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Muslim Resistance to the Protocol for the Management of the Corpses of COVID-19 Patients: Lesson Learned from the Indonesian Experience

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Abstract

Objectives: Managing the corpses of COVID-19 patients has become one of the most crucial issues in Indonesia during the pandemic. Many community groups and patients' families forcibly retrieved and exhumed the graves of family members as a form of resistance to the COVID-19 protocol. This study aims to explore the forms of Muslim resistance to funeral protocols that occurred during the COVID-19 pandemic in various regions in Indonesia.

Methods: This research employed a multi-case studies approach to the resistance of Indonesian Muslims to the protocol of managing the corpses of COVID-19 patients during the pandemic. Reports on acts of resistance and the reasons of the perpetrators, as well as the views of experts on reducing the resistance published on social and online media, are the basis for this article's findings.

Results: This study found that community resistance to the COVID-19 corpse burial protocol manifested in the form of forced retrieval of the bodies of COVID-19 patients, exhumation of graves, and filing of legal complaints. These forms of community resistance were triggered by religious beliefs, low literacy about the dangers of COVID-19, and the loss of public trust in hospital authorities and the government. These community resistances can be reduced through a community-based communication approach to increase public awareness of the danger of COVID-19 and involve religious leaders and family members in corpse management.

Conclusions: Various cases of community resistance occurred due to the government's unpreparedness to harmonize legal products regarding COVID-19, the unpreparedness of medical experts in dealing with the patients of COVID-19, and the community's unpreparedness to accept changes in burial procedures for corpses in an emergency situation.

Keywords: Muslim resistance, COVID-19 pandemic, corpse management protocol, retrieval of corpses, grave exhumation

المقاومة الإسلامية لبروتوكول تجهيز جنائز مرضى كوفيد-19: الدروس المستفادة من التجربة الإندونيسي

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ملخّص

الأهداف : تعدّ إدارة جثث مرضى كوفيد-19 من أبرز قضايا الجائحة في إندونيسيا؛ فقد أقدمت العديد من جماعات المجتمع المحلي، وأسر المرضى على استرجاع الجثث بالقوة، واستخراجها من القبور، تعبيرًا عن رفضهم لبروتوكولات التعامل مع الجثث المعتمدة خلال الأزمة. وتهدف هذه الدراسة إلى استكشاف أشكال مقاومة المسلمين لهذه البروتوكولات في مناطق متعددة داخل إندونيسيا.

المنهجية : اعتمدت هذه الدراسة على منهج دراسة الحالات المتعددة لرصد مظاهر المقاومة لدى المسلمين في إندونيسيا تجاه بروتوكولات تجهيز جثث مرضى كوفيد-19. واستند التحليل إلى تقارير منشورة في وسائل الإعلام الرقمي، ووسائل التواصل الاجتماعي، توثّق حوادث المقاومة ودوافعها، إضافة إلى آراء الخبراء حول آليات الحد منها.

النتائج : كشفت الدراسة أن مقاومة المجتمع لبروتوكول دفن جثث مرضى كوفيد-19 تجسدت في عدة أشكال، أبرزها الاسترجاع القسري للجثث، واستخراجها من القبور، وتقديم شكاوى قانونية. وترتبط هذه الممارسات بعوامل متعددة، من بينها المعتقدات الدينية، وضعف الوعي الصحي بمخاطر الفيروس، وتراجع ثقة المجتمع في السلطات الصحية والحكومية.

الخلاصة : توصلت الدراسة إلى أن مقاومة المجتمع ناتجة عن عدم استعداد الحكومة لمواءمة السياسات والتشريعات ذات الصلة، وضعف تأهب الطواقم الطبية، وعدم تقبل المجتمع للتغيرات الطارئة في إجراءات الدفن أثناء الأزمات. وتوصي الدراسة باعتماد نهج تواصلي قائم على إشراك المجتمعات المحلية، وتعزيز وعيها بمخاطر كوفيد-19، والانفتاح على التعاون مع الزعماء الدينيين وأسر المتوفين في عمليات تجهيز الجنائز.

الكلمات المفتاحية : مقاومة المسلمين، جائحة كوفيد-19، بروتوكول إدارة الجثث، استرجاع الجثث، نبش القبور.

1. INTRODUCTION

The policy of implementing health protocols in the management of COVID-19 corpses has caused widespread public resistance in Indonesia. Many actions—some accompanied by violence—were carried out by family members and community members to show their resistance to the implementation of the COVID-19 protocol on the corpses of their families. In Central Java, several residents of the village of Sawojajar Wanasari Brebes broke the door and forced their way into the Brebes District Hospital to retrieve the corpses of their family members who tested positive for COVID-19 (Liputan6.com, 2020). In Pare-Pare, South Sulawesi, 14 villagers dismantled and illegally moved the corpses of COVID-19 patients from the Bilalangnge Public Cemetary (Media, 2021c). Moreover, the husband of patient Z, who died of COVID-19, reported four forensic officers at Djasemen Saragih District Hospital, Pematangsiantar City, to the authorities because they were deemed to have ignored Sharia norms in washing his wife's body (Media, 2021b). According to Erlang Samoedro, a lung specialist and General Secretary of the Indonesian Lung Doctors Association, the growing resistance to implementing the COVID-19 corpse protocol could pose a threat to public health. It may lead to the emergence of new clusters and hinder the government's efforts to curb the spread of COVID-19 (Tribunnews.com, 2020).

So far, studies on community resistance to the COVID-19 protocol are still limited to three main trends. First, studies prove religious understanding as a factor triggering resistance to the COVID-19 funeral protocol. Religious conservatism without an adequate understanding of the dangers of COVID-19 has triggered the emergence of community resistance (DeFranza et al., 2021; Pabbajah et al., 2022; Quadri, 2020; Widiyanto, 2020). Changes in managing the dead body funeral have raised family and community resistance to funeral processes (Nurhayati & Purnama, 2021; Zainuddin et al., 2022). Second, studies reveal religious communities' resistance to imposing social restrictions on religious rituals or ceremonies involving large crowds (Mustautina, 2020; Rohimin, 2022). Third, studies explore community response and resistance to the Covid-19 funeral protocol. Setiawati, Manihuruk, and Muzakka's studies focus more on community resistance to the burial of COVID-19 corpses in their local cemeteries (Manihuruk, 2020; Muzakka et al., 2020; Setiawati et al., 2022). The existing studies tend to place religious understanding and conservatism as the main factor that triggers resistance and ignore socio-political factors that influence religious attitudes toward managing the corpses of COVID-19.

This paper aims to fill the gap left by the existing studies by showing that community resistance to the protocol for managing the corpses of COVID-19 during the pandemic is not only caused by a single factor (religious belief). To achieve this goal, this study asked three questions: First, what are the forms of community resistance to the COVID-19 corpse management protocol during the pandemic? Second, what factors caused the emergence of community resistance? Third, what approach can reduce community resistance to the COVID-19 corpse protocol?

This research is based on the argument that public resistance to the protocol for handling COVID-19 corpses stems from multiple factors. In addition to religious beliefs, this resistance is influenced by the following: (1) Ineffective government communication regarding the dangers of COVID-19 has led to low public awareness and understanding of the associated health risks. (2) The government's top-down approach to managing the outbreak has largely excluded the participation of community and religious leaders in handling the deceased. As a result, religious leaders and organizations were seldom involved in educating the public on appropriate pandemic responses. (3) A decline in public trust toward government policies, driven by moral hazard concerns, particularly regarding hospital management. There have been widespread allegations that some hospitals admitted patients as COVID-19 cases to receive government compensation.

2. LITERATURE REVIEW

2.1. James C. Scott's Theory of Resistance

James C. Scott defines resistance as any action taken by members of subordinate community groups aimed at either reducing or rejecting claims (e.g. rental prices, taxes, or social prestige) made by superordinate community groups (such as landlords, farmers who control rice fields, or the state), or to stake their claims (such as work, land, charity, and honor) before superordinate societal groups (Scott, 1985). This definition states two things: (1) Resistance means relations or struggle between classes, namely the subordinate class of society against the superordinate group of society. (2) Resistance

is related to the motive or intention that causes the rejection, not to the impacts or consequences of the rejection. Resistance arises due to oppression that occurs in people's daily lives. Oppressed communities use resistance to fight for their rights to live (Susilowati & Indarti, 2018).

There are at least two forms of resistance that can be found: First, open resistance (public transcript), a form of resistance that can be observed, is concrete, and there is direct communication between the two disputing parties. Open resistance is characterized by the emergence of actions from direct contact between the upper class (the rulers) and the lower class (the ruled). Open resistance is characterized by four characteristics: (1) Resistance that is tangible according to the prevailing system, organized between one party and another, and cooperates. (2) There is an impact of change, such as revolutionary consequences in the movement, that can affect survival. (3) Be rational by focusing on the interests of many people. (4) Aims to eliminate acts of domination and oppression from the ruling class (Scott, 1985, 17). Second, closed resistance (hidden transcript) is a form of resistance carried out by someone through a less systematic procedure. Closed resistance refers to the slow movement of resistance, which considers the state of resistance, the achievements obtained, and the determination of individual attitudes in organizing the will and ability to fight (Scott, 1985). At least four characteristics of closed resistance exist: it occurs irregularly, is not organized, is individual in nature, seeks profit by focusing on individual interests, and does not contain the impact of change (Scott, 1985).

2.2. Indonesian Muslims' Attitudes Towards Health Protocols During the COVID-19 Pandemic

The Muslim resistance in this study is defined as the resistance of the Muslim community, both as individuals and groups, against the policy of social restrictions in implementing religious rituals and ceremonies that cause crowds, including the tradition of holding and burial of the body. Implementing this health protocol has limited Muslim activities in religious rites and ceremonies. This policy has caused a split in the attitude of Muslims: *First*, Muslim groups support and accept the social restriction policy in matters of worship. Some religious organizations, such as Majelis Ulama Indonesia (Indonesian Council of Ulama), Muhammadiyah, and Nahdlatul Ulama, have even followed up on the health protocol policy by issuing fatwas and guidelines for worship during a pandemic (Regus, 2022; Suyadi et al., 2020). *Second*, Muslim groups refuse to implement health protocols in worship during a pandemic. This group believes implementing health protocols in worship has deviated from religious teachings (Mustautina, 2020; Rohimin, 2022). High religiosity results in lower adherence to recommendations to stay at home during a pandemic (DeFranza et al., 2021).

Muslim resistance to the COVID-19 health program is motivated by at least two factors: *First*, a conservative understanding of religion without adequate knowledge of the dangers of COVID-19 has created resistance to the COVID-19 health program. This religious conservatism manifests in determinism and fatalism, which believe that life and death are God's destiny, so there is no need to fear it. Adherents of this ideology regard the fear of COVID-19 as a form of religious deviation. This religious conservatism also manifests itself in a deductive (text-based) mindset in understanding religion and ignoring the social facts of Muslims. The implementation of the COVID-19 protocol in worship is seen as damaging the spirit of Islam and the quality of faith. (Muhtada, 2020) *Second*, religious people's distrust of the dangers of COVID-19 has given birth to an attitude of ignorance towards the dangers of the COVID-19 pandemic. This group considers COVID-19 as something that is not real. It is just a conspiracy to destroy Muslims. (Pabbajah et al., 2022)

2.3. Indonesian Government Regulations on the Protocol of COVID-19 Corpses Management

According to Islamic Sharia, dead body management (tajhiz al-jana'iz) involves four aspects that must be fulfilled: bathing, shrouding, praying, and burying (Subandi & Anshor, 2020). However, in emergency conditions, the implementation of these four aspects cannot be carried out perfectly as in normal conditions (Alzyadat, 2022; Mansour & Mansour, 2023). During the COVID-19 pandemic, the implementation of these four aspects of Sharia must consider the safety of officers (Majelis Ulama Indonesia, 2020). Therefore, several modifications can fulfill these Sharia aspects. Personnel who bathe must be protected with disposable gloves. If splashes of body fluids occur, officers can protect themselves with PPE such as disposable gowns, face shields or goggles, and medical masks (Kementerian Kesehatan

Republik Indonesia, 2020). Families can see the body after being removed from the hospital medical facility while maintaining physical distance, without touching or kissing the body, and by washing their hands before and after seeing the body. Funeral ceremonies are carried out while still protecting children and the elderly (Kementerian Kesehatan Republik Indonesia, 2020; Majelis Ulama Indonesia, 2020).

From Indonesia's legal perspective, the fulfillment of Sharia aspects in the organization of Muslim funerals includes religious rights that cannot be reduced under any circumstances and by anyone. Therefore, upholding the right to treat corpses according to religious teachings is a constitutional mandate (The Republic of Indonesia, 1945). This normative rule was later broken down in Government Regulation No. 40 of 1991 concerning the Management of Outbreaks of Infectious Diseases, which states that handling corpses is carried out with due observance of religious or belief norms and applicable laws and regulations (Pemerintah Indonesia, 1991). The explanation attached to Regulation of the Minister of Health no. 1501/Menkes/PER/2010 concerning Certain Types of Infectious Diseases states that we must avoid transmitting the disease to others and handle corpses due to epidemic diseases. We must also pay attention to religious norms, beliefs, and traditions (Kementerian Kesehatan, 2010).

3. METHOD

The phenomenon of Muslim community resistance to the protocol in dealing with the corpses of COVID-19 patients was chosen as the object of this research due to three considerations: First, there is still limited work that examines the roots of the problems that cause resistance to funeral protocols in Indonesia. Previous studies on community resistance were still limited to the resistance of religious communities to social restrictions in implementing religious rituals and ceremonies. Second, violations of the corpse-handling process have been proven to give rise to new clusters of COVID-19 transmission. If public resistance to the corpse-handling process continues, there is a fear that this will lead to new clusters of more massive COVID-19 transmission. Third, a deep understanding of the factors causing community resistance can be used to formulate action plans to reduce the emergence of community resistance to the protocol for managing the corpses of COVID-19 patients.

The research data was obtained through netnographic exploration from news texts in the form of news reports and social media. The data collected consists of data about forms of resistance, causal factors, and proposed solutions to reduce resistance. Forms of resistance are related to the patterns of resistance actions carried out by the community in opposing the corpse management process policy. Various choices of resistance actions that show differences between one model and another are mapped in this research. The factors that cause resistance are mapped based on the statements of the perpetrators of resistance. Data regarding resolutions to reduce resistance is also mapped based on input from religious experts (Ulama) and COVID-19 corpse management practitioners with direct experience in community resistance.

Data on community resistance to the COVID-19 protocol, factors causing resistance, and approaches to reducing resistance were obtained through news texts published on television, online media, and news reports. The online media used was selected using purposive sampling because many cases of resistance were only published in local and not national online media. Apart from that, data on factors causing resistance and resolutions to overcome it were obtained through statements by some experts at a seminar on COVID-19 corpse management held by the MUI and published on a YouTube platform. The data in this study was collected using desk review and observation. Observations were carried out by observing developments in cases of violations of corpse management procedures, whether published on television, news reports, or social media.

Data analysis was carried out in two forms. First, data processing follows the stages of Huberman (2000). This stage starts with reducing observation and interview data, displaying the data as a summary and synopsis based on themes from field findings, and verifying the data for the conclusion process. Second, the analysis used follows an interpretation technique which starts from "restatement" of the data found both from observations and interviews, followed by "description" to find patterns or trends in the data, ending with "interpretation" to reveal the meaning of the data that has been collected.

This research has limitations in the object studied, namely, community resistance to corpse management protocols. Meanwhile, community resistance occurs not only in protocols for holding funeral services but also in protocols governing the implementation of worship during the COVID-19 pandemic. To gain a deeper understanding of the factors that cause resistance, conducting a broader study covering cases of community resistance regarding the protocol for carrying out worship during the pandemic is necessary. Expanding the research scope can provide a more complete and in-depth picture of community resistance to the COVID-19 protocol. So that appropriate policies to reduce community resistance to the health protocols can be formulated if a pandemic occurs in the future.

4. RESULT:

4.1. Forms of Community Resistance

Community resistance was manifested in the form of forced taking over the corpses of COVID-19 patients from the hospital authorities by families and community members. Since the government declared COVID-19 a national pandemic in March 2020 until the end of April 2021, there have been 62 cases of forced removal of COVID-19 corpses in Indonesia. Of the 62 cases, East Java ranked highest with 17 cases, followed by East Nusa Tenggara and South Sulawesi with 5 cases each; Riau Islands and West Java each with 4 cases; Aceh, North Sumatra, Central Java, Bali, Southeast Sulawesi and Maluku each with 2 cases; North Sumatra, West Sumatra, Jambi, Central Kalimantan, Banten, Gorontalo, West Sulawesi, North Sulawesi, North Maluku and Papua each with 1 case. The forced removal of bodies in most cases is accompanied by violence, both physical violence—in the form of destroying hospital facilities, beatings, or physical attacks on officers or doctors—and verbal-symbolic violence, in the form of threats and harsh words against officers. The following is data on the cases of forced takeover of COVID-19 corpses in Indonesia:

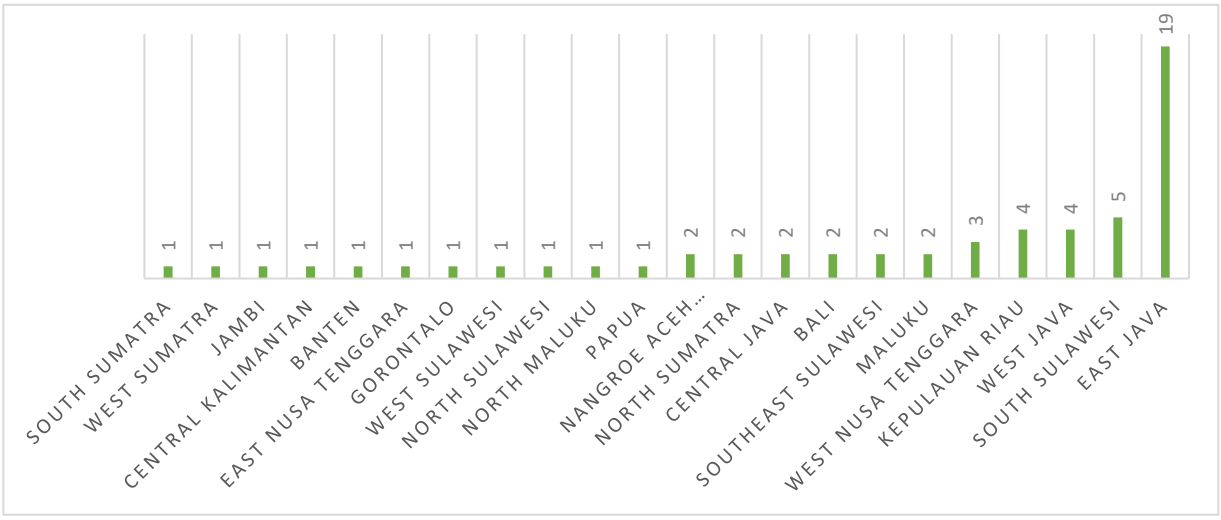


Figure 1: Data on the Forced Retrieval of the Corpses of COVID-19 Patients from the Hospital in Indonesia

Community resistance also manifested in the form of exhumation and removal of graves of COVID-19 patients. From March 2020 to April 2021, there had been at least 172 cases of grave demolitions in Indonesia. The most prominent case occurred in the particular COVID-19 cemetery in Cikadut District. Bandung, West Java, with 153 cases. Of the 999 bodies buried according to COVID-19 procedures, only 258 bodies were positive for COVID-19 exposure, while 741 bodies were not confirmed. Of the 741 graves that were not confirmed positive for COVID-19, 258 graves were dismantled and moved by the families because they were not proven positive for COVID-19. The second largest case occurred at the special COVID-19 cemetery in Bungus Teluk Kabung Padang, with 9 cases. Only two of the nine graves moved tested positive for COVID-19, while the other seven showed negative swab test results. The third largest case occurred at Public Cemetary of

Bilalangge, Parepare, South Sulawesi, with 7 cases. The perpetrators of the demolition admitted that they received a message through a dream to move the bodies. As a result of these actions, the six suspects in the grave demolition had to face legal proceedings with the police. Other cases of grave opening occurred in Bengkulu and Bandar Lampung, with one case each. In Bengkulu, the exhumation was carried out because the swab test results showed negative for COVID-19. Meanwhile, in Bandar Lampung, the demolition and transfer were carried out by the family because they wanted to fulfill the rights of the corpses namely washing, shrouding, praying, and burying under Islamic sharia.

Table 1: The Exhumation of Graves for COVID-19 Corpses

NO	REGION	CASES	NUMBER
1	Cikadut Public Cemetery, Bandung District	Of the 999 bodies buried according to COVID-19 procedures, only 258 were confirmed positive for COVID-19. 741 bodies were not confirmed, and 153 graves were exhumed and moved by their families or heirs. (Putra, 2021b, 2021a)	153
2	Bungus Teluk Kabung Public Cemetery, Padang	Of the nine bodies moved, only two were positive for COVID-19, and seven more had negative swab test results. The bodies were moved at the request of the family. (antaranews.com, 2020; news.republika.co.id, 2020)	9
3	Bilalangge Public Cemetery, South Sulawesi	7 graves were exhumed and moved. The six suspects in the grave demolition admitted that they received the deceased's trust through a dream to move his grave. (cnnindonesia.com, 2021; Liputan6.com, 2021; Media, 2021c)	7
4	Cemetery in Bengkulu Province	The family dismantled the grave after the swab test results stated they were negative for the COVID-19 virus. (kabar24.bisnis.com, 2020)	1
5	Bandar Lampung Province	The family dismantled the deceased's grave because of the motive of wanting to carry out *fardlu kifayah* (collective obligation) on the corpses: washing, shrouding, praying, and bathing in an Islamic way. (Media, 2021a)	1
NUMBER			**172**

Community resistance to corpse management protocols is also carried out through legal resistance. Legal resistance efforts were demonstrated in the following three cases: First, Fauzi Munthe, the husband of patient Z, who died due to COVID-19, reported four forensic officers at the Djasemen Saragih Regional General Hospital, Pematangsiantar City for washing his wife's body, without heeding the provisions of the Indonesian Ulema Council regarding gender of staff and patient. This incident has led to mass demonstrations in the "Islam Defense Action" at the Adam Malik Square in Pematang Siantar, demanding that the four officers be immediately prosecuted (Media, 2021b). Second, Andi Baso Ryadi Mappasulle, husband of Nurhayani Abram (48), a patient who died of a stroke, felt that he did not accept it because it was claimed that his wife had died due to COVID-19. Even though the results of the swab test showed that the deceased was negative for COVID-19, he planned to file a lawsuit against the COVID-19 Response Acceleration Task Force. He demanded the transfer of his grave to the family cemetery and restore the family's good name (Merdeka.com, 2020). Third, the family of the late M. Daniel (58), a resident of Padang Titiran village, Talang Padang District, Empat Lawang Regency, plans to sue

the AR Bunda Lubuklinggau Hospital because they consider that the results of the swab test do not support the hospital's determination of its COVID-19 confirmation status (palembang.tribunnews.com, 2020).

4.2. Factors Causing Resistance

4.2.1 Religious Beliefs: Fulfilling the Rights of the Dead

News about forced taking, demolition of graves, and legal resistance in terms of COVID-19 protocol show that resistance in all three forms was carried out to comply with Sharia aspects in the management of corpses. Budi Setiawan, chairman of the Muhammadiyah COVID-19 Command Center (MCCC), said that there were extraordinary concerns from residents that if their family members were processed according to the COVID-19 protocol, then their family's bodies would not be appropriately processed. Therefore, some community members took action by forcefully taking the corpses and exhuming the graves because they wanted to repeat the corpse management process correctly. The inadequacy of the corpse management process was also the reason why Fauzi Munthe, husband of patient Z, died due to COVID-19 and was processed according to the COVID-19 protocol. He sued the hospital management for allowing four forensic officers to wash his wife's body. The actions of the four hospital forensic officers were deemed to have violated religious regulations, namely that the person cleaning the body must be the same gender as the corpses

Table 2: Religious Beliefs as the Causal Factor of Resistance

CODE	DATA
The reason for retrieval of the corpses	"…the family rejected the Zainal Abidin Regional General Hospital's initiative to manage the corpses at the hospital following the COVID-19 protocol. They forcibly retrieved the corpses and took it home to continue carrying out the normal process. "Starting from being washed, shrouded, offered prayers, and then buried without following the COVID-19 protocol" (damkar, 2020).
	"After taking them, they opened the coffin and the plastic wrapping the body, then washed it without personal protective equipment and lit it. "Then, the family took the initiative to wash, pray, and bury, so the coffin was opened" (Media, 2020b).
	"However, when they arrived at the residence on Friday afternoon, the family then forcibly took the body, opened the casket, and surrounded the body. The family, dominated by mothers, took turns holding and even kissing the body. The patient's family then held a funeral without health protocols. The body was carried on a stretcher to the burial location, not far from the residence. Funerals only use shrouds, no plastic, and no coffins. The family even opened the coffin and took out the body to be washed" (Yunus, 2021).
Reason for the exhuming the graves	"Residents in Bandar Lampung dismantled the grave of a patient who had been buried for about a week using the Covid-19 protocol. The family of the late H Aliun Umar (78) did not accept that the hospital would bury their relative's body using the COVID-19 protocol. The heir, Kurniawan, said the family first opened the plastic wrapping of the COVID-19 body. Then, the body is washed again, and the shroud is replaced with a new one. "So that our parents bury something more worthy like someone who died normally, not COVID-19" (Media, 2021a).
Reasons for legal resistance	"I peeked at the process of washing my wife's body, and I was suddenly shocked because four men were bathing: two Muslims and two Christians who were not her mahram. This is not under [Islamic] law," said Fauzi (Media, 2021b).

4.2.2. Lack of Public Knowledge about COVID-19.

1) Low Public literacy about COVID-19.

Data in online media also shows that the public's lack of understanding about COVID-19 makes it difficult for family members to accept medical explanations regarding determining their status as positive COVID-19 patients. The perpetrators of the forced retrieval felt that they were taking a sick family member with non-COVID-19 symptoms. However, the hospital authorities determined him to be a confirmed COVID-19 patient. Apart from that, the lack of understanding among citizens about COVID-19 has also led to citizens' disregard for the dangers that may arise due to their actions. Even though they accepted the status as COVID-19 patients, the perpetrators still insisted on forcibly carrying the bodies. They stated that they were ready to take responsibility for all risks that would occur due to their actions.

Table 3: Low Public Literacy about the Danger of COVID-19

CODE	DATA
Low public literacy about COVID-19	The family did not accept being said to be COVID when they first came in because the patient had fallen from the bathroom; why were they said to have died of COVID-19? "So we came here to forcibly take a patient home and give them a proper burial," he said." (Mulyono, 2021)
	"…one of the family members said the body died of heart disease. Even the hospital did not wash the body. "This is serious. This patient died of heart disease, but it was said to be due to COVID-19," said one person in the video." (Toiskandar, 2020)
People's ignorance of the dangers of COVID-19	Dozens of residents forced their way in and broke the hospital door guarded by four security officers. From information obtained from the hospital, the action of forcibly taking the bodies of COVID-19 patients was because the families refused to carry out funerals using health protocols. "He has been declared positive. The swab results came out. However, the family asked for a public funeral, not with the COVID-19 procedures," said the Director of Brebes Regional Hospital, Dr. Oo Suprana, to journalists." (Media, 2020c)
	"The family stated that they were ready to accept the consequences of their actions. "Whatever happens as a result of our actions, for example, there will be infection to other residents, we are ready to bear everything, including the legal process," the letter stated." (Setyadi, 2020)

4.2.3. Loss of Public Distrust in the Government.

Online media data shows that public resistance is also triggered by the loss of public trust in government authorities represented by the Task Force and hospital management. At least three factors cause the loss of public trust: First, the hospital determined the patient's positive COVID-19 status without being accompanied by accountable evidence. Several cases show that determining a patient's status as suspect or probable COVID-19 is not accompanied by proof of the Polymerase Chain Reaction test results. As a result, family or community members refused to accept this status and forcibly took the body to be buried independently. Second, there are widespread rumors that many hospital managers are deliberately treating patients for COVID-19 to obtain COVID-19 funds. There is a lot of (dis)information circulating widely on social media, which states that family members were asked to sign a statement that their family member was confirmed as having COVID-19 in exchange for a sum of money from the hospital. At the same time, the patient died of another disease. Third, the public lost trust in the hospital authorities because many inadequacies were discovered in the corpse management process. According to Anas Mahfuz, most hospitals do not take into account sensitive matters of religious Sharia, so it often happens that bodies are not washed even by symbolic ablution (tayammum); the body is not shrouded because the coffin is seen as replacing the shroud; the body is not prayed for even though this is possible; and the body is buried exclusively without involving the family (MUI Jawa Timur, 2020).

Table 4: Loss of Public Distrust in the Government

CODE	DATA
Determining a patient as positive for COVID-19 without laboratory evidence	"…the patient began to be treated at the Majalaya Regional Hospital on September 29, 2020. The next day, a rapid test was conducted on the patient, and the results were reactive. Then, the hospital also carried out a swab test on the patient. Not long after Sunday evening, he was declared dead. "Yes, initially, the patient was probable or still suspected. Well, he only came out this morning after being forcibly picked up by several people. And he turned out to be positive," explained Yudi" (Iqbal, 2020).
	"Not yet positive for Corona. So, he is a Corona suspect, or the current terminology is Patient under Supervision. "The victim has been swabbed; last Tuesday, it was sent to Jakarta; we are waiting for the results in three to five days," said Dr Wayon (Media, 2020a) .
The Moral Hazard Issue of Corruption in Funds for Handling COVID-19	"Moeldoko said there has been a growing issue that referral hospitals "COVID-treated" all patients who died to get budget from the government. For example, people who are sick or have an accident are defined as having died from COVID-19 by the hospital in charge. Meanwhile, the test results showed negative for COVID-19" (CNN Indonesia, 2020).
	"Police Criminal Investigation Agency must immediately move to investigate and hunt down the hospital mafia, even though cases involving COVID-19 in these patients have become widespread and are popping up on various social media" (BeritaSatu.com, 2020).
Inadequacy of the COVID-19 corpse management process	"The crowd demanded that the four men who bathed the body of a Muslim woman suspected of COVID-19 be immediately prosecuted because it was against Islamic law. Syahban Siregar, an Islamic Youth leader in Pematang Siantar, said that the actions carried out by four men who bathed a woman's body "had violated human rights and were contrary to Islamic law" (Media, 2021b).
	The body of PDP COVID-19 from Kebraon, Karangpilang, Surabaya, who was only wearing a diaper without a shroud, went viral on social media (Daryono, 2020).
	"The family is trying to ensure that Nurhayani can be brought home and not buried in the Macanda cemetery. Moreover, the swab test results for COVID-19 were negative. Their efforts were in vain. Officers wearing PPE continued to take residents of the Bumi Pallangga Mas Housing Complex to the tomb in Macanda. Said Baso. He tried to follow the body of his wife and children using a motorbike. Upon arrival at the location, Baso admitted that he could not approach. "The group team officers just left after burying the body" (Merdeka.com, 2020).

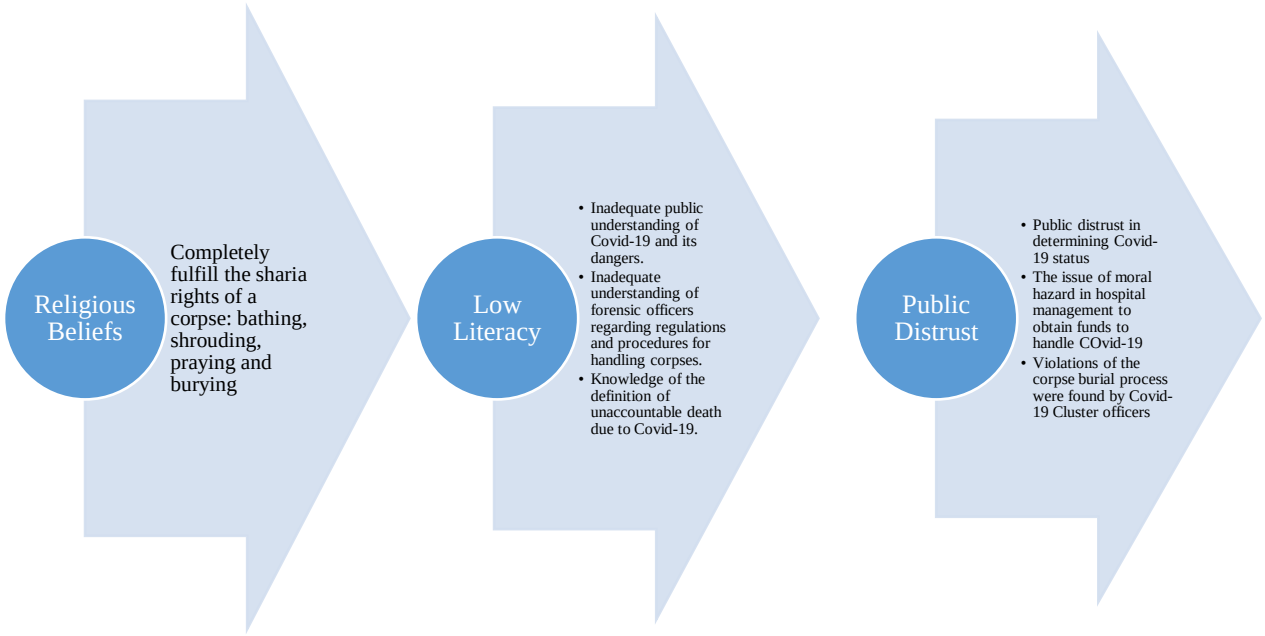


Chart of Factors Causing Community Resistance

4.3. Resolution Model to Reduce Resistance

4.3.1. Increasing Religious Literacy about Handling Corpses in Emergency Situations

Community resistance occurs because of the strength of the community in upholding religious and cultural doctrines regarding the handling of corpses. This religious and cultural conservatism can at least be moderated by providing a correct understanding of religion. Islam teaches that the rights of the deceased are to be washed, shrouded, prayed, and buried. However, in an emergency situation, these four processes cannot be carried out perfectly under certain conditions. Nurhayati and Tri Bayu Purnama, in their research, provide recommendations:

"To prevent repeated forced taking of bodies and the emergence of new COVID-19 clusters related to the corpse management series, ulama figures play a very crucial role in educating the public about the correct way to manage the bodies of COVID-19 patients. Indonesian society, which is religious and highly respects the ulama, will easily accept and follow accurate information from the ulama [...] From the perspective of Islamic teachings, the bodies of COVID-19 patients must be treated specially. This is included in *dharurah syar'iyyah* or an emergency situation due to a highly contagious and deadly disease outbreak" (Nurhayati & Purnama, 2020).

4.3.2. Increasing Public Literacy about COVID-19

Various cases of forced removal of COVID-19 bodies have attracted the attention of many experts to provide various solutions. Actions forcibly taking the bodies of COVID-19 patients were carried out because of low public literacy about COVID-19 and its dangers. Roy Valiant Solomon, a public policy observer at the University of Indonesia, concluded that community resistance emerged due to a lack of intensive education for the community, especially the patient's family members. Solomon said:

"When a COVID-19 patient is first admitted to hospital, their family members should have been given socialization and understanding regarding the dangers of this disease. General socialization about COVID-19 protocols may have been conducted by medical personnel or hospitals. However, providing specific or more detailed explanations to each patient's family members may not have been carried out optimally. This in-depth socialization can be carried out or delivered by inviting representatives of the patient's family members to the hospital to provide an understanding of the dangers or threats of COVID-19 if it is infected by other people If this detailed or specific outreach is carried out, every family member will realize how dangerous this disease is if it is transmitted to other people so that there will be no more forced taking of COVID-19 bodies" (Firmansyah, 2020).

In contrast to Solomon, Gun Gun Heryanto, executive director of The Political Literacy, sees the need to involve third parties in communication between patient families or community members and hospital authorities or the COVID-19 Task Force. Heryanto saw that the acts of resistance occurred due to the loss of public trust in the government. He recommended that the government carry out community-based communication to restore public trust. Every member of society must be part of a particular community, especially a religious community. Therefore, involving mass organizations and religious figures at the lowest level can be a solution to reduce community resistance.

"In my opinion, this is not a matter of socialization but waning distrust. Community-based communication is needed and is carried out not only at the center but also in each regional Task Force for the Acceleration of Handling COVID-19 because forced taking of COVID-19 patients is very dangerous. These symptoms indicate, "There is a serious problem of public trust in the handling process that the government has been trying to achieve" (Firmansyah, 2020).

The literacy program is aimed at patient families and the general public and—more importantly—at health workers responsible for caring for corpses. The inappropriate management of corpses that are often encountered by the public shows the low understanding of health workers regarding the regulations and procedures for managing corpses. Budi Setiawan, chairman of the Muhammadiyah COVID-19 Command Center **(**MCCC), proposed that the government hold training in handling corpses for officers and volunteers so that the process of handling corpses is in line with Islamic law as formulated in the MUI fatwa. The same thing was also proposed by Ainul Yaqin, General Secretary of the Indonesian Ulema Council for East Java Region, in a corpse management webinar, saying:

"Let's socialize this protocol to all related parties, especially to actors, namely hospitals and public service centers, so that this is related to how to provide the best service under the norms regulated by the law and has provided public space for this. Then, no less important, it is necessary to train officers at the hospital that handles corpses, Bina Rohani, and be given knowledge about how to handle corpses, following the rules of fatwa no. 18. However, it is also necessary to provide insight so as not to panic in caring for the corpse" (MUI Jawa Timur, 2020).

The failure of health workers is caused by their poor understanding of corpse management procedures and the poor regulatory system. The disharmony between various regulations cannot be denied, causing confusion among officers in the field. To overcome the problem of inadequate regulations, improvements need to be made to the corpse management protocol, which is used as a reference, and then the improved protocol needs to be immediately disseminated. Apart from that, efforts are necessary to harmonize regulations by involving four parties: the Indonesian Ulema Council, the Ministry of Religion through Islamic Community Guidance, the COVID-19 Task Force, and the Indonesian Forensic Doctors Association.

"The corpse management protocol needs to be refined (because this protocol is the reference), and then the refined protocol needs to be immediately disseminated. So, let's improve the protocol, which is still imperfect, together. "So, the MUI is ready to provide input regarding improving the protocol because it is for the benefit of the people together" (MUI Jawa Timur, 2020).

However, increasing literacy about COVID-19 must be followed by strict law enforcement for perpetrators of forced taking of bodies, mainly if the action is carried out with violence and destruction of hospitals. The call for law enforcement was proposed, among other things, by Ainul Yaqin, General Secretary of the Indonesian Ulema Council for the East Java region. He saw that if all the rights of the corpse had been fulfilled and the management had been perfected, then the police needed to take firm action against the perpetrators:

"We see that the police have issued a strict circular, the essence of which is that anyone who forces them to take the body and take it home will be subject to strict sanctions. However, before this rule is strictly implemented, we provide recommendations to organize the rules and perfect the management so the community can trust them. If we have not perfected the management, this could hurt the community's sense of justice. Referring to Article 28, paragraph 1 of the 1945 Constitution, and Article 4 of Law No. 39 of 1999, we have statutory regulations, and this is our highest public policy, which regulates the right to freedom of religion. So this is the basis for what we should do" (MUI Jawa Timur, 2020).

4.3.3. Rebuilding Public Trust

1) Transparency in Determining Positive Status for COVID-19

Community resistance is due to the lack of transparency in determining the status of positive or probable COVID-19 patients. In many cases, patient status was determined without attaching the results of the polymerase chain reaction test. This problem arises due to the limited capacity for Corona testing in Indonesia, which cannot produce real-time results. Therefore, two definitions of death due to COVID-19 have emerged: confirmed positive or probable COVID-19. If a death case can be proven through Real-Time Polymerase Chain Reaction results, then the death is categorized as confirmed, whether there are or are no symptoms. Meanwhile, if the patient dies due to respiratory failure (severe acute respiratory infection) due to lung alveoli filled with fluid (Acute Respiratory Distress Syndrome) or has clinical symptoms that are as convincing as COVID-19. At the same time, if there are no Real-time laboratorium examination results of the Polymerase Chain Reaction, the patient is included in the probable COVID-19 category and must be buried according to protocol. Laura Navila Yamani explains:

"There are probable cases because the Corona testing capacity in Indonesia is not yet optimal. The Corona swab examination cannot produce real-time results. Many examination results still do not come out immediately. This is an obstacle in deciding whether to die with COVID-19 or not, where the person has symptoms like COVID-19, but this must be confirmed by laboratory examination. So, it is included in the probable case and counted as a COVID-19 death. So that the definition of death only leads to Corona-positive patients, the government needs to evaluate swab tests that can produce

real-time results" (Mawardi, 2020).

To rebuild public trust, Moeldoko, Chief of Presidential Staff, suggested that the COVID-19 Cluster Team or hospitals should redefine death during the pandemic. Determination of death status due to COVID-19 must be verified first before being exposed to the public. This step was then implemented by Ganjar Pranowo, Governor of Central Java, who made a policy for referral hospitals to first verify the determination of patient status before exposing them to the public. Ganjar stated:

"In all hospitals where a patient dies, the doctor's authority must provide a record of the cause of death. The note must be given to us to verify and provide an exit 'statement'. Indeed, with this system, there will be data delays regarding death rates. However, data delay is better than something undesirable happening" (CNN Indonesia, 2020).

2). Hospital Management Transparency

The spread of the moral hazard issue of hospital management who COVID-19 patients to obtain government funds is one of the most compelling issues in eroding public trust in the credibility of information from hospital authorities. Even though none of the management has been prosecuted, this impression is felt by the patient's family or the community. In Manado, a family member was asked to sign a COVID-19 patient statement, even though the patient concerned died negative for COVID-19. To restore public trust, there needs to be strict law enforcement against the "rogue" hospital mafia (Muldoko) who want to make profits from the suffering of patients and their families. Neta S. Pane, chairman of the Presidium of Indonesian Police Watch (IPW), proposed that the Indonesian Police Criminal Investigation Unit prosecute the hospital mafia taking advantage of the pandemic to gain profit.

"The Indonesian Police Criminal Investigation Unit must immediately move to investigate and hunt down the hospital mafia. Even though cases involving COVID-19 patients have become widespread and are popping up on various social media, the Chief of Presidential Staff, Moeldoko said that there are hospitals that manipulate patient death data to get a budget from the government. He requested that issues that cause unrest in society be immediately addressed. Because it has happened so many times, sick people are usually defined as having died because of COVID-19, even though their test results were negative. However, unfortunately, until now, the National Police Criminal Investigation Unit has shown no signs of making a move." (BeritaSatu.com, 2020)

3) Transparency in the Body Management Process

Resistance occurs due to the loss of public confidence in the feasibility of the corpse management process. To rebuild public trust, the hospital forensic team should involve family representatives in the management process to ensure compliance with sharia aspects. With open communication between the two parties, public trust can be re-established. Open access to the management process can also reduce provocations that trigger forced expropriation. Budi Setiawan, chairman of Muhammadiyah Disaster Management Center, stated:

"It is better to involve the community in the process of arranging the body, either when praying or involving them when preparing the grave. Many people are doubtful as to whether their family's corpse has fulfilled its rights as a corpse and whether it is following the Sharia. Families may view the body from a minimum distance of three meters, provided they do not touch it directly. "In this way, the process of "*tajhiz al-janazah*" for victims who died of COVID-19 can fulfill their rights as corpses" (Antara News, 2020).

Ainul Yaqin, General Secretary of the East Java MUI, said a similar thing:

"Handling Muslim bodies should be carried out as perfectly as possible (washing, shrouding, shrouding and burying). Moreover, PDP status is not necessarily positive. In shaa' Allah, the gap in Patient Under Supervision cases can be avoided. As far as possible, one of the family members is involved in the process of caring for the corpse to witness so that they do not have any suspicions, do not hesitate, or at least someone from the family is offered to participate in monitoring the process of managing the corpse, of course using adequate PPE, so that it is protected from contamination. exposed to COVID-19" (MUI Jawa Timur, 2020).

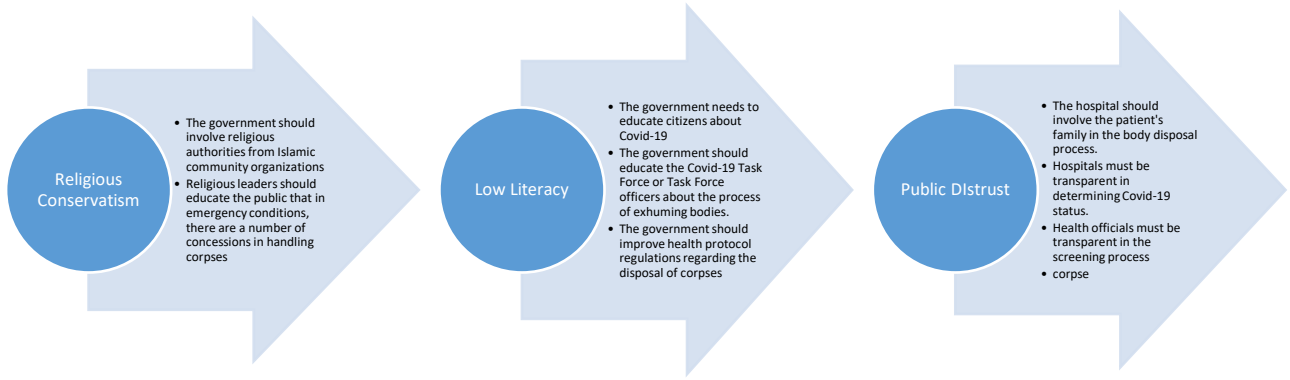


Chart of Resolution Model to Reduce Community Resistance

5. DISCUSSION

This study shows that the Muslim community is resisting the body burial protocol through three models of open resistance, namely, forcibly taking corpses, dismantling graves, and filing legal complaints. The religious belief to fulfill the rights of the corpse or *fardlu kifayah*) is the reason that many resistance actors express. Apart from religious factors, the perpetrators' low understanding of the dangers of COVID-19 and residents' rejection is also caused by the following two factors: *First*, the circulation of rumors about hospital mafias who are Covid-treating patients to obtain government funds. This issue has eroded residents' trust in determining the status of COVID-19 patients. Second, Sharia aspects in the corpse management process are not fulfilled due to poor regulations and the unpreparedness of officers in the field regarding some corpse management regulations. This study also shows that efforts to reduce community resistance can be made by involving families in the management process, synchronizing various regulations that form the legal basis for corpse management, and law enforcement and investigative audits regarding COVID-19 status determinations issued by hospital authorities.

Community resistance to the COVID-19 corpse management protocol shows that Muslim communities still adhere to religious beliefs and traditions in the corpse management process. For some Muslims, fulfilling the rights of the corpse (fardlu kifayah) is a belief that cannot be replaced. Community resistance also shows that the response to the COVID-19 pandemic in Indonesia is still carried out in very structural and closed ways and prioritizes power rather than using a cultural approach that involves community participation. Families or community members are often seen as obstacles in implementing funeral protocols, so their involvement is often ignored or blocked by force.

Community resistance to corpse management protocols shows two crucial meanings: *First*, the unpreparedness of all components of the nation in facing the COVID-19 pandemic. Historically, the Indonesian nation has had no experience dealing with pandemic outbreaks. The COVID-19 pandemic is a new virus that has 1000 faces. The progress of the medical world does not yet know COVID-19 well. The lack of experience in dealing with previous pandemics has made all components of the nation unprepared to face a pandemic. *Second*, handling the COVID-19 pandemic must involve all components of society, including religious communities (ulama). Without the involvement of religious community components (ulama), efforts to overcome the COVID-19 pandemic will face many obstacles. Poor communication has resulted in the message of the dangers of COVID-19 not being conveyed to all community members. Therefore, there are still many people who do not believe in the dangers of COVID-19.

So far, existing studies have emphasized understanding religion as the sole causal factor. Widiyanto pointed out that a conservative understanding of religion without an understanding of the dangers of COVID-19 has caused some religious adherents to reject the implementation of social restriction policies (Widiyanto, 2020). Hilmy, in his study, concluded that the deductive mindset of religious communities and concerns about the collapse of religious authority in the public sphere has led to resistance to the implementation of health protocols in matters of worship (Hlimy, 2020). Pabbajah emphasized that society's disregard for social restriction policies had led to the collapse of the authority of the ulama in the eyes of their

followers (Pabbajah, 2020). The findings of previous studies lead to the conclusion that religious understanding is seen as a single variable that causes resistance and ignores other social variables. This study is different from the trend of the studies above, showing that religion has become the primary variable of resistance, but religion is not the only causal factor. Religion becomes a causal factor when accompanied by other variables such as poor regulations, which cause the corpse management process not to be fulfilled, and the erosion of public trust in hospital authorities in determining a patient's status as a positive COVID-19 patient due to the issue of moral hazard.

Based on the high level of public resistance to corpse management protocols as a result of non-fulfillment of sharia aspects in the management of corpses (*tajhiz al-janazah*), three action plans can be formulated as an effort to improve the situation. *First*, regulations must be harmonized and synchronized involving all relevant parties, namely the MUI, the Ministry of Religion, the COVID-19 Task Force, and the Association of Forensic Doctors throughout Indonesia. *Second*, the government, through the COVID-19 Task Force, needs to improve the communication model with citizens. The emergence of resistance occurred because the government's communication channels were blocked by citizens who wanted to demand the fulfillment of their religious rights. *Third*, civil society involvement includes religious organizations, social communities, and community leaders (ulama). is needed to overcome the dangers of the COVID-19 pandemic. Religious community-based communication is needed in each regional Task Force for the Acceleration of Handling COVID-19

6. CONCLUSION

6.1. The Most Important Findings

This study shows that community resistance to corpse management protocols is not only influenced by religious factors but also by other trigger variables. The religious belief becomes a variable that causes resistance if accompanied by two intermediate variables, namely low public literacy about COVID-19 and loss of public trust in the authorities, both the Task Force and hospital management. The public's distrust of hospital authorities arises in addition to determining the status of patients who are not accountable (without swab test results) and because of the strengthening issue of corruption by hospital management. Meanwhile, the loss of public trust in corpse management emerged due to the non-fulfillment of Sharia aspects. The solution to reducing community resistance thus requires open and transparent communication with families and improved regulations regarding corpse management. The involvement of religious organizations and religious figures is necessary to restore public trust in the government and hospital management.

6.2. Research Contribution

James C. Scott's theory of resistance, which is used in this study, provides an important framework for understanding how Indonesian Muslim communities resist COVID-19 funeral protocols. Within Scott's theoretical framework, community resistance to COVID-19 funeral protocols can be seen in two main forms, namely, open and hidden resistance. Open resistance is seen in various events when residents openly reject the COVID-19 funeral procedures set by the government, for example, by forcing the removal of bodies from hospitals, refusing burial at designated locations, or protesting medical personnel. These actions demonstrate open resistance based on distrust of health institutions and the inconsistency of protocols with local cultural or religious values. On the other hand, there are also forms of hidden resistance, such as the practice of funerals that are secretly not in accordance with protocols, silent rejection of the presence of medical personnel, or the spread of local narratives that frame COVID-19 protocols as a form of injustice. In this context, this type of resistance arises when people feel they do not have the space or power to oppose openly, so they choose an indirect but still meaningful form of resistance. These two forms of resistance reflect how communities maintain their values, dignity, and autonomy amidst the pandemic crisis and high uncertainty.

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