Experience of the Muslim Community Resistance During COVID-19 in Moluccas, Indonesia

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ABSTRACT

The empirical analysis of this article presents an interpretation of religious attitudes expressed during the COVID-19 pandemic in the Muslim communities in Moluccas, Indonesia. The article explains religious experiences and the meanings of their resistance to COVID-19. Various measures to respond to the pandemic have created resistance in religious communities globally. As a result, there have been violations of health protocols, including in Indonesia. Data were obtained through interviews and observations around Ambon City, Moluccas, Indonesia. The data were analyzed through qualitative methods and constructivist paradigms based on a phenomenological perspective, especially a social constructionist perspective. This article explains the role that phenomenological and religious studies of resistance can play in understanding effective public health management and improving the government's policies and the pandemic health protocols. Subjective experiences occurred in religious worship, community homes, educational institutions, and rituals amid uncertain information and political polarization. The results indicate that resistance encompasses planning, fraud, global disasters, negative labeling, panic, anxiety, and fear. Resistance will have an impact and become necessary due to the

involvement of individuals; this affects daily life for religious belief and coping with fear, panic, and uncertainty of COVID-19. This article will benefit Muslim communities' subjective experiences regarding resistance during the COVID-19 pandemic and encourage further research.

INTRODUCTION

In December 2019, the coronavirus emerged in China's Wuhan region (Moulahoum et al., 2021). On March 13, 2020, the World Health Organization (WHO)—after the continuous spread and careful monitoring of COVID-19 (Albertoni & Wise, 2021; He & Chen, 2021), found that the virus had gone global (Chau et al., 2020; Cucinotta & Vanelli, 2020) and spread quickly (Guo et al., 2020), including Indonesia, where the cases of two infected residents in the city of Depok were reported on March 2, 2020 (Djalante et al., 2020; Martha, 2020). COVID-19 affects large numbers of people (Udgata & Suryadevara, 2021). Mohan et al. (2021) estimated that transmission through aerosol and environmental factors could influence virus transmission. On July 9, 2021, pandemic cases involving large numbers of susceptible people (Udgata & Suryadevara, 2021) were related to the urban status, race, age, language, occupation (Nursalam et al., 2021), and various aspects of life; their impact on the global economy (Fernandes, 2020; Nguyen et al., 2020), politics (Kumar et al., 2021),

education (Abidah et al., 2020; Cao et al., 2020), tourism (Gössling et al., 2021), and religious life was no exception. The spread of COVID-19 rose to 185,573,594, with 4,010,729 deaths and vaccinations, reaching 3,356,247,321 people globally; Indonesia has the highest number of infections among ASEAN countries, with 2,455,912 cases and 64,631 deaths.

The consequences of this rise in cases include developments in many countries regarding religious, health, socio-economic, and cross-border business conflict (Boylan et al., 2021). The COVID-19 disaster has killed millions of people globally. Similar to the situation in many other nations, debates about COVID-19 policies tend to politically polarize the population under study in Indonesia (Kumar et al., 2021). However, the Indonesian government believes that the most effective way to prevent and stop the spread of COVID-19 is through the Minister of Home Affairs, which issued the Implementation of Level 4 Community Activity Restrictions (PPKM) Number 22 of 2021, which was in effect until August 9, 2021 (Albertoni & Wise, 2021; He & Chen, 2021; Khan et al., 2021; Regus, 2022). Affected patients will continue to be monitored and observed (Gkrouzman et al., 2021; Oxholm et al., 2021).

Likewise, every religious community must worship in private homes on the Fatwa of the Indonesian Ulema Council (MUI), Number 14 of 2020, concerning the implementation of worship during the COVID-19 outbreak. Worshipping at home is supported by the Circular Letter of the

Ministry of Religion, Number 13 of 2021, concerning Restrictions on Implementing Religious Activities in Houses of Worship. Religious communities' compliance with the government's circular letters and MUI fatalities is believed to help break the spread of COVID-19 (Regus, 2022). For several months, Friday worship was not carried out in congregations at mosques; it was halted in response to the government's appeal (Darmawan et al., 2020). However, several religious communities are still resisting and experiencing anxiety. Religious communities have faced an inner conflict between fulfilling faith demands and dealing with reality (Abdullah, 2020; Darmawan et al., 2020; Maliki, 2020).

Constraints on religious activities in houses of worship restrict micro-based human movement and optimize the management of COVID-19 to control its spread (Telaumbanua, 2020). Religious community debates have continued about the nuances of infection control using preventive measures. Nevertheless, religious communities have taken steps to engage in communication and social interactions. The impact of maintaining physical distance from others has been nearly catastrophic for them, as they are dependent on social engagement. Several sectors of society have raised the amount of resistance to health protocols, namely, resistance to people of different backgrounds in government policies to prevent a pandemic (Darmawan et al., 2020) as a guide for prevention, control efforts, and stopping the spread of COVID-19.

Previous studies have found that resistance is carried out from various perspectives (Barreneche et al., 2021; Miller et al., 2005; Scott, 1990; Vanden, 2007) and that there is a relationship between the revocation of authorization by religious leaders regarding the response to COVID-19 and religious responses to pandemics (DeFranza et al., 2021; Dein et al., 2020; Hart & Koening, 2020; Wildman et al., 2020). Resistance emerges in space and time when individuals express that their surrounding environment (Tateo, 2017) is unfavorable, unfair, threatening, or stressful (Dent & Goldberg, 1999). Resistance is psychologically based on individual experience (Jermier et al., 1994; Sudarmo, 2018). Through experience, meaning is constructed via specific issues. Therefore, resistance is necessary for human life as it can sustain the construction of meaning in life (Abowitz, 2000; Ng et al., 2020). Although resistance plays a role in dialectical change, resistance related to health and religion has a different meaning.

Schutz's (1972) phenomenology is based on the study of life experiences of the world (Tasleem et al., 2020); it is rooted in social actions related to knowledge, meaning, and awareness and analogously covers symbolic structures for teaching individuals about "model seriousness in the continuity of social life" (Goldthorpe, 2014, pp. 265-289).

The subject's experience has meaning for pertinent issues, and the experience is supposed to be continuous (Goldthorpe, 2014; Sulaeman et al., 2022).

Phenomenology describes meaning as a result of construction, developing along with the subject's life experiences (Sulastri et al., 2022; Tasleem et al., 2020), which implies an emergent product of construction rooted in the knowledge of the religious communities interests. Meaning affects the unfolding of religious communities' resistance. The meaning of religious communities will change with their experience of the elements that have been part of their resistance during COVID-19.

In terms of resistance dynamics, religious communities have expressed opposition to COVID-19 policies and health protocol, depending on how they have experienced communication regarding such policies; local religious leadership, which acts as a driving force for change and serves as a role model (*uswah hasanah*), influences the behavior of religious communities. The fatalistic, textual, and theocentric factors of religious understanding dominate the interpretation of the Muslim communities in Moluccas, Indonesia.

This article is based on the faith-related attitudes of religious devotees during a pandemic. The communities' religious behavior, which is counterproductive to government efforts, has resulted in several violations of health protocols in preventing COVID-19 in religious worship, community homes, and educational institutions, as well as during rituals. Meanwhile, mainstream religious organizations have made serious efforts to stem the spread of COVID-19. Nevertheless, they have failed to build a structured network of understanding. As a result, there is a gap between the central policies of socio-religious groups and grassroots organizations. Likewise, people tend to ignore established protocols when performing regular religious practices—resistance results from conservative, traditional interpretations.

The Muslim communities' resistance regarding COVID-19 is focused on how a subject's experience constructs the meaning of resistance in different contexts through the experience of communication and meaning concerning government policies that aim to prevent a pandemic. This paper will comprehensively analyze such resistance through a phenomenological approach.

This article emphasizes the phenomenology (Schutz, 1972) of motives, the experience of communication, and the meaning of resistance during the COVID-19 pandemic. In addition, subjective experiences (Nurdin et al., 2022) affect the value of resistance and the lives of the Muslim communities concerning their understanding of the conditions related to religious reactions to COVID-19.

LITERATURE REVIEW

Experience that can occur because of social action is phenomenology (Merleau, 2007). However, phenomenology is also based on experience, and each gains knowledge through it (Ghahari et al., 2020). Knowledge is rooted in awareness, which underlies meaning (Goldthorpe, 2014) that contains information. Experience is necessary, is a subjective experience (Nurdin et

al., 2022), and has a remarkable impact (Ghahari et al., 2020; Tasleem et al., 2020). Social action, meaning, and awareness are individual experiences (Sulaeman et al., 2021). In terms of subjective experiences, at least the meaning is that "knowledge contains information from individual experiences" (Darawsheh et al., 2022, pp. 591-612). The meaning results from construction through individual experiences. The meaning of experience during the COVID-19 pandemic will change based on subjective perspectives. They have several elements from the construction in different contexts, with experience in communication regarding the government's policies to prevent a pandemic.

The meaning of religious experiences during the COVID-19 pandemic protocol entails "perceiving, judging, feeling, and thinking... acting by finding components of the meaning of the social action being performed" (Tasleem et al., 2020, pp. 241-251) in terms of resistance to government policies. The self-assessment, social interaction, and action (Cooley, 1990) in religious communities, via their subjective experiences, are built by religious communities through social interactions and actions with the surrounding environment. Goldthorpe (2014) and Cooley (1990) view subjective experiences as facilitating an understanding of how religious communities determine their meaning and then build meaning about resistance during the COVID-19 pandemic.

The interpretation is that religious communities have explored themselves through subjective experiences of resistance during the COVID-19 pandemic that differs from interactions with and action on government policies to prevent a pandemic. Individuals construct resistance in response to an initiative for change. Resistance is experienced by those forced to comply with policies that are viewed as bowing to societal pressure.

Resistance is also seen in instances of panic buying in the community (Soenjoto & Mujiyono, 2020). This act of resistance violates the health protocols even though it is a survival strategy, which agrees with Barreneche et al. (2021) and Lahmiri and Bekiros (2020), who found that a pandemic can affect the economy and results in a food crisis.

In phenomenology, communication is social interaction and action. Therefore, we aim to explore meaning through transactional communication concerning resistance. Resistance "is individual experience" (Goldthorpe, 2014, pp. 265-289). It results from construction, development, and the subject's life experiences related to the government's policies in pandemic prevention.

The resistance of the Muslim communities is seen in their actions, borne of subjective experiences. This article discusses the religious experiences of the Muslim communities in the Moluccas, their subjective experiences, the motives and meaning towards resistance to the process of social interaction and action, and the role of religious leaders during the COVID-19 pandemic.

METHODS

This article examines the Muslim communities' resistance to the COVID-19 protocol. Many cases and empirical data have shown resistance to COVID-19 protocols and the increasing number of people affected by the pandemic. Resistance to the protocols in the Muslim communities of the Moluccas was chosen due to the reality that many of them were exposed to the COVID-19 pandemic via activities ranging from congregating in mosques, gatherings for prayer recitations, teaching at universities, and performing rituals.

This article uses a qualitative method (Sulaeman et al., 2021; Tasleem et al., 2020) through a phenomenological approach (Merleau, 2007). The qualitative research method aims to find information and focus on the problem to see the subtle reality of the social phenomenon whose meaning will be expressed (Bogdan & Steven, 1998).

This research describes the problem and provides a clearer picture of the Muslim communities' resistance to the COVID-19 protocols through an "interpretative" perspective (Scanferla et al., 2020; Sulastri et al., 2022) on social construction (Fasse & Zech, 2016). The results are expected to objectively explain the situation without giving an assessment and intervention of the subject (Lindlof, 1995; Ridwan et al., 2020; Wolcott, 1994).

The study's informants are members of the Muslim communities in the Moluccas that have violated health protocols during the COVID-19 pandemic. Data from 15 informants were collected through several methods, including in-depth interviews and observations. The article uses the snowball sampling technique, which entails obtaining more complete data as informants involve their acquaintances in the study (Lindlof, 1995; Moustakas, 1994). The informants have the requisite characteristics for the study and understand the information being examined.

For data collection, the subjective experiences of informants on Muslim communities' resistance were examined, including in-depth interviews and observations (Ghahari et al., 2020; Scanferla et al., 2020; Tasleem et al., 2020). In addition, the researcher observed and scrutinized the subjective experiences of Muslim community resistance during COVID-19 in religious worship, community houses, educational institutions, and rituals.

The field data were analyzed and carried out simultaneously through qualitative data-processing activities, namely, data reduction, data presentation, drawing conclusions, and verification according to the context of the question and research objectives.

RESULTS AND DISCUSSION

This study is based on in-depth interviews and observations of the Muslim communities' subjective experiences of the pandemic in Moluccas, Indonesia (Schutz, 1972). The researchers have classified the health protocol violations into (1) the subjective experience setting of the Muslim communities' resistance, (2) the role of religious leaders in the subjective experiences of the Muslim communities, (3) the motives for the resistance, and (4) the meaning of the resistance.

Subjective Experience Setting of the Muslim Communities' Resistance

Religious communities' resistance to COVID-19 protocol occurs in different settings, from one situation to another, including the types of resistance activities. The setting and type are often related to where resistance activities are held against restrictions and pandemic health protocols. Type does not refer to the form of resistance but the tendency to use the term only for religious communities' resistance. Although no one has legalized and validated the types, they exist and are developed in religious communities as subjective experiences in a place of resistance.

The subjective experiences of religious communities' resistance to COVID-19 protocol can be classified as open resistance (visible) (Ghahari et al., 2020; Tasleem et al., 2020). However, it can also be conducted in private (invisible). The subjective experience setting of open resistance is exhibited, among others, by the behavior of religious communities who do not wear masks during ritual or social worship. Other settings include sites of religious worship, community houses, educational institutions, and areas where rituals occur. Meanwhile, the private (invisible) resistance setting is demonstrated in the subjective experiences of religious communities that do not follow health protocols (Ghahari et al., 2020; Tasleem et al., 2020).

The subjective experiences of the religious communities are oriented toward submitting all mundane matters to Allah, with no serious efforts to deal with the pandemic. In addition, invisible resistance is expressed by the orientation of religious communities' statements, which show indifference toward applying health protocols. The subjective experience setting of religious communities offers visible resistance, as shown in Table 1.

The table depicts the subjective experience settings of religious communities. Visible resistance to COVID-19 protocol during religious worship—which is beneficial, especially in congregational prayers—is contrary to guidelines and health

Table 1

Subjective experience setting of religious communities the visible resistance during the COVID-19

No.	Religious worship	Community houses	Educational institutions	Ritual tradition
1.	**Routine worship:** Friday prayer, Dhuhr prayer, Asr prayer, Magrib prayer, Isha prayer, and Fajr prayer.	*Ta'ziyahan* events	Classrooms learning	Ritual communication of a feast sacrifice
2.	**Incidental worship:** *Tarawih*, *Takbiran*, Eid al-Fitr, dan Eid al-Adha prayer.	Times of thanksgiving	Administrative services	*Bakupukul manyapu* ritual communication
3.		*Arisan* events recitation	Student intraorganizational discussions	*Abda'u* ritual communication
4.		Wedding parties		Folk festivals

Source: Field data (2021)

protocols during COVID-19. First, religious worship resistance is routine and incidental. Religious worship resistance settings are categorized as actions in obligatory prayers (Friday, Dhuhr, Asr, Magrib, and Isha prayers) and non-obligatory prayers (*fajr*, *tarawih*, *takbiran*, Eid al-Fitr, dan Eid al-Adha prayers), including incidental worship conducted in the commemoration of Islamic holidays. Religious communities feel confused and shocked when there is a ban on worshiping, where the policies and pandemic health protocols prohibited congregational and Friday prayers. They were surprised when *takbiran*, *tarawih*, Eid al-Fitr, and dan Eid al-Adha prayers during the COVID-19 must be at home. That prohibition made them to lose valuable religious experiences, which led to anxiety and confusion. Finally, they resisted COVID-19 protocols by performing congregational *tarawih*, Eid al-Fitr, and Eid al-Adha prayers in the mosque. The participation of religious communities on Friday, *tarawih*, Eid al-Fitr, and Eid al-Adha prayers in mosques during COVID-19 has been relatively high, and they ignored the prohibitions on gathering.

Some religious communities refused to comply with public safety orders out of contempt for government overreaction to the right and freedom of worship. Others continued to gather and worship in public because there was simply a lack of information or belief in the seriousness of the pandemic. As these religious and spiritual activities were challenged, religious communities wondered how the COVID-19 pandemic would affect the ongoing practice of religion and the relationship between religious communities.

Second, resistance occurs because activities in the community's houses are incidental. For example, such resistance occurs when they celebrate childbirth, enter a new house, do an *arisan* recitation, *ta'ziyahan* and wedding. Third, resistance is also shown by face-to-face activities in educational institutions during classroom learning, administrative services, and student intraorganizational discussions.

Lastly, rituals have become part of an annual routine that is still conducted consistently without considering policies and the pandemic health protocols. Several traditional rituals are performed by large-scale gatherings, such as the feast sacrifice, *bakupukul manyapu* and *abda'u* rituals, and folk festivals.

Meanwhile, private (invisible) resistance has been expressed in textual, and philosophical, religious interpretations. This religious interpretation is oriented toward submitting all mundane matters to Allah without making any serious efforts to deal with the spread of COVID-19. In addition, the orientation values indicate the invisible resistance setting that showed indifference toward complying with the health protocols. The subjective experience setting of the religious communities that revealed invisible resistance is shown in Table 2.

The table portrays four subjective experience settings of religious communities, showing invisible resistance. First, the setting resistance to COVID-19

Table 2

Subjective experience setting of religious communities on the invisible resistance during COVID-19

No.	Religious worship	Community houses	Educational institutions	Ritual tradition
1.	Not maintaining social distancing	Not wearing a mask	A lack of sterilization	Mass gatherings
2.	A lack of sterilization	Bans on handshake	Not wearing a mask	A lack of sterilization
3.	The unavailability of hand sanitizers.	Not maintaining social distancing	The unavailability of hand sanitizers	Bans on handshake
4.	Not wearing a mask	A lack of sterilization	Bans on handshake	Not maintaining social distancing
5.	A ban on a handshake		Not maintaining social distancing	The unavailability of hand sanitizers Invitations to the congregational prayers
6.	Invitations to congregational prayers			
7.	Invitations to al-Qur'an recitation			

Source: Field data (2021)

countermeasure protocols committed to religious worship includes not maintaining social distancing, a lack of sterilization, the unavailability of hand sanitizers, not wearing a mask, bans on handshake, invitations to congregational prayers, and invitations to recite al-Qur'an. Ignoring prohibitions policies and the pandemic health protocols are acts of resistance. Second, resistance is conducted in houses because of celebrations and thanksgiving. Religious communities exercise resistance by ignoring policies and pandemic health protocols, such as not wearing a mask, bans on handshake, not maintaining social distancing, and a lack of sterilization.

Third, religious communities still conduct several educational institution activities face to face. The action was conducted as resistance through a lack of sterilization, not wearing a mask, the unavailability of hand sanitizers, bans on a handshake, and not maintaining social distancing. Fourth, traditional rituals will continue to be carried out consistently by ignoring policies and the pandemic health protocols, such as mass gatherings, a lack of sterilization, bans on a handshake, not maintaining social distancing, the unavailability of hand sanitizers, and invitations to the congregational prayers.

The resistance of religious communities to COVID-19 protocol has been carried out openly (visible) and in closed (invisible) social spaces. However, using the phenomenological theory (Schutz, 1972), the experiences of religious communities are included in the hidden transcript category or can also be referred to as symbolic resistance (Lilja & Vinthagen, 2018). What

the adherents did was limited to discourses, statements, and religious practices that did not give rise to radical, hard, and formally organized, systematic forms of resistance and required a comprehensive and fundamental change. This symbolic resistance is indeed quite dominant in traditional societies.

This symbolic resistance has impacted the value of religious resistance, which is silent, hidden in social practices, and spreads massively in the beliefs of religious communities. At the same time, this symbolic resistance is supported on social media platforms such as Facebook, Twitter, and WhatsApp groups. As a result, this symbolic resistance develops massively in cyberspace when it encounters hoaxes. This symbolic resistance ultimately has hampered the prevention of COVID-19.

The Role of Religious Leaders in the Subjective Experiences of the Muslim Communities

COVID-19 has encouraged the emergence of new adaptations in various dimensions of life, including religious practices in faith-based communities (Oxholm et al., 2021). The latest adaptation includes implementing daily life activities, such as congregational prayers during worship—the actions of religious communities' demand changes in dealing with and overcoming COVID-19.

COVID-19 has had extensive influence on religious leaders. The role of religious leaders has been controversial during the pandemic. The concept of piety upheld by religious leaders has been used as a shield that can protect the body from fatal attacks. This concept initially opposed government recommendations regarding policies and pandemic health protocols. Some religious leaders interpret government policy as the fear of disease (everything) created by Allah.

Their statement does not have absolute power for some religious people. However, another point of view, such as dogma, obviously causes the Muslim communities to become less aware of the disease. Scientists do not have the solutions and cures, nor do people have the religious answers to explain this phenomenon (Scott, 1990). In the religious mindset, COVID-19 becomes a transcendental virus, damaging its peace, convictions, and beliefs and constantly fluctuating. "There are still many who reject the reality of this virus, for that they need extra help from religious leaders to collaborate and educate the community together to suppress the rapid rate of transmission" (Informant 04, personal interview, March 19, 2021).

Many believers rationalize suffering by reaffirming Allah's love and omnipotence. They believed that COVID-19 does not have a scientific or biological basis but is a godly intervention. It is Allah's way of reminding them of how they neglected the Creator's teachings. COVID-19 has been attributed to Allah's wrath as a punishment for disobedient and sinful people and an occasion to pray for forgiveness. It is seen as retribution, such as how tyrants and oppressors impact human suffering. "The practice of religious worship changes.

Maybe Allah is providing new information, a new method to get closer to him [or Him]" (Informant 01, personal interview, August 11, 2021). "Adversity is Allah's call to reevaluate our lives" (Informant 13, personal interview, June 26, 2021).

This doctrine makes communities not fear diseases. As a result, the level of vigilance declines, followed by the spread of the illness. However, they believed that Allah remains in control, no matter the cause and impact of COVID-19. In Muslim communities, Allah guides those suffering through love, which is all part of His greater divine plan. The Muslim communities make sense of these challenging times by looking at the misery caused by COVID-19 and seeing Allah as being in control. In this context, religious leaders in Ambon City have played an essential role in mobilizing religious communities toward policies and pandemic health protocols. "For this reason, he appealed that in every sermon, religious lectures could be inserted, the values of handling this pandemic continue to be socialized" (Informant 02, personal interview, July 09, 2021).

Religious leaders must assist, be present, and provide accurate and reliable data and information on the pandemic to religious communities. In addition, they influence the practice of religious worship, daily sermons and statements, and the value orientation of religious leaders. Religious leaders' daily sermons and statements are necessary for the religious community to follow their words and actions. Religious communities will adopt, imitate, and practice it in their daily lives based on their beliefs, not just by following logic and knowledge.

Religious leaders are the drivers of social movements and social change. They are role models for religious communities. Communities will quickly follow their action and word. However, social activities conducted by religious leaders are not carried out in a structured manner but rather covertly. For example, most imams (religious leaders), the leaders of congregational prayers in mosques, have performed obligatory and non-obligatory prayers by ignoring pandemic health protocols. As a result, there have been violations of the safety protocols. For example, if religious leaders do not wear masks, religious communities interpret that wearing masks is neither essential nor necessary and easy to imitate and follow.

The value orientation of religious leaders influences communities, which is classified as a spiritual value for peace of mind, satisfaction, happiness, and the community's benefit (Oxholm et al., 2021). This value of spiritualism will affect the attitudes and awareness of religious communities in their daily lives.

Religious leaders' role is to educate faith-based communities to behave according to the health protocols imposed. Religious figures become central figures whose actions can change political, social, and religious conditions. Religious leaders who have charisma are often in the spotlight. Behavior—activities, and words—can be easily spread and accepted by the religious communities following it. Significantly, the

ease of disseminating information is more pronounced with online media (Ben-Lulu, 2021). This convenience can increase the influence and role of community leaders in controlling socio-religious change.

The ease with which online media can be accessed and shared sometimes creates polemics resulting from information not being filtered; consequently, hoax-based news and facts cannot be distinguished (Ben-Lulu, 2021). However, religious leaders are essential in forming religious communities' attitudes, which are also statements of faith. The current role of religious leaders is vital in dealing with the spread of COVID-19, although health workers still hold the leading role. The influence of religious leaders cannot be underestimated, especially in the Indonesian context; such influence in grassroots religious communities is still powerful.

It can be seen in the government's efforts to involve religious leaders in various management efforts. Religious leaders are urgently needed to prevent the spread of COVID-19. They mainly consider that many followers of religious leaders can be mobilized to fight asymmetric information among minority groups who do not believe in the pandemic.

The resistance of the Muslim communities marks the strengthening of local religious leaders' influence and the weakening of the leaders of central religious organizations' influence. As a result, they are disloyal to the fatwas of the Indonesian Ulama Council, Nahdhatul Ulama, and Muhammadiyah, which issued fatwas on implementing COVID-19 health protocols in the worship rituals. This situation shows that the loyalty values of religious adherents have begun to fade. It also marks a shift in religious authority from leaders of central religious organizations to local religious leaders. In other words, there has been a process of decentralizing religious authority, which has devolved upon local religious leaders. This article shows that local religious leaders strongly impact the shaping of religious behavior in grassroots communities.

The Motives of the Muslim Community Resistance

This study discusses why religious communities resisted health protocols and explores the social reality of subjective experiences of the Muslim communities in Moluccas, Indonesia. Initially, Husserl (1928) developed a subjective interpretive method (Darawsheh et al., 2022) called phenomenology (Scanferla et al., 2020), which is the approach used in this study. The goal is to understand how religious communities have resisted protocols during the COVID-19 outbreak as part of their daily awareness. Phenomenology initially assumes that religious communities actively conduct subjective interpretations regarding COVID-19 and focuses on the conscious experience of religious communities by understanding their COVID-19 reality or subjective experiences.

It implies how to resist the COVID-19 outbreak with government policies based on phenomenological studies (Fasse & Zech,

2016; Ghahari et al., 2020; Scanferla et al., 2020; Tasleem et al., 2020). The article focuses on why religious communities have resisted during the COVID-19 pandemic. For every act of resistance, there is a motive that orients a person to act. Subjective meanings and explanations are associated with individual activities (Delli & Maddaloni, 2021). Therefore, it is essential to observe religious communities as having subjective experiences of performing resistance during COVID-19 because the reason is evident in religious communities in Indonesia (Delli & Maddaloni, 2021).

The concept of this motive is a consistent assumption (Delli & Maddaloni, 2021). The religious community's subjective experiences give meaning to their resistance (Scanferla et al., 2020). The religious community's subjective experiences are considered the motive behind conducting resistance actions during the COVID-19 pandemic. Their subjective experiences include more general themes.

Some religious communities are driven to resist COVID-19 because of their lack of danger, distrust, fear (leaving life and death in the hands of Allah), hoaxes, information uncertainty, political polarization, minor adaptations, and cultural shock. Religious communities' resistance through violations of pandemic health protocols, including violations as a motive for not complying with government policies (Delli & Maddaloni, 2021), comprises their subjective experiences.

COVID-19 distrust is a subjective experience, like not knowing and understanding if COVID-19 exists and occurs. This concerns and worries the government and other related parties because their understanding contributes to the high spread of the virus. Many deaths will follow a high transmission rate risk because of trivial causes, namely, distrust of COVID-19.

"Do not understand that COVID-19 does not make me less religious, and COVID-19 is not dangerous and distrust" (Informant 06, personal interview, July 14, 2021).

"COVID-19 is not difficult to understand, is not pure science, and has something to do with Allah" (Informant 12, personal interview, April 22, 2021).

Not believing in the existence of COVID-19 can be possible because of clumsiness, not having access to knowledge, having a solid belief that Allah created living things for the interests and needs of His people so that there is no need to be afraid, getting knowledge and information from the wrong sources, and not having good information. Therefore, there is a need for accuracy, though only hoaxes are often obtained, as well as wrong references. Thus, the government has implemented policies and health protocols and adopted new habits to stop the spread of the coronavirus. This approach encourages Muslim communities to adjust their behavior according to health protocols.

The ease with which online media can be accessed and shared sometimes creates polemics resulting from information not

being filtered; consequently, hoax-based news and facts cannot be distinguished. However, religious leaders are essential to forming religious communities' attitudes, which are statements of faith. Religious communities have a powerful network, mainly supported by social media such as Facebook, Twitter, and WhatsApp. Social media are an effective alternative tool. During the COVID-19 pandemic, social media were full of opinions and frustrations, which has allowed for the discourse of this article. This resistance discourse develops massively on the internet when mixed with hoaxes. As a result, the COVID-19 response movement has faced serious obstacles.

Some religious communities consider COVID-19 a form of political polarization meant for economic and political gain, a perspective that fits with the confusion and theories that are part of other conspiracies.

> *"It is Allah's way of warning us. Is there maybe a conspiracy? It can't be real."* (Informant 15, personal interview, June 17, 2021)

> *"The religious role through COVID-19, the absence of spiritual leaders."* (Informant 03, personal interview, August 12, 2021)

> *"COVID-19 is political, not divine, which causes economies to crash. It even quiets the religious clergy."* (Informant 11, personal interview, March 22, 2021)

> *"COVID-19, the biological war between the East and the West, breaks the order of every human being."* (Informant 07, personal interview, April 15, 2021)

The COVID-19 health crisis presents the regime with an opportunity to suppress political dissent and consolidate power. The government tends to make COVID-19 a security issue that requires massive security of state finances, which shapes the direction of the government. Pandemic governance is inherently institutional. However, social reality is in crisis, with structural failures related to the special interests of the elite and the neglect of large communities. Thus, the challenge for communities is to uncover and address the humanitarian dimension of the COVID-19 crisis. This dimension is a spectrum composed of relentless exploitation that destroys the environment; there is blind greed for economic gain, and politics prevent communities from taking control of their shared destiny.

COVID-19 forces religious communities to adapt their lifestyles to prevent coronavirus transmission by implementing health protocols. There is a pattern of life with a new atmosphere created due to adjustment and anticipation of these conditions. Religious communities need to respond appropriately to changes in the environment with high adaptability. The change in lifestyle from before and during the pandemic can be seen as a shift from one culture to another. Religious communities that cannot adapt and are not well prepared for the migration process will experience culture shock, stress, and depression and are selected by nature (i.e., the environment).

New habits will subsequently and can cause a response to discomfort and anxiety. Old habits do not go away by themselves but persist due to previous habits from before COVID-19.

In this article, religious communities resist alone or with others who have similarities and come together in the bond of intersubjective meaning. These religious communities have resisted COVID-19 policies and the pandemic health protocols. Concerning this paper, Schutz (1972) asserts religious communities' background against resistance during COVID-19.

The motives are based on religious communities' resistance during COVID-19; they are motivated by COVID-19, seeing it as not dangerous. They distrust and think there is no need to be afraid, leaving life and death in the hands of Allah. They believe COVID-19 is a hoax, and there is information uncertainty, political polarization, a lack of adaptation, and culture shock. The motives of religious communities to perform resistance during COVID-19 do not merely form. Several types of resistance accumulate into a subjective experience, leading to the pool of knowledge they possess.

Knowledge is generated from subjective experiences and interaction-communication that involve the process between religious communities. This knowledge underlies the formation of a motive for resisting policies and the pandemic health protocols. Forming a motive in religious communities when resistance is based on knowledge leads to violating health protocols.

The aim of religious communities' actions is based on knowledge of policies and the pandemic health protocols. Knowledge is obtained from the subjective experiences of sharing information with religious communities, which helps them to know about the congregational worship prohibition. Furthermore, this knowledge encourages the emergence of certain motives when performing resistance during COVID-19 health protocol violations.

The motive is the stimulus for religious communities to resist policies and the pandemic health protocols.

The Meaning of the Muslim Communities' Resistance

Phenomenology describes the natural concept of religious communities' perception of the world. Phenomenology seeks to understand how Muslim communities experience and interpret resistance to health policies and protocols during a pandemic.

During the COVID-19 pandemic, the Muslim communities of the Moluccas have resisted health protocols. Starting with looking at the categories of resistance to policies and the pandemic health protocols. Emerging forms of resistance are planned; this includes fraud, global disasters, negative labeling, panic, anxiety, and fear.

Each community interprets the policy category and the health protocols. However, the results are influenced by various sources, such as the media, religious leaders, and their communication experiences. Therefore, the results of the meaning of resistance cannot stand alone; they tend to influence other

groups and later become the shared meaning of religious communities. Whereby meaning arises from interactions with other humans as interpreting policies and the pandemic health protocols.

Interpreting policies occurs because of the relationship between each element of their resistance; they interpret COVID-19 as related to panic, anxiety, and fear. The meaning of resistance will be tied to the subjective experience obtained from media, religious leaders, and the communication experience. The act of resistance by religious communities is interpreted as building togetherness in performing congregational prayers in mosques.

The resistance of the Muslim communities to COVID-19 pandemic protocols has implications for the values of religious life. The Muslim community in the Moluccas generally adheres to a fatalistic theological view, so they consider COVID-19 an ordinary phenomenon. They view COVID-19 as a test of the Muslim faith. Therefore, the right attitude in dealing with COVID-19 is to return to Allah, who created COVID-19. This highest act of submission to Allah gives birth to a calm soul in the face of COVID-19 without any anxiety.

CONCLUSION

The public and the religious community commit several violations of health protocols during the pandemic. There are still many violations of the protocol to resist COVID-19 countermeasures. Studies show that resistance can be expressed openly (visible) and closed (invisible) social space by holding mass activities that do not meet the standards of COVID-19 health protocols. The state of resistance is expressed secretly through statements describing mindsets, life attitudes, and beliefs. Meanwhile, the resistance factor can be seen in religious understanding and the influence of religious leaders.

Some religious communities are driven to resist COVID-19 protocols for various motives: distrust, lack of fear, the desire to leave matters of life and death in the hands of Allah, hoaxes and information uncertainty, political polarization, minor adaptation, and cultural shock. These motives are grouped as the "in-order-to" motive, to use Schutz's (1972) terminology, because "motive" refers to the religious communities' subjective experiences, while the "in-order-to" motive is oriented toward resistance during the COVID-19 pandemic. The process of interpreting religious communities occurs because of the relationship between each element of their resistance; they interpret COVID-19 as related to panic, anxiety, and fear.

It is necessary to embrace and involve traditional religious leaders in overcoming COVID-19, as religious leaders are in direct contact with their followers. Existing studies have shown that religion plays an important role in COVID-19 countermeasures. However, this research shows that religion and its devotees, if not managed properly, will develop resistant attitudes toward these countermeasures.

This article has discussed several aspects of the subjective experiences

of Muslim communities in Moluccas, Indonesia, particularly their resistance to health protocols during the COVID-19 outbreak. However, further research needs to be carried out to explore other elements, one of which is the communication experiences of religious resistance to policies and the pandemic health protocols. The cooperation of all parties is needed; only by accommodating various elements in society in an integrated manner through the involvement of religious and community leaders from central and regional, local, and national levels can the COVID-19 response be thoroughly coordinated throughout a society.

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