacent to a hospital parking lot and a blood station owned by the Indonesian Red Cross.

The prayer room at the Al-Mukmin Mosque is 200 m² and has a capacity of 300 worshippers for a Friday prayer service. The congregation who regularly perform the five daily prayers is around 20 people. During the implementation of activities this number can be increased to 50. This mosque is classified as active in carrying out activities outside the five daily prayers. Table 3 presents the regular activities at Al-Mukmin and Asy-Syifa Mosques prior to the advent of the Covid-19 pandemic. Asy-Syifa Mosque boasts an area of 450 m², which can accommodate up to 500 worshippers during a Friday congregational prayer. Strategically located on the main road and easily accessible from the hospital, this mosque has become a focal point for local Muslims. It can be observed that employees and families of patients tend to opt for prayer at this mosque rather than utilising the small room provided by the hospital. The mosque is particularly congested during Zuhr, Asr and Maghrib prayers, with an average of 50 to 70 worshippers present at any given time. However, at dawn, the number of worshippers drops significantly to approximately 10 to 15. The circumstances and circumstances that permit it permit the community surrounding the mosque to actively hold Islamic activities. A variety of activities are carried out to enhance the mosque. The mosque activities run in a manner similar to a mosque in general. The mosque management is implemented and runs smoothly, both in terms of administration and finance, among other things.

Sn.	Al-Mukmin Mosque		Asy-Syifa Mosque	
	Agenda	Description	Agenda	Description
1	<i>Tambeed</i> study	Every Friday night of the 1st week	Reading <i>hadist</i> before <i>Subuh</i> prayer	Every day
2	<i>Fiqh</i> study	Every Friday night of the 2nd week	Reading <i>hadist</i> before <i>Zuhr</i> prayer	Every day

3	Islamic histories study	Every Friday night of the 3rd week	Islamic general studies	Every weeknight in the 4th week
4	Reading <i>yasin</i> and <i>tablil</i>	Every Friday night of the 4th week	Reading <i>yasin</i> and <i>tablil</i>	Every Friday night
5	<i>Tajweed</i> study	Every night	Memorizing the Qur'an for children	Every day after <i>Maghrib</i> prayer
6	Islamic general studies	Every Saturday Morning of the 4th Week		
7	al-Qur'an for children	Every afternoon		

Sources: Primary Data, 2023

In the early days of the announcement of Covid-19 as a dangerous national disaster, Asy-Syifa Mosque closed its worship space for one week. In contrast to Al-Mukmin Mosque, the temporary closure of the mosque was carried out without announcing the call to prayer through the speakers. The congregation is permitted to pray at the mosque if they are aware of the prayer time entry schedule. Following the implementation of various measures, the government introduced a series of policies aimed at maintaining public health and social stability. These included the adoption of health protocols and the implementation of large-scale social restrictions (PSBB). In response, Masjid al-Mukmin, which had previously been closed, began to reopen, with limited access granted for the performance of certain worship activities. These included the five daily prayers, Friday prayers, taraweeh prayers, routine recitation, and other forms of worship. This information was conveyed by Elderly Muslim

01

“...Upon the initial emergence of the novel coronavirus in Bengkulu, the government disseminated a circular outlining the restrictions on religious observance. Immediately following the receipt of the aforementioned circular from the government regarding the restrictions on worship, we, the administrators of the mosque, convened a meeting. It was agreed that al-Mukmin Mosque would implement restrictions on worship and health protocols in accordance with recommendations. Consequently, the mosque is still able to hold worship..”

Al-Mukmin Mosque adheres rigorously to a comprehensive set of health protocols. These include the installation of appeal banners outlining the protocols, the rolling out of prayer carpets to facilitate distancing, the marking of distances between worshippers with floor markings, the provision of free masks and hand washing soap at the ablution point, and the distribution of hand sanitisers across the premises. Additionally, the imam has been reminding worshippers to maintain the correct shaf and adjust accordingly. In contrast, the Asy-Syifa Mosque has not implemented a set of strict regulations in open locations during the Covid-19 pandemic. Among the observed practices was the rolling up of the carpet, leaving it in the initial row only, the provision of hand sanitiser and liquid soap for handwashing, as well as the installation of posters belonging to the Ministry of Health at the

entrance of the mosque, which serve to remind worshippers of the importance of adhering to health protocols.

Elderly Muslim Cognitive Response

Humans have three types of reactions: cognitive, affective and psychomotor (Chaffee & Schleuder, 1986). This study focuses on examining the cognitive response of elderly Muslims to the restrictions on worship in areas that are justified as red zones. Before the discussion of the results, the researchers present the views of worshippers at Al-Mukmin and Asy-Syifa mosques. Table 3 describes the findings based on interviewed points that emerge from the views of the informants. There are six points from the cognitive aspects of elderly Muslims towards the rules of worship restrictions in the red zone: knowing, understanding, applying, criticising, combining with basic knowledge and evaluating.

Table 3. Elderly Response from the Cognitive Aspect

Aspect	Poin Interviewee	Content
Cognitive	1. Know the rules regarding restrictions on worship in the red zone	<p>Elderly Muslim 01: "...at the beginning of Corona, a circular was issued by the MUI."</p> <p>Elderly Muslim 04: "Initially, it was not allowed to worship in mosques, but looking at the conditions, the government provided an opportunity. "Prayers keep their distance."</p> <p>Elderly Muslim 07: "It is true. There is an appeal from the MUI. "There are also those from the government, but they are not specific to mosques."</p> <p>Elderly Muslims 10: "My son, who forbade praying at the mosque, said there was an appeal from the government."</p> <p>Elderly Muslims 11: "I've heard from mosque congregations, but I haven't read the rules."</p>
	2. Understand the rules regarding restrictions on worship	<p>Elderly Muslim 01: "The circular we received at that time, regarding the rules for carrying out prayers in the midst of a pandemic... we were told to wear masks, wash our hands, keep our distance."</p> <p>Elderly Muslim 02: "Whether there are rules or not, we understand that we have to wear masks, wash hands, it has always been provided outside, keep your distance, and bring prayer mats from home."</p> <p>Elderly Muslim 04: "...keep your prayer distance, wear a mask, immediately disperse after prayer..."</p> <p>Elderly Muslim 07: "As far as I know, we are told to obey 3M, keep our distance,</p>

		<p>wash our hands. "Then if we are exposed, like yesterday's mother, we have to be isolated at home; we cannot go to the mosque."</p> <p>Elderly Muslim 08: "Yes, the contents of the rules, as far as I know, we are told to pray at home because of Covid-19, right?"</p> <p>Elderly Muslims 10: "Obviously, of course, I had forgotten. The point is to keep your distance when praying. "That is why in this mosque, we make the distance between worshipers about one meter."</p>
	3. Implement restrictions on worship	<p>Elderly Muslim 01: "The distance during prayer is separated by one meter. There is black duct tape that we deliberately attached. "We from the management also put free hand washing soap and masks at the front entrance."</p> <p>Elderly Muslim 02: "The prayer atmosphere has changed a lot. Usually, one prayer line can accommodate 20 people. During Covid there were only 7 people."</p> <p>Elderly Muslim 09: "...we in the mosque do not pray on the carpet. The carpet has been rolled up and only the floor remains. That's why we are advised to bring prayer mats."</p> <p>Elderly Muslims 11: "I always wear a mask, bring my own prayer mat from home, bring disinfectant spray."</p>
	4. Criticize the rules regarding restrictions on worship	<p>Elderly Muslim 01: "...we have followed the rules that were established from the start. Even though this area is in the red zone, we cannot prevent people from praying. The call to prayer is still said because this is a religious rule."</p> <p>Elderly Muslim 03: "I always wear a mask, bring my own prayer mat from home, bring disinfectant spray."</p> <p>Elderly Muslim 07: "...at first, it was uncomfortable; our tradition after prayer is to shake hands. Now, it is not allowed. Then, for that row, I followed the hadith about straightening the rows, not the one from Abu Daud about straight and tight rows. So I think based on this hadith, just being straightforward is enough; there is no need for meetings considering the Corona situation. "Because there is this relaxation, prayers can still be done in mosques."</p> <p>Elderly Muslim 08: "We see here that the government is not really serious. Malls and shopping centers, shops are allowed to open. How come the mosque's turn is limited? This is not fair."</p>
	5. Combining restrictive rules with the informant's prior knowledge	<p>Elderly Muslim 02: "There are also concerns. It just came back to me that I was sure that the disease came from God. I continue to pray to Allah to protect us from Covid-19. If we think Corona is artificial (man), that is what makes us weak in worship—moving further away</p>

		<p>from the mosque. Friendship is also lost. "Because we come to the mosque, friendship is established, our life is prolonged, our brotherhood is closer."</p> <p>Elderly Muslim 06: "I am old, I will definitely die. Whether the cause is Covid-19 or my old illness, I will still die. For me, abandoning the practices of the mosque is a loss in this world and the hereafter. Covid-19 is just the world."</p> <p>Elderly Muslim 08: "The point is to believe that Corona comes from Allah, so approach Allah. The best way to approach Allah is to visit his house. Honestly, I'm not afraid of Corona. In a clean, holy condition, have performed ablution, worn a mask and implemented health protocols as well. In sha Allah, we will be under His protection. So just believe in fate, and be sure that you won't get infected as long as you always use health protocols."</p> <p>Elderly Muslim 09: "The point is to believe that Corona comes from Allah, so approach Allah. The best way to approach Allah is to visit his house. Honestly, I'm not afraid of Corona. In a clean, holy condition, you have performed ablution, worn a mask and implemented health protocols as well. In sha Allah, we will be under His protection. So just believe in fate, and be sure that you won't get infected as long as you always use health protocols."</p>
	6. Evaluate the rules for limiting worship in the red zone	<p>Elderly Muslim 01: "The government is right in taking this policy, including the zoning system. We are also continuing to monitor conditions here. If many people in this neighborhood are affected by Covid-19, then our mosque will close. If it's safe, even if it's in the red zone, we open it. Appeal to the public to pray at home. If someone still wants to come to the mosque, we cannot forbid them. It is their right to worship."</p> <p>Elderly Muslim 04: "... what the MUI conveyed was like an appeal. Come back to each other."</p> <p>Elderly Muslim 08: "The red zone rules are not severe. There is still much human activity in the market. Some still go to work. When you go to the mosque, comments are made. Do not be like that. What needs to be disciplined is wearing masks, keeping a safe distance, and always being clean."</p>

Sources: Primary Data, 2023

Elderly Muslims are generally aware of the restrictions on movement since Covid-19 became a pandemic in Indonesia. Although they do not know the details of the regulations, they have been following the points on keeping distance, wearing masks, washing hands and isolating themselves through the PSBB and PPKM. Elderly Muslims are also aware of the MUI Fatwa No. 14 of 2020, which specifically addresses procedures for worship in the event

of a Covid-19 outbreak. Although the rules have set clear boundaries, older Muslims continue to make up their own minds about when to stay home and when to come to worship. When the Bengkulu provincial government declared the area around the Al-Mukmin mosque a red zone, worship at the mosque continued. Elderly Muslims provide critical views through the mechanism of comparison between worship space and economic space, physical health that is considered safe from virus attacks, and belief in health protocols.

The decision to continue to come to the mosque is also based on the basic knowledge that the older Muslims have. Demographically, the informants have a good level of education and are familiar with digital technology. These two supportive factors provide a lot of input into religious knowledge as well as considerations when there are differences of opinion. Older Muslims are able to combine the knowledge that they have with the information that they have received from other people. Initially, older Muslims were worried about worshipping in the mosque when there were rules issued by scholars about restrictions on worshipping. So, with their own awareness, they began to follow the health protocols. They realised that it was a good rule to follow in order to minimise the transmission of Covid-19.

Older Muslims who have prior knowledge have a link between it and government regulations. Acceptance of a Covid-19 period rule is therefore a function of the combination of prior knowledge and rules. At this level, the threat received is not a major consideration. Older Muslims seem to be more afraid of leaving the Worship, which has great rewards, than they are of getting threatened, which they might get. Kelsay (2006) explains that Islamic doctrine is more important to devout Muslims than their own lives. Sumbula (2009) uses the term religious subjectivity to understand the phenomenon. The objectivist approach argues that religious phenomena related to Islam arise from a group of people's understanding that Islam covers all aspects (*Islam syumul*), which must be implemented *kaffah* in all areas and spaces of life. Not only the textual authority of the scriptures in which they believe, but also the body of knowledge in the form of experience, imagination, ideas, interactions and the whole archetype of their lives can give rise to this view among Muslims.

Cognitive abilities in the evaluation phase are also evident from the results of the interviews with informants. However, the assessment that emerges is incomplete. It is general and from only one point of view. The Al-Mukmin and Asy-Syifa mosques are adjacent to the hospital where Covid-19 patients are admitted. However, this does not seem to be a guiding principle in the evaluation. The conditions around the mosque are considered in

response to any policy that emerges at the national level. We see that this is not done consistently by mosque administrators either. In the case of Omicron, a lot of people in the area around the mosque were affected - one family even had the virus - and the mosque is still in operation. The two mosques continue to hold five daily prayers and Friday prayers. The understanding of government regulations returned to each individual is clearly more rational. This individual evaluation ultimately provides the elderly Muslims with the opportunity to reject or accept government policies during Covid-19.

The cognitive abilities of older Muslims can be seen in the implementation of health protocols: wearing a mask, keeping a distance, not staying in the mosque, and isolating oneself when the symptoms of Covid-19 begin to appear. The mosque leadership also rolled up the mosque mat, made handwashing facilities available and restricted the distance between worshippers with a barrier sign. Ongoing appeals by the local government meant that the elderly Muslims were then persuaded to implement this rule restricting worshipping. In addition, elderly Muslims can also explain the purpose of these rules, this finding reinforces previous findings related to understanding and implementing health protocols in mosques (Dahlan et al., 2021; Lukman et al., 2023; Mamnuah et al., 2023).

The results that are considered important in this study are the emergence of three cognitive forms in older Muslims: memory, combination and evaluation. The stage of combining the experience of the Covid-19 period with previously held religious knowledge is considered a critical point for the elderly in the struggle for their faith.

Age affects a person's memory, especially the elderly who enter the senile phase. Kholifa (2016) explains in the geriatric nursing module that cognitive problems in the elderly are the weakening of memory for something (senile dementia), and it is difficult to socialise with the surrounding community. Ganda et al (2020) say that memory problems affect men more than women. Nevertheless, the results of the research on older Muslims, the majority of whom are men, show that they are able to recall the rules of worship. Elderly Muslims confirmed the statement that they clearly remembered the rules of worship restrictions issued by the government and scholars during COVID-19.

In this way, our article provides implications for government policies in critical times - not just limited to Covid-19 - about the importance of equality in policy making. Policies of inequality, such as allowing modern shopping centres to open and limiting places of worship, are not good answers. This fact is inextricably linked to the dominance of Muslims in areas of high fanaticism. Socio-economic policies are considered by society to be as important as

religious policies, and sometimes even more important. Therefore, the involvement of government elements at the village level and government religious institutions, such as Islamic religious teachers from the Office of Religious Affairs, can be maximised. The attainment of Muslim wisdom in dealing with crisis situations can be achieved through the use of counter-religious arguments. In other words, explaining other religious interpretations to suppress religious views already understood by Muslims is the best solution.

CONCLUSIONS AND RECOMMENDATIONS

The resistance of elderly Muslims during the Covid-19 period has sparked debate and justification that Muslims are very obedient to Islamic doctrine. This article explores the reasons behind the resistance of elderly Muslims to the continuation of worship in Al-Mukmin and Asy-Syifa mosques, which are under the red zone. Layered cognitive knowledge is found to support the final decision of elderly Muslims to continue worshipping at the mosque through a series of health protocols. The cognitive phase in the critical part, combining knowing and evaluating the policy, is considered the most crucial. Elderly Muslims come up with various ways of continuing to attend the mosque: wearing masks, keeping a distance, bringing prayer equipment, avoiding lingering in the mosque and isolating themselves when they start to feel symptoms of Covid-19. With the alternatives provided by the government since the beginning of Covid-19, loosening one sector and tightening another, and the Islamic doctrine strongly held by older Muslims, the final determinant of resistance.

From the outset, the study focused only on the responses from Muslims to the single-mosque policy. This is ultimately seen as a limitation of the research. Future studies could expand the sample of mosques, the conditions of older people, or new issues in the research site. Our research also suggests that it is important to explore the relationship between the policy of restricting worship and the mental and spiritual health of the elderly.

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