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- The local research team at each State Islamic Religious University (PTKIN), Mr Muchlas Noor Hidayat (Amay) from UIN Syarif Hidayatullah Jakarta, Mr Wawan Hernawan from UIN Sunan Gunung Djati Bandung, and Mr Achmad Zainal Arifin from UIN Sunan Kalijaga Yogyakarta, despite the pandemic conditions,

communication and coordination such as not being far apart in support of the research process go according to plan.

- The enumerators from UIN Syarif Hidayatullah Jakarta, UIN Sunan Gunung Djati Bandung, and UIN Sunan Kalijaga Yogyakarta can compete with a short data collection period to reach the target of survey participants, focus group discussions, and in-depth interviews.
- The verbatim team from each PTKIN has transcribed focus group discussions and in-depth interviews to become supporting data for this research.

Finally, in carrying out this research for a short time, our research team understands that there are shortcomings in its implementation. Therefore, we apologize if there are shortcomings and errors that directly or indirectly harm related parties. Furthermore, we hope that the results of this research can contribute to this study so that it is beneficial for the common good and interests.

Researcher Team

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Executive Summary

Preliminary Study of Resilience and Vulnerability of Islamic Educational Institutions in Responding to the Social Impact of Cohesion during the COVID-19 Pandemic Crisis: Study at Three State Islamic Universities (Jakarta, Bandung, Yogyakarta)

Background

After a year of being declared a pandemic, the number of COVID-19 cases continued to increase, which reached more than a hundred million people being infected, and two million people lost their lives globally. The Indonesian government has made various efforts to reduce the COVID-19 cases. These efforts include campaigning and enforcing the implementation of *5M* health protocol (wearing masks, washing hands with running water, applying physical distance, avoiding crowds, and restricting mobility), using 3T strategies (*COVID*-19 *testing*, contact *tracing*, and treatment for those who *test* positive). The government also issued Large-Scale Social Restrictions (PSBB) policy and Public Activity Restriction policy (PPKM), and the COVID-19 vaccination program. In addition, to avoid crowds, the government also issued guidelines regarding School from Home or Distance Learning (PJJ) for students and Work from Home (WFH) for workers.

Although various efforts have been made, a survey conducted by the Indonesian Central Statistics Agency (BPS) showed from 7 to 14 September 2020 stated that there were still around 8% of respondents who rarely and very rarely use masks and more than 20% who rarely and very rarely use hand sanitisers, washing hands with soap for at least 20 seconds and maintaining a minimum distance of 1 meter from each other

(BPS COVID-19 Statistical Task Force Team, 2020). In another study conducted explicitly on more than 6,000 respondents at more than ten universities in Indonesia, the results showed that knowledge related to the transmission and prevention of COVID-19 was still low (Saefi et al., 2020). A study on knowledge, attitudes, and experiences related to worship during the pandemic conducted on more than 18 thousand respondents in 34 provinces in Indonesia showed that there were 20.89% of respondents always worshipped in public worship places during the pandemic, and 12% of respondents very frequently did that activity even though 48.86% of respondents on that study were in the COVID-19 red zone (Ruhana & Burhani, 2020).

A social phenomenon that shows a correlation between religious beliefs and attitudes related to the pandemic was demonstrated through a case that occurred in Gowa, South Sulawesi. The Indonesian Jamaat Tabligh wanted to continue holding the Jamaat Tabligh Conference, which was scheduled to be attended by around 25,000 people. Although it was successfully disbanded in the end, 8,695 participants had arrived, and some participants were positively infected with COVID-19 (Wirawan, 2020). In addition, based on information from the General Chairperson of the Central Board of Rabithah Ma'ahid Islamiyah Nahdlatul Ulama (NU), Abdul Ghaffar Rozin, as many as 333 Kyai and Ulama from NU died due to the COVID-19 pandemic. According to him, the deaths of NU Kyai and Ulama increased after Eid al - Fitr 2020. The number continued to rise after Eid al-Adha (https://www.cnnindonesia.com/). That condition might be happened due to the lack of application of health protocols during religious rituals such as kissing Kyai's hand and gathering at the Kyai's house during the Eid celebration. Nevertheless, those rituals were still carried out considering a solid culture for honour the Kyai even though the practices might have a high risk of transmitting COVID-19.

Previous studies have discussed the relationship between knowledge, attitude, perception, and practice/behaviour, also between religiosity and behaviour. The relationship between knowledge and behaviour is found in the Behaviour Change Theory from Davis, which stated that sufficient knowledge and good attitudes could produce good behaviour (Davis et al., 2015). Another theory, namely the Health Belief Model (HBM), which Rosenstock developed in 1974, showed that perception was a determinant of behaviour. This model comes from the hypothesis about a person's disease preventive behaviour based on their beliefs about risk (perceived susceptibility), the seriousness of the threat (perceived severity), ways to reduce the incidence or severity of illness (perceived benefits), and costs versus benefits

of action (perceived barriers). As for looking at the relationship between religiosity and behaviour, the theoretical model of causal pathways is used to see the impact of religion and spirituality on physical health. Koenig states that stress and negative emotions increase susceptibility to disease and have the side effect of slowing healing. In this case, religiosity helps a person in overcoming the illness he is feeling. This research shows that more religious people more easily adapt to the health problems they suffer. The majority of studies offer that the higher the level of religiosity, the better the health condition.

The pandemic certainly has a direct impact on society. The COVID-19 pandemic affects the health aspect and affects the economic and social problems of the community. Several studies conducted since the beginning of the pandemic have shown a tendency to decrease economic growth and increase unemployment and poverty rates (Delloite, 2020; Samudra & Setyonaluri, 2020; Suryahadi et al., 2020; Susilawati et al., 2020; UNICEF, 2020). On the social aspect, the pandemic is believed to have an impact on social cohesion. According to Stanley, social cohesion is "the desire of community members to cooperate to survive and prosper" (Stanley, 2003). Friedrich-Ebert-Stiftung divides the dimensions of social cohesion into three things; connectedness, social relations, and focus on the common good (Stiftung, 2018).

Based on Friedrich-Ebert-Stiftung's research on social cohesion between 2009 and 2015 in Indonesia, focusing on the common good aspect has the highest score (0.43), including increased solidarity, mutual help, and respect for social rules and participation of civilians. While the lowest score is connectedness (-0.68) which provides for low trust in the government and low perception of justice. However, social cohesion during the pandemic among Indonesian remains understudied.

Therefore, the study needs to be performed to analyze the resilience and vulnerability of an educational institution, notably higher education, in responding to the impact of social cohesion during the COVID-19 pandemic crisis that occurred in the community within it. Furthermore, higher education institutions are considered the party most exposed to various information about COVID-19 through multiple sources of information and their ability to make policies at the institutional level that affect the academic community. Therefore, the level of knowledge, attitudes, perceptions, and behaviours related to the prevention of COVID-19 and the social cohesion experienced by the academic community and the response of educational institutions to the pandemic conditions were explored in this study.

Research method

a. Quantitative

In collecting quantitative data, the number of samples was calculated based on the hypothesis test for two population proportions formula using the sample size calculator software released by the World Health Organization. With α: 5% and β:80% (power) and proportion values of 1 and 2 based on research performed by the Indonesian Central Statistics Agency on COVID-19 *"Preventive Behaviour during a Pandemic"* (Tim BPS Covid-19 Statistical Task Force, 2020), the value obtained is the minimum sample for each institution is 312 respondents. In this study, the number of samples for each institution was 330 respondents in UIN Jakarta, 316 respondents in UIN Bandung, and 334 respondents in UIN Yogyakarta. The sample selection technique for this research is non-probability sampling using a proportional quota sampling technique where the quota in this study is determined based on the proportion of the number of students, non-academic staff, and teaching staff (lecturers) in each campus. The quantitative data collection uses a self-administered questionnaire which is made online through the Google Form application.

Quantitative data collection instruments were obtained through adoption from previous related researches and standardized instruments. After the researchers conducted a literature study related to the research objectives and made instruments, the research team then conducted consultations with experts to minimize the weaknesses and errors of the instruments made by the researchers. Researchers conducted expert consultations with Prof. Yayi Suryo Prabandari, Ph.D. (Health Behaviour Scientist, Gadjah Mada University) and Hendro Prasetyo, Ph.D. (Sociologist, Syarif Hidayatullah State Islamic University Jakarta). Furthermore, the researcher also conducted a survey questions testing to the UIN Syarif Hidayatullah Jakarta students regarding the respondents' understanding of the instrument that had been made. The test was carried out for one day on February 20, 2021. From the trials carried out, various suggestions had been accommodated. Later, researchers had improved the instrument according to the advice given by the respondents. After that, the validity and reliability tests were carried out on the questionnaire. The reliability of the questionnaire is 0.756, 0.729, 0.742, 0.616, and 0.609 for respondents' attitudes, perceptions, religious understanding, religious attitudes, and religious perceptions, respectively. The test showed that the instrument reliability is at a strong level.

The instrument consists of 15 parts: 1) Socio-Demographic Characteristics of

Respondents, 2) Health and Religious Knowledge Sources, 3) Knowledge related to COVID-19 and its prevention, 4) Perceptions related to COVID-19 and its prevention, 5) Attitudes related to COVID-19 19, 6) COVID-19 Prevention Behaviour, 7) Religious understanding related to the pandemic, 8) Religious perception related to the pandemic, 9) Religious attitudes related to the pandemic, 10) Worship during the pandemic, 11) Vulnerability conditions related to the pandemic, 12) Resilience during the pandemic, 13) Trust in the academic community in responding to the pandemic, 14) Relationships between the academic community and 15) Social Cohesion.

Univariate and bivariate analyses were performed for quantitative data. First, univariate analysis was conducted to determine the number and percentage of the 15 variables measured. Then, bivariate analysis was carried out to be able to compare the proportion of Knowledge related to COVID-19 and its prevention, Perceptions related to COVID-19 and its prevention, Attitudes related to COVID-19, COVID-19 Prevention Behaviour, Religious understanding related to the pandemic, Religious perceptions related to the pandemic, Religious attitudes related to the pandemic, Worship during the pandemic, Vulnerability conditions associated to the pandemic, Resilience during the pandemic, Trust in the academic community in responding to the pandemic, Relationship between the academic community and Social Cohesion based on the socio-demographic characteristics of the respondents. The bivariate test was carried out by conducting the Mann-Whitney test for socio-demographic characteristics with two groups and the Kruskal-Wallis test for socio-demographic characteristics with three or more groups. At the same time, the correlation analysis was carried out with the Spearman test to analyze the relationship between the variables of knowledge, attitudes, health, and religious behaviour. The analysis was carried out using the SPSS statistical application version 24.0.

b. Qualitative

Research informants were selected using the purposive sampling method, where they were considered relevant and can answer research questions. Informants consisted of four groups: students, lecturers, university leader, and administration staff. Students and lecturers were separated from three science clusters, i.e. social, science and technology, and religious study. University leaders that were selected in this study consisted of Rector, Vice-Rector, Head of Bureau, and Head of COVID-19 Taskforce in each University.

This study involved 29 informants from UIN Bandung, UIN Jakarta and UIN

Yogyakarta. The informants consisted of 19 men and ten women. From UIN Bandung, eleven informants consisted of three leaders, three lecturers, three administration staff, and two students. From UIN Jakarta, twelve informants consisted of three leaders, three lecturers, three administration staff, and three students. From UIN Yogyakarta, five informants were composed of one leader, two lecturers and three students. Data collection is collected through in-depth interviews and focus group discussions (FGD) in the qualitative method. FGDs were conducted for approximately two hours, while in-depth interviews were conducted for about one hour and a half. In addition, data collection has been performed via teleconference using the Zoom application.

The instrument for collecting qualitative data consisted of 12 semi-structured open-ended questions that explore issues related to the research objectives. The research instrument is also adjusted to the target of the research informants. The research questions are divided into several parts; 1) knowledge and behaviour of preventing COVID-19, 2) religious attitude and behaviour related to the COVID-19 pandemic, 3) social cohesion during the pandemic, and 4) institutional response related to the COVID-19 pandemic. In qualitative research, interview recordings and FGDs were then transcribed by the transcriber. Furthermore, the researchers conducted a content analysis to explore the contents of the interviews according to the research objectives. Qualitative method data analysis was carried out manually (not using an application or software).

Results

Knowledge, Attitude, Perception and Behaviours related to the COVID-19 prevention

In general, respondents' knowledge of COVID-19 and its prevention is quite good, especially about the spread of the COVID-19 virus through droplets (90.1%). However, knowledge about close contact is still a lot of doubts (40.8%). Qualitatively, the informants' knowledge is good, and if they have been exposed to COVID-19, their knowledge is more detailed, for example, related to symptoms, transmission and close contact. Regarding attitudes, quantitatively, a small number of respondents do not agree to be vaccinated (20.5%). However, far more respondents agree (79.5%). Qualitative data also shows that almost all informants have a positive attitude towards vaccines and realize that it is an effort to prevent transmission accompanied by implementing health protocols. The percentage of respondents who perceived that COVID-19 is a conspiracy reached 28%. Based on an interview with informants, some people still believe that COVID-19 is a conspiracy. Concerning COVID-19 prevention behaviour, most respondents have implemented COVID-19 prevention

behaviour. However, the number who always wears a mask outside the house was still 56.6%. Previous studies showed that the better the knowledge, attitudes, perceptions related to the COVID-19, the better the health behaviour.

Various efforts are still needed to increase the knowledge of the academic community related to the transmission and prevention of COVID-19, considering that there are still respondents who still have misunderstandings and are hesitant about various knowledge regarding how COVID-19 is transmitted and to prevent it. This study shows that around 20% of respondents say they are not willing to be COVID-19 vaccinated. In addition, this study also found that approximately 28% of respondents perceived that COVID-19 was a conspiracy, and 19.8% of respondents did not consider COVID-19 to be something dangerous. Efforts to increase understanding to improve good attitudes and perceptions related to the prevention of COVID-19 are especially needed for the male group and respondents from the student group and university staff, considering that both groups have low levels of knowledge and perceptions and attitudes to the group of lecturers. There is a significant difference between respondents from rural and urban areas regarding COVID-19 prevention behaviour. Respondents who live in urban areas have better COVID-19 prevention behaviour than respondents who live in rural areas. Efforts to improve good knowledge, attitudes and perceptions related to COVID-19 need to be done to strengthen COVID-19 prevention behaviour among the academic community, considering that these three factors have a positive and significant impact on COVID-19 prevention behaviour.

Religious knowledge, attitude, perception and behaviour related to the COVID-19 pandemic

Regarding the understanding of religious issues related to the pandemic, there were still respondents who feel they did not understand these various contexts, such as whether a Muslims should prefer to prevent harm over attracting benefit', Muslims are required to conform with the *'ulil al-amr'* (authorities), Muslims can use *rukhsah* (leniency for Muslim). Regarding religious attitudes, there were still respondents who stated that they disagreed if they had to follow the fatwa of the Indonesian Ulema Council related to the prevention and control of COVID-19. There were also attitudes to make physical contact as part of religious rituals during the pandemic. In addition, there are still academics who think that COVID-19 is God's army sent to attack Muslims. In terms of worship during the pandemic, there were still respondents who carry out religious rituals without paying attention to the COVID-19 prevention protocol, such as not wearing a mask when worshipping, not wearing personal worship equipment and maintaining a distance between the prayer lines when worshipping in Mosque.

Social Cohesion of University students, lecturers and administration staff during a Pandemic

The level of social cohesion of the academic community tends to be high; for example, most respondents stated that the existence of ethnic and cultural diversity is very good for the campus, has a responsibility to help the academic community and respects campus rules and policies. However, some areas need to be improved considering that more than 20% of respondents stated that the institution system is corrupt, not treated fairly as a campus citizen, do not trust the campus system to do what is right and not put university first before anything else.

Institution resilience and vulnerability in responding to the pandemic

Institutional resilience and vulnerability can be viewed from several aspects such as 1) Institutional human resources, which include the leadership of the university and the formation of a COVID-19 task force, 2) Financial assistance for those who impacted by the pandemic, 3) Database and Tracing related to COVID-19 case, 4) Infrastructure/ facilities particularly for learning activities. In the human resource aspect, the three institutions have sufficient resilience because the knowledge, attitudes, perceptions and behaviours of respondents and informants were considered good in responding to the pandemic. In addition, it was also mentioned that the three institutions (UIN Yogyakarta, UIN Bandung, and UIN Jakarta) created a task force and various pandemic response programs instructed by the chancellor. Furthermore, the campuses also reallocated budgets and raised funds to help students and staff who were economically impacted or infected by COVID-19 and even helped the community around the campus.

However, the vulnerability is shown in the context of slow decision-making related to the prevention of COVID-19, for example, in deciding on the implementation of online learning. In addition, the task forces from the three institutions acknowledged that the task force's main tasks and functions were unclear. There was no specific direction from the Ministry of Religion, and there was no particular budget to run the task force programs. Lastly, the task force took the initiative to make its program.

The learning process during the pandemic, institutional resilience can be seen from the ability of students to adapt to the use of technology. In addition, the campus also took the initiative to reduce tuition fees; even at UIN Bandung, there was a policy to waive tuition fees for students whose family members died due to COVID-19. Furthermore, UIN Bandung and UIN Yogyakarta also provide mobile phone internet package assistance for students to support learning. Particularly in UIN Bandung, the campus even made its learning platform more internet-efficient called the Learning

Management System (LMS).

Institutional vulnerabilities in the learning process were caused by an inadequate supporting facility such as an internet network. In addition, in the three campuses, it is found that senior lecturers have difficulty using technology, which impacts the implementation of online learning. Moreover, an informant from UIN Yogyakarta stated there was no online learning standard. As a result, a lecturer only gave assignments via the Whatsapp platform during an online learning session.

In terms of database and tracing related to COVID-19, there was a weakness when the COVID-19 task force in each campus did not have a COVID-19 database for recording COVID-19 infection among university staff and students. COVID-19 database is an essential issue because the data can be used in the decision-making process of university leader and trace the spread of the disease to prevent further infection. The head of the task force for each campus admits that they know the number of positive cases, but there were still unreported cases. Even an informant from UIN Jakarta said that as long as she was confirmed for COVID-19, there was no attention from the campus.

In the aspect of institutional infrastructure/facilities, the three institutions have health facilities. UIN Yogyakarta and UIN Bandung have primary healthcare services, and UIN Jakarta has a COVID-19 Hospital and Lab. These health facilities are the essential capital in supporting COVID-19 response programs, such as providing referrals for COVID-19 testing. In addition, health facilities at the campus level also collaborate with the City Health Office and Government Primary Health Care to carry out the vaccination for the university staff. However, the vulnerability of institutions in the aspect of infrastructure/facilities can be seen from the assumptions conveyed by UIN Jakarta informants regarding the essential functions of the Faculty of Medicine, UIN Jakarta and UIN Jakarta Hospital. According to him, the primary function of the Faculty of Medicine of UIN Jakarta is to provide education services. Likewise, UIN Jakarta Hospital whose primary function is to provide healthcare for the non-COVID-19 patient. Thus, if university staff or students have COVID-19, it will not automatically become a campus matter.

Conclusion and Recommendation

This study concluded that knowledge, attitudes, perceptions and behaviours of preventing COVID-19 among university staff and students were quite good but still need to improve on more specific information related to COVID-19 and the

implementation of health protocols. In terms of religious knowledge, attitudes, perceptions, and behaviours related to the pandemic, most respondents used their religion to increase resilience during the pandemic. However, several things need to be improved, such as worship with implementing health protocols, avoiding crowding religious activities and implementing physical distancing with religious leaders, improving respondent's religious belief related to COVID-19 origin and prevention.

The level of social cohesion of the university student and staff tended to be high. However, more than 20% of respondents stated that the institution system is corrupt, not treated fairly as a campus citizen, does not trust the campus system to do what is right, and not put university first before anything else. Furthermore, we found that women have better social cohesion than men, lecturers have better social cohesion than students and administration staff, and UIN Bandung has higher social cohesion than UIN Jakarta and UIN Yogyakarta.

In terms of institutional resilience and vulnerability, the three institutions demonstrated their strength in the human resource aspect because each institution has a COVID-19 task force, a pandemic response program initiated by the chancellor, and budget reallocation for the pandemic. In the learning process, the institution provides a mobile phone internet package, and tuition is waived. In COVID-19 data and tracing, the institution cooperates with relevant agencies to conduct COVID-19 testing for university members. In terms of infrastructure, institutions have their health facilities. The institutional vulnerabilities in the human resource aspect are the delayed pandemic responses and the absence of precise tasks for the COVID-19 task force. In the teaching-learning process, there were often network disturbances, difficulties for senior lecturers to use technology in the context of online learning, and the absence of standardization of online education. In terms of COVID-19 data and tracing, the institution does not have a complete COVID-19 database. In the infrastructure aspect, even the campuses have healthcare facility and health/medical faculties. Still, its functions were for providing educational services and non-COVID-19 care so that its position might not be fully utilized as an instrument for increasing institutional resilience in responding to COVID-19.

Based on the results, several recommendations can be applied by university leader to improving the COVID-19 responses:

1. In addition to the formation of the COVID-19 Task Force in University, University leaders also need to create other instruments to support the prevention and control of COVID-19 in universities, such as guidelines/standard operational

procedures for the prevention and control of COVID-19 at the university level, considering that the University not only act as educational institutions but also as workplace institutions. Therefore, the university is expected to have a good instrument for the learning-education process during the pandemic and a better mechanism for COVID-19 control and prevention, particularly for their staff and student.

2. Efforts are needed to increase the knowledge of the university student and staff related to the transmission and prevention of COVID-19 that can be done by the University COVID-19 Task Force considering that there were still respondents who still had misunderstandings and are hesitant about various knowledge regarding how to prevent and transmit COVID-19.
3. Efforts are needed to improve religious understanding, perception and attitudes because these three variables have a positive and significant effect on COVID-19 prevention behaviour during worship. The improvement efforts were mainly aimed at groups of students and administration staff, considering that both groups had lower variables than lecturers.
4. Universities should maximize the various potentials possessed by universities, both the possibility of human resources and the facilities they have to carry out various efforts to prevent and fight COVID-19. University leaders are expected to develop instruments and policies related to fundraising to increase financial resilience for parties affected by the economy from COVID-19.
5. One of the pandemic impacts is the emergence of economic vulnerabilities that are especially felt in the informal worker group. In this case, the families of students who come from these groups also have financial vulnerabilities that can affect the ability of students to participate in learning activities. Therefore, the institutions need to expand various assistance such as mobile phone internet packages and tuition fee waivers to increase economic resilience.
6. The pandemic also affects the teaching and learning process that occurs in universities. Therefore, there needs to be an emphasis on students in the learning process from home to keep paying attention to learning objectives that are not only in cognitive aspects but also affective and psychomotor. In addition, lecturers also create creative learning designs and strategies so that students are interested in participating in online learning and reached learning objectives.

Some recommendations for the Ministry of Religion of Indonesia that oversee State Islamic Religious Universities:

1. Clarify the main tasks and functions of the COVID-19 Task Force at the university level so that there are clear guidelines in the preparation of COVID-19 response programs and budgeting.
2. The official should create an integrated system that requires every institution to have a database related to positive cases of COVID-19 in the context of strategic policymaking at the university level under the Ministry of Religion.
3. The official should conduct structured monitoring and evaluation related to the PTKIN COVID-19 responses and support PTKIN's efforts as a workplace and educational institution to prevent COVID-19.
4. Support PTKIN's efforts to increase economic resilience, especially for students affected by the pandemic, by providing various financial assistance.
5. The official should perform various efforts to improve health and religious understanding related to the pandemic to increase the religious knowledge of the university staff and students, which empirically can positively and significantly impact increasing COVID-19 prevention behaviour.

Chapter 1
Introduction

Background

The rapid spread of COVID-19 caused the World Health Organization (WHO) to finally declare COVID-19 as a pandemic on March 11, 2020 (World Health Organization, 2020). Previously, on March 2, 2020, Indonesia announced its first confirmed positive case of COVID-19. Over time, the number of COVID-19 cases has increased, and some of them have resulted in death. Based on Worldmeter data, as of January 2021, there have been 101,548,107 confirmed positive cases of COVID-19 in the world and 2,187,034 death. Meanwhile, in Indonesia, there were 1,037,993 cases with 29,331 deaths on the same date (www.covid19.go.id). This figure places Indonesia in the top 20 countries with the highest cases globally and is the first country in ASEAN to have passed the accumulated COVID-19 cases exceeding one million.

The Indonesian government has made various efforts to reduce the rate of increase in COVID-19 cases. These efforts included campaigning and enforcing the 5M health protocol for the community (wearing masks, washing hands with running water, physical distancing, avoiding crowds, and restricting mobilization) and carrying out 3 T (Test, Tracing, and Treatment for COVID-19) efforts. In addition, the government also has issued some policies aimed to prevent further transmission of COVID-19, such as the Large-Scale Social Restrictions Policy (PSBB) and Public Activity Restrictions (PPKM) COVID-19 vaccinations program. In addition, as an effort to minimize the existence of gatherings of people, the government issued various regulations, including the rules for implementing distance learning (PJJ) for schools so that there were no face-to-

face activities, work from home rules for workers, and a temporary ban on holding religious activities with involving mass gatherings, especially in areas with red zones.

Although various programs aimed to prevent COVID-19 have been made, a survey conducted by the Indonesian Central Statistics Agency showed from 7 to 14 September 2020 stated that there were still around 8% of respondents who rarely and who rarely and very rarely use hand sanitisers, washing hands with soap for at least 20 seconds and maintaining a minimum distance of 1 meter from each other (BPS COVID-19 Statistical Task Force Team, 2020). Furthermore, in another study conducted explicitly on more than six thousand respondents at more than ten universities in Indonesia, the results showed that knowledge regarding the transmission and prevention of COVID-19 was still low (Saefi et al., 2020). However, the University students and staff are the groups that are assumed to have good knowledge regarding the pandemic because their access to information is extensive. In addition, they are also expected to be able to educate the general public. Therefore, knowledge is a significant aspect that needs to be considered because, based on the Saefi et al. study, knowledge related to COVID-19 has a substantial effect on the attitudes and behaviour of respondents in preventing the COVID-19.

Physical distancing is the most frequently violated protocol. The low level of community compliance with physical distancing protocols is based on a solid culture and religious beliefs among the Indonesian people. For example, a study related to knowledge, attitudes and experiences related to worship during the pandemic showed that 20.89% of respondents always worshipped in public worship places during the pandemic, and 12% of respondents very frequently did that activity even though 48.86% of respondents on that study were in the COVID-19 red zone (Ruhana & Burhani, 2020).

A social phenomenon that shows a correlation between religious beliefs and attitudes related to the pandemic was demonstrated through a case that occurred in Gowa, South Sulawesi. The Indonesian Jamaat Tabligh wanted to continue holding the Jamaat Tabligh Conference, which was scheduled to be attended by around 25,000 people. Although it was successfully disbanded in the end, 8,695 participants had arrived, and some participants were positively infected with COVID-19 (Wirawan, 2020). In addition, based on information from the General Chairperson of the Central Board of Rabithah Ma'ahid Islamiyah Nahdlatul Ulama (NU), Abdul Ghaffar Rozin, as many as 333 Kyai and Ulama from NU died due to the COVID-19 pandemic. According to him, the deaths of NU Kyai and Ulama increased after Eid al - Fitr 2020. The number

continued to rise after Eid al-Adha (https://www.cnnindonesia.com/). That condition might be happened due to the lack of application of health protocols during religious rituals such as kissing Kyai's hand and gathering at the Kyai's house during the Eid celebration. Nevertheless, those rituals were still carried out considering a solid culture to honour the Kyai even though the traditions might have a high risk of transmitting COVID-19.

Previous studies have discussed the relationship between knowledge, attitude, perception and practise/behaviour, also between religiosity and behaviour. The relationship between knowledge and behaviour is found in the Behaviour Change Theory from Davis, which stated that sufficient knowledge and good attitudes could produce good behaviour (Davis et al., 2015). This theory was used in Zheng's research, which wanted to see the relationship between nurses' knowledge and the quality of care for the elderly in China. As a result, nurses with more educational history and work experience (having better knowledge) positively impacted behaviour or practice caring for the elderly (Zheng, 2019). Stanton also stated that knowledge could be a driving force to change and even shape a behaviour (Stanton et al., 1987).

Furthermore, in looking at the relationship between perception and behaviour, another theory, namely the Health Belief Model (HBM), developed by Rosenstock in 1974, showed that perception was a determinant of behaviour. This model explains why people do not want to obey the guidelines to prevent the spread of disease. The HBM is a famous conceptual framework for exploring health behaviour in public health studies. This model comes from the hypothesis about a person's disease preventive behaviour based on their beliefs about risk (perceived susceptibility), the seriousness of the risk (perceived severity), ways to reduce the incidence or severity of illness (perceived benefits), and costs versus benefits of action (perceived barriers).

As for looking at the relationship between religiosity and behaviour, the theoretical model of causal pathways is used to see the impact of religion and spirituality on physical health. Koenig states that stress and negative emotions increase susceptibility to disease and have the side effect of slowing healing. In this case, religiosity helps a person in overcoming the illness he is feeling. The research shows that more religious people more easily adapt to the health problems they suffer. The majority of studies show that the higher the level of religiosity, the better the health condition.

However, in another study that focused more on the relationship between religious rituals and behaviour during the pandemic, the results showed that people became more religious during the pandemic by practising religious rituals. The research

conducted in Poland was conducted on 1001 adults. The results were that 21.3% admitted that they were more frequent in worship than before the pandemic, 61.3% who used to worship only a few times a week became more frequent in prayer. In addition, there was an increase in worship obedience by 15.9% in the group of people who used to worship only a few times a year and a 7.4% increase in worship obedience in people who had never worshipped before. This study also shows that more time spent on religious observance is associated with ignoring government advice, less knowledge about COVID-19, and a greater tendency to believe in conspiracy theories. In Indonesia, this is illustrated by many people who still gather for religious activities and congregational prayers in mosques even though the government and Islamic community organizations have prohibited these activities.

However, a previous study focused on the identification of religiosity during the pandemic showed that people tended to be more religious with practising religious rituals in the time of the pandemic. A study performed among 1001 adults in Poland showed that around one-fifth (21.3%) people declared that they spent more time praying and engaging in other religious practices than previously. As many as 61.3% of people who previously practised religion several times a week spent more time on these practices, and, more interestingly, religious observance also increased among people who had previously practised only once every few years (15.9%) and those who had not previously practised at all (7.4%). Yet, that research showed that spending more time on religious observance is related to, e.g., disregard for some government restrictions, possession of less knowledge about COVID-19, and a greater tendency to believe in conspiracy theories. Although in Indonesia, even religious activities involving mass gathering have been prohibited by the government and Islamic Organizations, religious activities involving mass gathering were still conducted.

Various things that happened during this pandemic certainly had a direct impact on society. The COVID-19 pandemic not only affects health aspects but also affects the economic and social aspects of society. Several studies conducted since the beginning of the pandemic have shown a tendency to decrease economic growth and increase unemployment and poverty rates (Delloite, 2020; Samudra & Setyonaluri, 2020; Suryahadi et al., 2020; Susilawati et al., 2020; UNICEF, 2020). On the social aspect, the pandemic is believed to have an impact on social cohesion. According to Stanley, social cohesion is "the desire of community members to cooperate with one another to survive and prosper" (Stanley, 2003). Friedrich-Ebert-Stiftung divides the

dimensions of social cohesion into three things; connectedness, social relations, and focus on the common good (Stiftung, 2018).

Based on Friedrich-Ebert-Stiftung's research on social cohesion between 2009 and 2015 in Indonesia, it was found that the common good aspect has the highest score (0.43), which includes increased solidarity, mutual help, respect for social rules, and participation of civilians. While the lowest score is connectedness (-0.68) which includes low trust in the government and low perception of justice. However, social cohesion during the pandemic among Indonesian remains understudied.

Therefore, the study needs to be performed to analyze the resilience and vulnerability of an educational institution, notably higher education, in responding to the impact of social cohesion during the COVID-19 pandemic crisis in the community within it. Furthermore, higher education institutions are considered the party most exposed to various information about COVID-19 through multiple sources of information and their ability to make policies at the institutional level that affect the academic community. Therefore, the level of knowledge, attitudes, perceptions, and behaviours related to the prevention of COVID-19 and the social cohesion experienced by the academic community and the response of educational institutions to the pandemic conditions were explored in this study.

Research problem

This study focused on analyzing the condition of State Islamic Higher Education (PTKIN), consisted of State Islamic University-*Universitas Islam Negeri*/UIN Jakarta, UIN Bandung UIN Yogyakarta, during the pandemic. The selection of a university or campus as a research sample is based on the consideration that a university-level educational institution is a higher education level in which individuals within it are expected to have sufficient knowledge regarding the society problems, including all matters relating to COVID-19 and the impact of social cohesion. Mainly, the selection of Islamic universities is based on the consideration that UIN is an Islamic-based campus. Therefore, researchers can see the relationship between knowledge and behaviour and know the relationship between religiosity and behaviour.

Thus, the research questions in this study were:

1. How are the levels of knowledge, attitudes, perceptions, and behaviours and the impact of social cohesion experienced by the PTKIN staff and students?
2. How did PTKIN as an educational institution respond to health behaviour issue and the impact of social cohesion that occurred due to the pandemic?

3. How is the resilience and vulnerability of PTKIN in responding to the pandemic?

Research objective

a. To discover and map the knowledge, attitudes and behaviour, and impact of social cohesion on the PTKIN students, administration and teaching staff, and leaders related to the pandemic.
b. To discover the PTKIN institutional response related to the impact of social cohesion that occurred during the pandemic.
c. To analyze the resilience and vulnerability of PTKIN in responding to the pandemic.

Chapter 2
Research Method

Design, time and location of the research

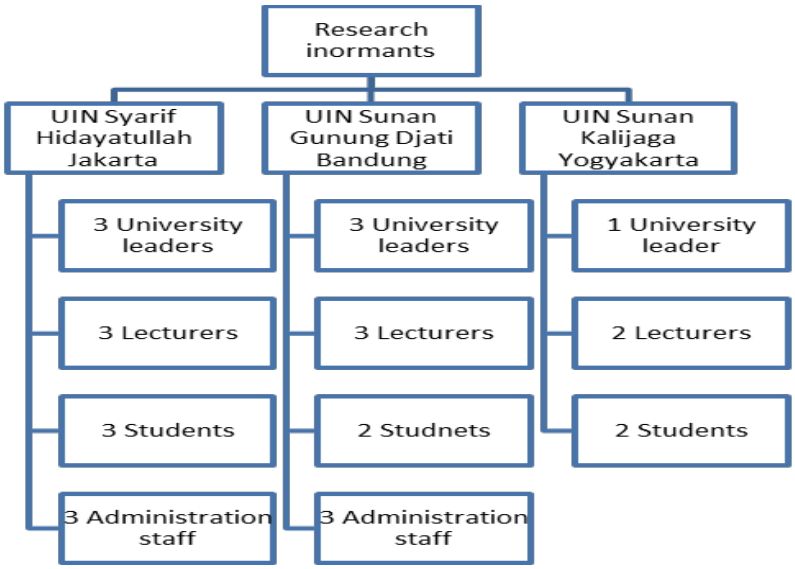
This study is cross-sectional research with an embedded mixed-method analysis where quantitative and qualitative data were collected simultaneously (Tariq & Woodman, 2013). This research was conducted from February to the mid of March 2021. Meanwhile, data collection for quantitative and qualitative data were performed for three weeks, 23rd February to 20th March 2021. The data was collected at three State Islamic Universities located in three major cities in Indonesia: Jakarta, Bandung, and Yogyakarta. The three big cities were chosen considering the relatively high number of cases of the spread of COVID-19 that occurred in the provinces that were located and adjacent to the three towns, which were the highest number of COVID-19 cases compared to other Provinces. Data as of the end of February 2021 shows that the cumulative number of COVID-19 cases in Jakarta reached 332,658 cases, West Java reached 204,706 cases, and Central Java reached 150,508 cases (Kementerian Kesehatan, 2020).

Research population and sample

The population in this study were all undergraduate students, academic and non-academic staff who are studying and work in three aforementioned universities. In collecting quantitative data, the number of samples was calculated based on the hypothesis test for two population proportions formula using the sample size calculator software released by the World Health Organization. With α: 5% and

β:80% (power) and proportion values of 1 and 2 based on research performed by the Indonesian Central Statistics Agency on COVID-19 *"Preventive Behaviour during a Pandemic"* (Tim BPS Covid-19 Statistical Task Force, 2020), the value obtained is the minimum sample for each institution is 312 respondents. In this study, the number of samples for each institution was 330 respondents in UIN Jakarta, 316 respondents in UIN Bandung and 334 respondents in UIN Yogyakarta. Proportional quota non-probability sampling was used for selecting the respondents. The respondents' number is determined based on the pre-determined proportion (Sedgwick, 2012). the quota in this study is determined based on the ratio of the number of students, non-academic staff and teaching staff (lecturers) in each campus. Besides, the proportion is also adjusted with the origin of the faculties and respondents' sex based on the Higher Education Database of the Ministry of Education and Culture of the Republic of Indonesia https://pddikti.kemdikbud.go.id/ and administration staff data from internal data of the research location university. Moreover, proportionality is also calculated based on the number of lecturers and students in each faculty and the ratio of men and women per university.

Qualitative research informants were selected by purposive sampling method where research informants were chosen because they were considered relevant and able to answer research questions. Research informants consisted of groups of students, lecturers, administration staff and university leaders. The number of informants from each campus varied from 5 to 12 people consisting of the various groups mentioned. Informants of lecturers and students comprised multiple studies such as social science, natural and technological science and religious study. At the same time, the leaders of universities who became informants were the leaders of universities, namely the Chancellor or Vice-Chancellor, the Head of the Bureau and the Head of the COVID-19 Task Force at the University. The number and characteristic of research informants from three universities can be seen in Figure 1.



Graph 2.2.1. Research informants

Data collection

The quantitative data collection uses a self-administered questionnaire which is made online through the Google Form application. Before data collection, coordination was carried out with local researchers and enumerators to explain the aims and objectives of the study as well as the flow of data collection procedures. Data was collected by distributing the online questionnaire to prospective respondents. Before filling out the questionnaire, the respondent has been explained in advance regarding the objectives and purposes of the research in the initial informed consent form, and those who agreed to participate in the study signed a consent form. There is no compulsion in participating in this research process. There are no sanctions for respondents who decide to refuse or stop being research respondents at the time of data collection. Instead, there is a reward in mobile phone credit as compensation for the respondent's time to fill out the research questionnaire.

Data collection is conducted through in-depth interviews and focus group discussions (FGD) in the qualitative method. In-depth interviews were conducted with university leaders, while FGDs were conducted with lecturers, administration staff and students. FGDs were conducted for approximately two hours, while in-depth interviews were conducted for about one to one hour and a half. Data collection was done via teleconference using the Zoom application. Researchers carried out

interviews with lecturers, students, and university leaders, while local researchers carried out data collection for administration staff. Before data collection began, the informant was first explained the aims and objectives of the research. After the informant agreed to participate in the data collection activities, the informant approved the informed consent. During data collection, the interview results were recorded to be used for data processing and analysis.

Research instrument

Quantitative data collection instruments were obtained through adoption from previous related researches and standardized instruments. After the researchers conducted a literature study related to the research objectives and made instruments, the research team then conducted consultations with experts to minimize the weaknesses and errors of the instruments made by the researchers. Researchers conducted expert consultations with Prof. Yayi Suryo Prabandari, Ph.D. (Health Behaviour Scientist, Gadjah Mada University) and Hendro Prasetyo, Ph.D. (Sociologist, Syarif Hidayatullah State Islamic University Jakarta). Furthermore, the researcher also conducted a survey questions testing to the UIN Syarif Hidayatullah Jakarta students regarding the respondents' understanding of the instrument that had been made. The test was carried out for one day on February 20, 2021. From the trials carried out, various suggestions had been accommodated, and the researchers had improved the instrument according to the advice given by the respondents. After that, the validity and reliability tests were carried out on the questionnaire. The questionnaire's reliability is 0.756, 0.729, 0.742, 0.616 and 0.609 for attitudes, perceptions, religious understanding, religious attitudes and religious perceptions part, respectively. Thus, the condition shows that the instrument reliability is at a strong level. The validity and reliability of the instrument can be seen in Table 2.4.1.

Table 2.4.1.
Validity test result

Item	r calculation	r table (50 – 2)	Explanation
Attitude 1	,639	,235	Valid
Attitude 2	,476	,235	Valid
Attitude 3	,387	,235	Valid
Attitude 4	,618	,235	Valid
Attitude 5	,513	,235	Valid

Perception 1	,334	,235	Valid
Perception 2	,546	,235	Valid
Perception 3	,524	,235	Valid
Perception 4	,566	,235	Valid
Perception 5	,393	,235	Valid
Perception 6	,299	,235	Valid
Perception 7	,488	,235	Valid
Perception 8	,192	,235	Not valid
Perception 9	,350	,235	Valid
Religious related variables			
Knowledge 1	,496	,235	Valid
Knowledge 2	,478	,235	Valid
Knowledge 3	,453	,235	Valid
Knowledge 4	,580	,235	Valid
Knowledge 5	,546	,235	Valid
Attitude 1	,275	,235	Valid
Attitude 2	,556	,235	Valid
Attitude 3	,500	,235	Valid
Attitude 4	,345	,235	Valid
Attitude 5	,399	,235	Valid
Attitude 6	,176	,235	Not valid
Attitude 7	,198	,235	Not valid
Perception 1	,546	,235	Valid
Perception 2	,335	,235	Valid
Perception 3	.281	,235	Valid
Perception 4	,347	,235	Valid
Perception 5	,490	,235	Valid
Perception 6	,158	,235	Not valid
Perception 7	,126	,235	Not valid
Perception 8	,129	,235	Not valid
Perception 9	,367	,235	Valid

The instrument consists of 15 parts: 1) Socio-Demographic Characteristics of Respondents, 2) Health and Religious Knowledge Sources, 3) Knowledge related to COVID-19 and its prevention, 4) Perceptions related to COVID-19 and its prevention, 5) Attitudes related to COVID-19 19, 6) COVID-19 Prevention Behaviour, 7) Religious understanding related to the pandemic, 8) Religious perception related to the pandemic, 9) Religious attitudes related to the pandemic, 10) Worship during the pandemic, 11) Vulnerability conditions related to the pandemic, 12) Resilience during

the pandemic, 13) Trust in the academic community in responding to the pandemic, 14) Relationships between the academic community and 15) Social Cohesion. The number of questions and measurement scale of each part of the questionnaire can be seen in Table 2.4.2.

Table 2.4.2

Quantitative instrument description

Variables and the number of questions	**Measurement scale**	**Reference**
Socio-demographic characteristics (19 questions)	1. Age 2. sex 3. University origin 4. Faculty 5. Study program 6. Semester 7. Employment status 8. Structural position 9. Taught subjects 10. Education level 11. Academic position 12. Islamic boarding school experience 13. Involvement in social organization 14. Position in social organization (if involved) 15. Domicile characteristics 16. History of COVID-19 infection 17. Parents income 18. Parents profession 19. Socio-religious organization affiliation status	Self-made
Information sources for religion and health insight (5 questions)	1. Media type in getting health insight 2. Social media type in getting health insight 3. Most affected religious figure 4. Media type in getting religious insight 5. Social media type in getting religious insight	Self-made

Knowledge related to COVID-19 transmission and prevention (6 questions)	1. True 2. Not sure 3. False	*Public knowledge, attitudes and practices towards COVID-19: A cross-sectional study in Malaysia,* Azlan et al., 2020
Perception related to COVID-19 and its prevention (9 questions)	1. Very disagree 2. Disagree 3. Agree 4. Strongly agree	Self-made
Attitude towards COVID-19 (5 questions)	1. Very disagree 2. Disagree 3. Agree 4. Strongly agree	Self-made
COVID-19 prevention behaviour (6 questions)	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never	Self-made
Religious knowledge related to pandemic (5 questions)	1. Not at all aware 2. Slightly aware 3. Somewhat aware 4. Moderately aware 5. Extremely aware	Self-made
Perception related to religious issues and pandemic (9 questions)	1. Very disagree 2. Disagree 3. Agree 4. Strongly agree	Self-made
Attitude towards religious ritual (7 questions)	1. Very disagree 2. Disagree 3. Agree 4. Strongly agree	Self-made
Preventive behaviour during worship (7 questions)	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never 6. Not applicable	Self-made
Vulnerable related to the pandemic (5 questions)	1. Yes 2. No	*Survey tool and guidance: behavioural insights on COVID-19 WHO*
Individual resilience (10 questions)	1. Very disagree 2. Disagree 3. Agree 4. Strongly agree	*The 10-item Connor-Davidson Resilience Scale*

Trust in responding to the pandemic (6 questions)	1. Not trust at all 2. Not trust 3. Doubt 4. Trust 5. Very trust	Dominic Abrams, et al. with adaptation
Relations with other university staff or student (6 questions)	1. Much less connected 2. a bit less connected 3. No change 4. a bit more connected 5. Much more connected	Dominic Abrams, et al. with adaptation
Social cohesion (9 questions)	1. Very disagree 2. Disagree 3. Agree 4. Strongly agree	*The Ipsos Social Cohesion Index* (ISCI)

The instrument for collecting qualitative data consisted of 12 semi-structured open-ended questions that explore issues related to the research objectives. In addition, the research instrument is also adjusted to the target of the research informants. The research questions are divided into several parts; 1) knowledge and behaviour of preventing COVID-19, 2) religious attitude and behaviour related to the COVID-19 pandemic, 3) social cohesion during the pandemic, and 4) institutional response related to the COVID-19 pandemic.

Data analysis

Univariate and bivariate analysis was performed for quantitative data. First, univariate analysis was conducted to determine the number and percentage of the 15 variables measured. Then, bivariate analysis was carried out to be able to compare the proportion of Knowledge related to COVID-19 and its prevention, Perceptions related to COVID-19 and its prevention, Attitudes related to COVID-19, COVID-19 Prevention Behaviour, Religious understanding related to the pandemic, Religious perceptions related to the pandemic, Religious attitudes related to the pandemic, Worship during the pandemic, Vulnerability conditions associated to the pandemic, Resilience during the pandemic, Trust in the academic community in responding to the pandemic, Relationship between the academic community and Social Cohesion based on the socio-demographic characteristics of the respondents. The bivariate test was carried out by conducting the Mann-Whitney test for socio-demographic characteristics with two groups and the Kruskal-Wallis test for socio-demographic characteristics with three or more groups. At the same time, the correlation analysis was carried out with

the Spearman test to analyze the relationship between the variables of knowledge, attitudes and health and religious behaviour. The analysis was carried out using the SPSS statistical application version 24.0.

In qualitative research, interview recordings and FGDs were then transcribed by the transcriber. Furthermore, the researchers conducted a content analysis to explore the contents of the interviews according to the research objectives. Finally, qualitative method data analysis was carried out manually (not using an application or software).

Chapter 3
Literature Review

Health Knowledge

Definition: Knowledge is the capacity to acquire, retain and use information; a mixture of comprehension, experience, discernment and skill. (Bano et al., 2013). Finnegan and Viswanath (2008) defined knowledge as factual and interpretive information, leading to understanding to take a specific action. In the context of health knowledge (Montaño & Kasprzyk, 2008). Chin et al. in Gellert and Tille (2015) stated that health knowledge denotes facts, information, and skills acquired through experience or education and the theoretical or practical understanding of a subject related to health and health care (Gellert & Tille, 2015). Knowledge about COVID-19 is defined as information understood by a person about COVID-19.

Measurement: Health knowledge can be measured using a questionnaire. In this study, the knowledge measured was knowledge about COVID-19. Question items in measuring COVID-19 knowledge were adapted from the study of Azlan et al. (Azlan et al., 2020). These questions include six questions related to the transmission and prevention of COVID-19. Each question is given a score if it is answered true, false and not sure. A high score indicates that the knowledge that the person has is good. In addition, knowledge about COVID-19 was also asked in interviews and focus group discussions/FGDs.

Health Attitude

Definition: Attitude is defined as a tendency to think, feel, and act in a certain way

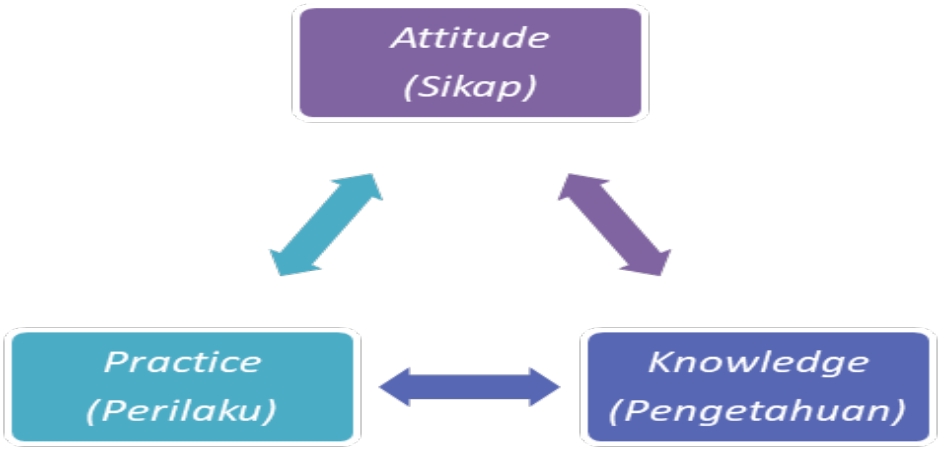
towards a particular object or group. Attitudes are considered complex interactions between beliefs, feelings, and values (Ul Haq et al., 2012). The individual's beliefs determine attitude about the outcome of carrying out a behaviour. Therefore, someone who holds a strong belief that has a positive value towards the result will positively affect behaviour. On the other hand, someone who owns a solid negative thought in the outcome will have a negative attitude (Montaño and Kasprzyk, 2008). The health attitude referred to in this study is a person's tendency to think, believe and act on things related to COVID-19.

Measurement: Attitudes related to COVID-19 were measured quantitatively by using a questionnaire containing closed statements. Each statement was answered by choosing an option; Strongly Agree, Agree, Disagree, Strongly Disagree. In this study, attitudes were measured through five-item questions related to the prevention of COVID-19 that adopted from the study conducted in South Korea and Malaysia (Azlan et al., 2020; Lee et al., 2021).

Health Behaviour

Definition: Health behaviour refers to the actions of an individual, group, or organization that are seen as patterns in the form of habits related to maintaining, improving, and improving health (Glanz, Rimer, and Viswanath, 2008). Behaviour related to COVID-19 is defined as all forms of action related to efforts to prevent transmission of COVID-19.

Measurement: Health behaviour can be measured quantitatively by using structured instruments or qualitatively by using interview guidelines. In this study, health behaviour was measured along with knowledge and attitudes, referring to the Knowledge, Attitude, Practice (KAP) Model introduced by WHO in the 1950s (WHO. World Health Organization & Partnership, 2008). This model is applied in the form of a survey, so it is often also known as a KAP (PSP in the Indonesian language) survey (Knowledge, Attitude, Behaviour) survey.



Adapted from Schwartz (1976)

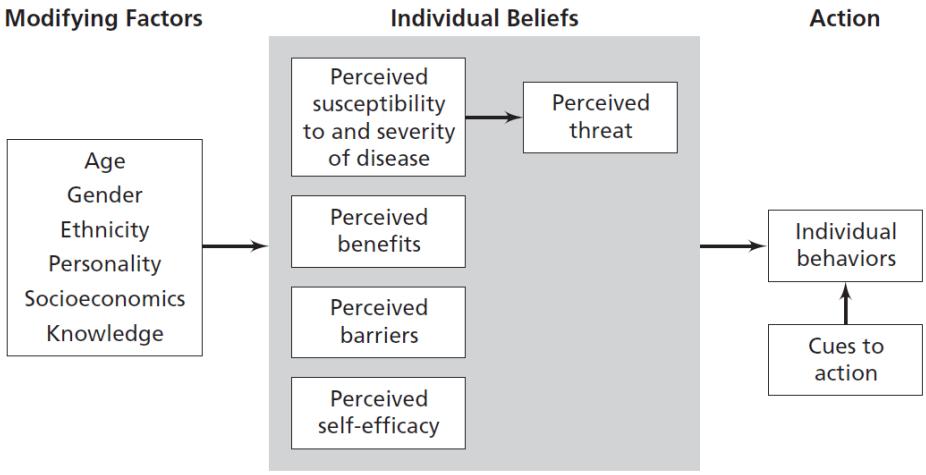
The PSP survey is helpful for the following things (Andrade et al., 2020):

1. Identify baseline knowledge, myths, misconceptions, attitudes, beliefs, and behaviours related to specific health topics.
2. Understand, analyze, and communicate the topic or situation of the field of interest.
3. Provide information regarding needs, issues, or barriers to the development of effective public health interventions.
4. Measure the change after the intervention and see the effectiveness of the intervention that aims to improve knowledge, attitudes and behaviour.

The PSP survey is not the first time it has been used for a pandemic. This type of survey was previously conducted during the 2009 swine flu pandemic (Sarria-Guzmán et al., 2021). Currently, several PSP surveys have been carried out in several countries related to COVID-19 and become a beneficial instrument to help get an overview of the problems that occur in the community and make efforts to reduce the rate of transmission (Al ahdab, 2021; Lee et al., 2021; Narayana et al. al., 2020; Sarria-Guzmán et al., 2021). In this study, behaviour is measured by asking six questions related to preventing COVID-19 through a questionnaire. In addition, questions related to COVID-19 prevention behaviour were also asked during the interview and FGD session.

Perception and Health Belief Model (HBM)

Definition: Health Belief Model (HBM) is a theoretical framework that describes the role of a person's perception of specific health behaviours. The HBM was first developed in the 1950s by Hochbaum and Rosenstock to assess why people in the United States do not follow disease prevention and detection programs. Therefore, in the HBM concept, several variables predict why people act to prevent, detect, or control disease conditions (Champion and Skinner, 2008). Perception can be interpreted as a process in which a person regulates something captured by the sensory body into helpful information (Souto et al., 2018). The relationship between variables in the HBM concept can be seen in the following figure.



Source: Champion and Skinner, 2008

Religious Knowledge, Attitude and Behaviour

Definition: In the social sciences, the term religion is used to describe "Religion is a system of symbols which establish powerful, pervasive, and long-lasting moods and motivations in men by formulating conceptions of a general order of existence and clothing these conceptions with such an aura of factuality that the moods and motivations seem uniquely realistic" (Geertz, 1973). Thus, religion has a somewhat important role in people's lives because religion shapes human knowledge (worldview), attitudes and actions (ethos). In various ritual activities carried out by religious adherents, the dimension of knowledge is closely related to the dimensions of attitude and action. In this case, religion includes the dimensions of knowledge, attitude and action.

In such a definition of religion, Islam is also understood as " a system of symbols which establish powerful, pervasive, and long-lasting moods and motivations in men by formulating conceptions of a general order of existence and clothing these conceptions with such an aura of factuality that the moods and motivations seem uniquely realistic" among Muslims." Like other religions, in this study, Islam comprises dimensions of knowledge, attitudes and actions among its adherents.

Besides being defined as a system of symbols, religion is also often associated with other social phenomena outside of religion. First, as a social phenomenon, religion is defined as a social construction. Members of a religious group show the same identity, a fixed way of social interaction, and have the same ideas. In this second definition, religion is associated with the group's essence from which the religion's adherents originate. In this case, an individual's religiosity reflects the religious behaviour of their social group (Berger, 1991: 52).

In this context, as part of social phenomena in general, Islam is also understood as "an Islamic group whose members can show the same identity, a fixed way of social interaction, or the same expectations of beliefs and behaviour". In this case, when we talk about Islam, we mean to talk about various Islamic groups or organizations that develop in society. Here, the membership of a Muslim in an Islamic group or organization is directly proportional to the beliefs or norms that exist in that group or organization.

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In this study, we defined religion as a system of symbols and social phenomena at the same time. As a system of symbols, religion is the construction of knowledge, attitudes and behaviours related to a particular religious tradition, namely Islam. Meanwhile, as a social phenomenon, religion is membership in a group or organization of a specific religious tradition: Islam. Thus, as a symbol system, Islam is belief (*aqidah*), provisions for ritual worship (*worship*), and patterns of action (*akhlaq*) (Majdid, 2005). Meanwhile, as a social phenomenon, Islam is a religious movement based on organizations or groups such as Muhammadiyah, Nahdlatul Ulama (NU),

Persatuan Islam (Persis), and others (Mujani, 2007:88-89).

Dimension: In this study, the religion or Islam includes four dimensions; knowledge, attitudes, behaviour and organization. First, in the dimension of knowledge, religion or Islam means insight into teachings related to God, nature and humans. Second, in the dimension of attitude, religion or Islam means approval of something based on that knowledge. Third, in the behavioural dimension, religious or Islamic means various activities that can be seen or heard that reflect their knowledge and religious attitudes. Religious rituals are included in this dimension of religious behaviour. Fourth, the dimension of Islamic organization means one's membership in Islamic organizations developing in Indonesia.

Measurement: In this study, the research team measured how a person's religious knowledge, attitudes, behaviour and affiliated organization relate to a person's health behaviour during the COVID-19 pandemic. This knowledge includes his understanding of whether getting COVID-19 infection is a divine provision that cannot be avoided or is something that can be prevented with effort. In addition, knowledge here also includes the proportional use of religious knowledge and modern scientific knowledge to solve relevant life problems. Meanwhile, the attitude consists of someone's approval of government policies to handle the COVID-19 pandemic based on their religious knowledge. The behaviour includes congregational ritual activities such as five daily prayers, Friday prayers, Eid prayers, Tarawih prayers, T*ahlilan*, pilgrimage to a tomb, and others. Behaviour in this study also includes religious activities that involve crowds, such as Qur'anic recitations (*pengajian)*, visiting others (*silaturahim),* and others. Last, we also identified person's affiliation with Islamic organizations, including Muhammadiyah, Nahdlatul Ulama, Persis, the Islamic Student Association (HMI), the Indonesian Islamic Student Movement (PMII), the Muhammadiyah Student Association (IMM), and others.

Individual resilience

Definition: Resilience is an individual's ability to adapt when faced with difficult situations or traumatic conditions. Resilience is also defined as the ability to adapt and endure stress. A person's level of resilience is influenced by several factors such as biological, psychological, genetic, and environmental factors (Aloba, 2016: 1). In other studies, the dimensions of resilience are very diverse, including socio-demographic characteristics such as age, gender, race/ethnicity, socio-economic status, occupation, English as a second language, and relationship status (Ferreira, 2020: 3).

Ferreira et al. conducted a study on the level of resilience in the early days of COVID-19 using the Connor Davidson 10-item resilience scale. Respondents were measured for their level of strength through various statements such as "I can adapt when changes occur," etc. (Ferreira, 2020: 2). The results show that, based on demographic factors, age and education level positively influence resilience. In addition, respondents who speak a language other than English show lower resilience scores than respondents who speak native English. In the context of a pandemic, the resilience level of respondents decreases when they are in a lockdown situation. However, the results obtained cannot be used as a solid basis because the research was carried out in the early days of the emergence of COVID-19. Meanwhile, after this research was conducted, the situation in the United States worsened. Many businesses being closed resulted in increasing the number of unemployed. Thus, the various changes that occur were likely to change people's resilience (Ferreira, 2020: 6-8).

In another study by Aloba et al., the dimensions of resilience can be seen through an approach that includes self-esteem, resilience, religiosity and social support. Aloba et al. study was conducted to assess the reliability and validity of using the Connor Davidson 10-item resilience scale in measuring resilience with nurses in Nigeria. The study found that the level of religiosity has a significant effect on resilience. Thus, in this study, the researcher hypothesises that people with high self-esteem and religiosity will be more resilient. Furthermore, the results show that the Connor Davidson 10-item resilience measurement scale is valid and can be used to measure the resilience of a population sample (Aloba, 2016: 49).

Measurement: In this study, we consider socio-demographic aspects that will affect resilience. Questions related to socio-demography included sex, school/university origin, study program/faculty origin, respondent's affiliation in social organizations and their positions, residential area characteristics, history of COVID-19 infection, and parents' occupations. The researcher also used the Connor Davidson 10-item resilience scale to measure respondents' resilience with the following statements: 1) I can adapt when changes occur, 2) I can deal with whatever comes my way, 3) I try to see the humorous side of things when I am faced with problems, 4) Having to cope with stress can make me stronger, 5) I tend to bounce back after illness, injury or other hardships, 6) I believe I can achieve my goals, even if there are obstacles, 7) Under pressure, I stay focused and think 8) I am not easily discouraged

by failure, 9) I think of myself as a strong person when dealing with life's challenges and difficulties, 10) I can handle unpleasant or painful feelings like sadness, fear, and anger (Ferreira, 2020: 3).

Individual Resilience

Definition: Previous research showed that various factors influencing individual vulnerability in the context of a pandemic. Ferreira et al. show that certain races contribute to personal social vulnerability due to lack of access to economic and political resources and marginalization due to racial disparities. In addition to race, gender issues and low levels of education are also other strong predictors of increasing social vulnerability (Ferreira, 2020: 2).

Another study by Winne et al., which was conducted on 29,202 families in Hong Kong (with a composition of 12,163 having children aged 2-5 years and as many as 17,029 have children aged 6-12 years). That study showed that the psychological problems increases in families with specific conditions such as in families with special needs children or children with acute/chronic illnesses, mothers with mental disorders, single-parent families, and low-income families, late sleep time or inadequate sleep duration or inadequate exercise, and more extended use of electronic devices (Y Tso, 2020: 1).

Measurement: Individual vulnerability was measured with scale; very vulnerable – not vulnerable at all and very severe – not severe. The questions asked in this vulnerability measurement include (1) How weak do you assess yourself to be to be infected with COVID-19? (2) How severe is COVID-19 if you are infected (how seriously do you think it is?) (3) Do you have comorbidities (comorbid, ex. Asthma, diabetes, hypertension, autoimmune)? (4) Have you ever had contact or lived with someone with COVID -19 in the past month? (5) Do you routinely do 30 minutes of exercise every day? (6) Do you sleep between 6-8 hours per day? (7) Do you maintain a balanced and nutritious diet?.

Institutional Resilience

Definition: Institutional resilience or organizational resilience is the ability of institutions to plan, respond to and recover from crises and emergencies. One of the instruments used to measure institutional resilience is the Benchmark Resilience Tool (BRT-53). Research conducted by Whitman wanted to see the validity of the BRT-53 in a shorter version which was later called BRT-13A and BRT-13B. Initially, the BRT-

53 was developed from McManus research examining institutional resilience in New Zealand. Then, using the exploratory factor analysis (EFA) technique, Stephenson and Lee created McManus' research by limiting 53 items to 13 theoretical constructs defined as "indicators", constituting the two-factor model of institutional resilience. The two latent factors are "planning" and "adaptive capacity" (Whitman, 2013: 4).

Measurement: The description of the indicators on the planning factor consists of recovery priorities, planning strategies, participation in training, capability and capacity of external resources. The definition of adaptive capacity indicators includes monitoring and reporting internal and external situations, internal resource capabilities and capacities, staff involvement, mentality, information and knowledge, leadership, management and governance structures, innovation and creativity, responsive and open decision making (Whitman, 2013: 5). The results showed that the instrument validity was better on the BRT-13B. This shorter version of the BRT-53 serves to facilitate the measurement of institutional resilience by reducing the total items with similar accuracy and validity results. In the context of the pandemic, the speed and accuracy offered by the short version of the BRT-53 will support effectiveness and efficiency in the research process on institutional resilience.

Institutional Vulnerability

Definition: Macharia conducted a study in the Kenya region during the pandemic, indicating the population's vulnerability based on a spatial/geographical analysis. Geospatial indicators lead to creating three vulnerability indices, including the Social Vulnerability Index, Epidemiological Vulnerability Index and a combination of the two, namely the Social Epidemiological Vulnerability Index. The social vulnerability index consists of informal employment, availability of detergent, car ownership, hand washing facilities, educational attainment, inadequate water sources, malnutrition, poor households, shared sanitation facilities, informal settlements, elderly population, single-parent families, housing density, population density logs, urban population, access to hospitals, health workers, hospital beds, and access to urban areas. The epidemiological vulnerability index consists of comorbidities such as HIV, diabetes, hypertension, obesity and smoking habits (Macharia, 2020: 4).

The results show that the sub-countries in the northwestern and eastern parts of Kenya are the most vulnerable in terms of the social vulnerability index. On the other hand, the central and southeastern regions are the most vulnerable based on the epidemiological vulnerability index, affecting approximately 6.9 million and

7.2 million people. In addition, the combined index of social and epidemiological vulnerability shows that, on average, 15% (7.0 million) Kenyans live in the most vulnerable sub-countries, especially those located in the central and southeastern parts of Kenya (Macharia, 2020: 1).

Measurement: Through the research by Macharia and the instruments used regarding the social vulnerability index, the epidemiological vulnerability index, and the social epidemiological vulnerability index, the government can map out policies for vulnerable populations to reduce the potential spread of the COVID-19. The study also stated that the index is a valuable tool to use in the health system to identify areas that need to be strengthened, such as the availability of health workers and inadequate health infrastructure for the population in need. In addition, in the long term, this vulnerability index data can be used as a basis for disaster response to minimize adverse events in the future (Macharia, 2020: 1).

Social Cohesion

Definition: There is no single agreed definition of social cohesion. Durkheim defines social cohesion as the character of the society that shows interdependence in that society (Berkman & Kawachi, 2000). Social cohesion is formed from a process that occurs continuously through face-to-face communication, cooperation and the intensity of friendship (Cooley, 1909 in Fonseca et al., 2019), thus creating solidarity and shared values which include the dimensions of ownership, inclusion, participation, recognition, and legitimacy (Beauvais and Jenson, 2002). However, equality of values is no longer central in a diverse society as long as the principles of "non-discrimination, tolerance and respect for diversity" are upheld (Larsen, 2014, p.4). Social cohesion is strengthened by building relationships, trust and identity among different groups without discrimination, marginalization and exclusion (OECD, 2011). Although the exact definition of social cohesion is often debated, social cohesion is closely associated as the "glue" or "bond" that unites society.

Social cohesion is related to the relationship between community units at three levels, i.e. individuals, communities, and institutions (Fonseca et al., 2019). Social cohesion at the individual level can be seen from face-to-face communication, a sense of belonging, participation, and inclusion. At the community level, trust, loyalty and solidarity, moral support, social ties, common goals, cooperation, and concern can strengthen cohesion in society. Meanwhile, at the institutional level, trust, life satisfaction, multiculturalism, and civil society play an important role in

enhancing social cohesion. Thus, relationships at this level include interconnected and interdependent.

Measurement: Social cohesion can be measured in various contexts and levels of analysis. Although it is generally found to measure community cohesiveness in a country area with geographical boundaries, social cohesion can measure at a more micro level. In the context of this research, social cohesion is measured in communities and individuals as well as three institutions of State Islamic Religious University (PTKIN), namely Syarif Hidayatullah State Islamic University (UIN) Jakarta, Sunan Gunung Djati State Islamic University Bandung, and Sunan Kalijaga State Islamic University Yogyakarta.

In measuring the social cohesion of the three PTKINs, a combination of metrics is generated from the central questions in three core aspects by adapting the IPSOS (2020) questions with adjustment to the context of the situation related to the pandemic and the level of the university staff and student as a society. The first core aspect is measuring social relations with three questions regarding their status of agreement regarding (1) the belief that the campus staff and student do their best for the benefit of the institution, (2) the existence of ethnic and cultural diversity is a good thing for the campus, (3) ownership of the perspective and the same opinion as other academics on essential matters. Next, the connectedness aspect is measured by asking whether they agree on whether they prioritize the institution's interests above others, whether respondents believe the leadership carries out campus governance well, and whether they are treated fairly as part of the academic member. At the last point, the element of social cohesion for the common good is explored by asking whether they agree to have a responsibility to help fellow academics, respect campus rules and policies, as well as their assessment of whether the community/campus system is corrupt.

As high social cohesion is closely related to trust, this research also asks the level of trust with the measurement model adopted from Abrams et al. (2020), adapted to the context and entity. Trust in the university member, which includes the rector, deans, study program leaders, campus staff and lecturers, and students in complying with health protocols and responding to pandemics, is measured on a scale of one to five, with a score of five for the level of very trust. Another indicator point that is no less important is the change in the relationship between the university member during the pandemic, whether it is significantly or slightly strengthened, unchanged or even very stretched.

Chapter 4
Results

Characteristics of Respondents and Research Informants

As shoed in Table 4.1.1, the characteristics of the respondents, 46.3% of the total 980 respondents were male, while the other 53.7% were female. In general, most of the respondents do not have a pesantren background. About 30.0% of respondents have a modern Islamic boarding school background. However, as per University, more varied data was found. For UIN Jakarta, only 9.4% have a traditional pesantren background, while for UIN Bandung was 20.3% and UIN Yogyakarta was 26.3%.

Most of the respondents at the three universities did not have a history of being infected with COVID-19. The highest number of respondents affected by COVID-19 was at UIN Jakarta (7.6%). Most of the respondents were students or staffs in the social studies group. In comparison, 20.6% (UIN Jakarta), 25.7% (UIN Bandung), 26% (UIN Yogyakarta) of the respondents in each of the university were students or staff at the religious studies group.

Most of the respondents (72.0%) are affiliated with Nadhlatul Ulama (NU). Meanwhile, a small proportion is affiliated with Muhammadiyah (11.6%) or does not closely relate to any socio-religious organizations (12%). As shown in each university, UIN Yogyakarta has the highest percentage for Muhammadiyah organizations (18.3%) compared to UIN Jakarta (7.9%) and UIN Bandung (8.5%).

Table 4.1.1

Respondents socio-demographic characteristics

	Total		UIN JAKARTA		UIN BANDUNG		UIN JOGJAKARTA	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Total	**980**	**100**	**330**	**33.7**	**316**	**32.2**	**334**	**34.1**
Age[a]	21.86±5.570		22.17±6.562		21.55±4.819		21.86± 5.149	
Sex								
Male	454	46.3	138	41.8	157	49.7	159	47.6
Female	526	53.7	192	58.2	159	50.3	175	52.4
Status								
Student	878	89.6	294	89.1	287	90.8	297	88.9
Lecturer	55	5.6	24	7.3	12	3.8	19	5.7
Administration staff	47	4.8	12	3.6	17	5.4	18	5.4
Having Islamic boarding school education								
Traditional	183	18.7	31	9.4	64	20.3	88	26.3
Modern	297	30.3	105	31.8	84	26.6	108	32.3
Manhaj Salafy	11	1.1	4	1.2	3	.9	4	1.2
Others	18	1.8	1	.3	8	2.5	9	2.7
Not having	471	48.1	189	57.3	157	49.7	125	37.4
Residential characteristics								
Rural	395	40.3	66	20.0	151	47.8	178	53.3
Urban	585	59.7	264	80.0	165	52.2	156	46.7
Covid-19 infection								
Never got infected	936	95.5	293	92.4	290	97.2	353	97.0
Yes, with self-isolation	37	3.8	21	6.4	7	2.2	9	2.7
Yes, with inpatient treatment	7	0.7	4	1.2	2	0.6	1	0.3
Group of knowledge [b]								
Religion studies	223	24.1	63	20.6	78	25.7	82	26.0
Social humanities	574	62.1	188	61.4	188	61.8	198	62.9
Science and technology	128	13.8	55	18.0	38	12.5	35	11.1
Proximity to a religious organization								
Nahdlatul ulama	706	72.0	243	73.6	221	69.9	242	72.5
Muhammadiyah	114	11.6	26	7.9	27	8.5	61	18.3
Others	42	4.3	3	0.9	31	9.8	8	2.4
Not having proximity	118	12.0	58	17.6	37	11.7	23	6.9

[a] Mean ± SD

[b] Only for students and academic staff respondents

Table 4.1.2

Research informant list

No	Name	University	Gender*	Status
1	Prof. Dr. H. Mahmud, M.Si.	UIN Bandung	M	Leader
2	Prof. Dr. Ah. Fathonih, M.Ag	UIN Bandung	M	Leader
3	Akhmad Lutfi	UIN Bandung	M	Leader
4	Neng Hannah	UIN Bandung	F	Lecturer
5	Rosleny Marliani, M. Si	UIN Bandung	M	Lecturer
6	Asep A Sahid	UIN Bandung	M	Lecturer
7	Riman afian rinaldi	UIN Bandung	M	Student
8	Syifa Noorlia Fatimah	UIN Bandung	F	Student
9	Ati Rahmawati	UIN Bandung	F	Administration staff
10	Dr, H. Aep S. Firdaus, M.Pd	UIN Bandung	M	Administration staff
11	Jajang Burhanudin, M.Hum	UIN Bandung	M	Administration staff
12	Kastolan	UIN Jakarta	M	Leader
13	Prof. Amany Lubis, M.A.	UIN Jakarta	F	Leader
14	dr. Hari Hendarto, Ph.D	UIN Jakarta	M	Leader
15	Yopi Kusmiati	UIN Jakarta	F	Lecturer
16	M. Arief Mufraini	UIN Jakarta	M	Lecturer
17	Wahdi Sayuti	UIN Jakarta	M	Lecturer
18	Wildan Rahmat Hidayat	UIN Jakarta	M	Student
19	Musa adhe candra	UIN Jakarta	M	Student
20	Pebri Nurhayati	UIN Jakarta	F	Student
21	Sri Mulyati	UIN Jakarta	F	Administration staff
22	Yudi, S.Sos.I	UIN Jakarta	M	Administration staff
23	N. Siti Jamilah	UIN Jakarta	F	Administration staff
24	Abdur Rozaki	UIN Yogya	M	Leader
25	Trio Yonathan Teja Kusuma	UIN Yogya	M	Lecturer
26	Dr. Sulistyaningsih, M.Si	UIN Yogya	F	Lecturer
27	Dwina Sanriska Putri	UIN Yogya	F	Student
28	Ilham Danu Kusuma	UIN Yogya	M	Student
29	Ima Sri Subekti	UIN Yogya	F	Student

* F: female, M: Male

In the qualitative method, this research involved 29 informants from UIN Bandung, UIN Jakarta and UIN Yogya. The informants consisted of 19 men and ten women. Informants also consist of University Leaders, Lecturers, Students and Administration

Staff. From UIN Bandung, eleven informants consisted of three leaders, three lecturers, three administration staff, and two students. From UIN Jakarta, twelve informants consisted of three leaders, three lecturers, three administration staff, and three students. Finally, from UIN Yogyakarta, five informants consisted of one leader, two lecturers and three students. Research informants can be seen in more detail in Table 4.1.2.

Knowledge, Attitudes, Perceptions, and Behaviours related to the COVID-19 Pandemic

1. Knowledge related to the pandemic

Based on the respondents' knowledge, as illustrated in Table 4.2.1, as many as 7.8% thought that people with COVID-19 would not transmit if they do not have a fever, 20.8% of them still had doubts about the statement. The result shows that respondents' knowledge needs to be improved. The assumption that only COVID-19 sufferers who have a fever can transmit it will make people care less about the risk of transmission because it is possible that someone has been infected with COVID-19 and can transmit it. Still, the person does not show any symptoms, including fever. Furthermore, as many as 20.3% of respondents thought that the COVID-19 virus could be transmitted through the air (airborne). Meanwhile, many respondents were still not sure what is meant by close contact (40.8%). In addition, although there were few, there were respondents who thought that if someone has been given the COVID-19 vaccine, there is no need to carry out health protocols (2.2%).

Table 4.2.1.

Respondents' knowledge related to COVID-19 and its prevention

Knowledge	False		Unsure		True	
	n	%	n	%	n	%
People with COVID-19 are not contagious if they don't have a fever	76	7.8	204	20.8	700	71.4
The Covid-19 virus spreads through droplets	15	1.5	82	8.4	883	90.1
The COVID-19 virus can be transmitted through the air (airborne)	199	20.3	289	29.5	492	50.2
Due to high immunity, children and young adults do not need to maintain strict health protocols	45	4.6	57	5.8	878	89.6
Close contact is a history of face-to-face contact within a 1-meter radius for more than 15 minutes with a person infected with COVID-19	80	8.2	400	40.8	500	51.0
A person who has been vaccinated against COVID-19 no longer needs to carry out health protocols	22	2.2	69	7.0	889	90.7

The results of qualitative data analysis show that, in general, the informants already have a good knowledge regarding COVID-19. In addition to wearing masks and washing hands, the informant stated that vaccination is an essential effort in dealing with COVID-19.

> *"Coronavirus attacks the respiratory system, and its spread is a concern for every country to protect themselves."* [1]

> *"One of the prevention steps that are being implemented and effective is the use of masks that can protect others and washing hands that can protect themselves. This method is a fairly good combination, coupled with the existence of essential vaccinations to improve."* [2]

Informants exposed to COVID-19 understood much better how to do tracing through close contacts who are affected. However, the informant also realized that COVID-19 could infect anyone; therefore, education was needed to the public.

> *"The interaction with the patient other people around the hospital, which is too close, that's what I tried to trace to my sister-in-law. So, in conclusion, the health protocol was not implemented properly. Therefore, the impact inadvertently transmitted to the family. So, if, for example, you are not careful and the application of health protocols is not strict, you will also be at risk of being exposed."3*

"For this virus, not everyone knows when and where this virus came to us. So we also have to educate the public that this disease can come anywhere and anytime, not because of disgrace or because of individual mistakes or actions of people."[4]

2. Attitude related to the COVID-19 prevention

Still, a small number of respondents did not agree if there was a need to reduce travelling outside the house during a pandemic (9.3%). In addition, 20.5% of respondents were not willing to be COVID-19 vaccinated, while most others (79.5%)

1 Interview with Lecturer of UIN Yogyakarta, S, Female, 26 February 2021
2 Interview with Lecturer of UIN Yogyakarta, TY, Male, 1 March 2021
3 Interview with Lecturer of UIN Jakarta, WS, Male, 11 March 2021
4 Interview with Lecturer of UIN Jakarta, YK, Female, 8 March 2021

agreed to be vaccinated. Moreover, 10.9% of respondents stated that they do not need to be vaccinated if other people have been vaccinated.

Table 4.2.2

Respondents' attitude towards COVID-19 prevention

Attitude	Strongly agree		Agree		Disagree		Very disagree	
	n	%	n	%	n	%	n	%
Reduce traveling	332	33.9	540	55.1	91	9.3	17	1.7
Avoid the crowd	473	48.3	462	47.1	38	3.9	7	0.7
Disinfect personal thing periodically	275	28.1	606	61.8	88	9.0	11	1.1
Get COVID-19 vaccination	274	28.0	505	51.5	165	16.8	36	3.7
If other people have been vaccinated, then I don't need to be vaccinated anymore	507	51.7	347	35.4	19	1.9	107	10.9

The results of qualitative data illustrated that there were still people who disagreed with mobility restriction policies that have been implemented. For example, the informant said that the PSBB/PPKM implemented did not go well because many were still violated it. Thus, the result showed that not all people agreed with the policy.

> "In my opinion, the PSBB/PPKM that have been implemented are not effective; if wanted to be more moderately said, it is less effective. First, in the context of South Tangerang City, what I feel is only the government's regulatory policy. Then for the control itself, nothing. For example, in the application of the basic health protocol. Just wearing a mask, at the time of implementing PSBB, there were still many who did not comply."[5]

In addition to the mentioned issue, the qualitative data also confirmed the attitude of agreeing to the COVID-19 vaccination, which started to run in the community.

> "The way to limit the spread is vaccines. The New Normal will be quickly adapted to the *presence of a vaccine. At least a vaccine can give people hope again."*[6]

5 Interview with Lecturers of UIN Jakarta, WS, Male, 11 March 2021
6 Interview with leader of UIN Yogyakarta, AR, Male, 5 March 2021

3. Perception related to COVID-19

As many as 28% of respondents perceive that COVID-19 is a conspiracy, and 19.8% of respondents do not think that COVID-10 is something dangerous. In addition, wearing a mask when leaving the house is not comfortable, according to 27.2% of respondents. Likewise, as many as 33.7% of respondents thought it was not easy to keep a distance.

Several respondents perceive that being infected with COVID-19 or not is something beyond their control. However, 64.1% of respondents agree that the COVID-19 vaccine can help control the spread of COVID-19, so it doesn't infect many people.

Table 4.2.3

Respondents' perception towards COVID-19 and its prevention

Perception	Strongly agree		Agree		Disagree		Very disagree	
	n	%	n	%	n	%	n	%
COVID-19 is a conspiracy	30	3,1	244	24,9	494	50,4	212	21,6
COVID-19 is not very dangerous	16	1,6	178	18,2	475	48,5	311	31,7
Washing your hands with soap and water regularly is difficult	9	0,9	87	8,9	486	49,6	398	40,6
Wearing a mask all the time when going out of the house is something that is not comfortable	31	3,2	235	24,0	438	44,7	276	28,2
Physical distancing is difficult	42	4,3	288	29,4	432	44,1	218	22,2
Disinfectants are expensive and difficult to obtain	38	3,9	274	28,0	493	50,3	175	17,9
Getting COVID-19 or not is beyond my control	116	11,8	474	48,4	310	31,6	80	8,2
The bodies of COVID-19 patients must be buried in a special place	156	15,9	456	46,5	309	31,5	59	6,0
The COVID-19 vaccine can help control the spread of COVID-19	194	19,8	628	64,1	136	13,9	22	2,2

The results of the quantitative data showed previously were strengthened by the results of qualitative data analysis. Based on information from informants, they heard that people in the surrounding environment thought COVID-19 was a conspiracy. Still, in general, more informants did not believe this because the data on cases

affected and even death could be seen clearly. Thus, there was no objective empirical evidence that says COVID-19 is a conspiracy.

> "How can I not believe my friend already died due to COVID-19. There are two extreme situations at UIN: someone is affected and is smiling and isolated at home. Some were affected and were so badly affected that they moved to several hospitals."[7]

> "That Covid is a hoax, and then the news must be straightened out. Moreover, as a survivor, I really can feel when COVID-19 is in the body. Even though I am in the OTG (not symptomatic) category, there are still changes in physical condition when exposed to COVID-19. So COVID-19 is real, some don't believe it, some believe but don't care, some are afraid, some decide that this disease is a curse."8

In addition, the informant stated that the demand to take preventive action was difficult.

> "For me, wearing a mask and applying physical distancing is a bit difficult. Because we have different habits, a different kind of familiarity with other nations. So, the use of masks and physical distancing changes (our) habits, it is difficult."

However, some other informants stated that what must be done as a preventive measure is that things were usually done before, such as wearing masks and washing hands. Therefore, only increased discipline was needed in carrying out these prevention efforts.

> "So, in my opinion, (preventive measures) it's not a problem, even just wearing a mask because I've also always used a mask when riding a train or motorbike. So, when we are required to go out using a mask, I also don't feel uncomfortable. Although indeed, surely when there are habits that change, it makes us a little uncomfortable."9

7 Interview with Leader of UIN Yogyakarta, AR, Male, 5 March 2021
8 Interview with Lecturer of UIN Jakarta, WS, Male, 11 March 2021
9 Interview with Lecturer of UIN Jakarta, YK, Female, 8 March 2021

> " I don't have any problems because right now, we are in a state of a pandemic. I can adapt well. Use a mask when leaving the house, bring hand sanitiser and tissue. Health protocols have become a habit in daily activities and must be enjoyed. My mask is your health; your mask is my health."10

The use of vaccines is highly expected to reduce the transmission rate of COVID-19 so that informants support the implementation of the vaccination.

> "Well, I think this is an opportunity; this means good news. I hope this vaccine is a panacea to boost our immunity from COVID-19."11

4. COVID-19 Prevention Behaviour

In terms of preventing the spread of COVID-19, 40.9% of respondents said they wash their hands frequently, and only 18.2% always did so. Regarding avoiding gatherings, 11.5% stated that they rarely avoided it, meaning they still attended mass gathering events. Not all respondents always use masks when outside. Only 56.6% said they always used them. Disinfection is a preventive behaviour that is sometimes carried out by 41.0% of respondents. The result showed that 6.7% of respondents said they had never carried out disinfection.

Table 4.2.4

Practice related to COVID-19 prevention

Behaviour	Always		Often		Sometimes		Rarely		Never	
	n	%	n	%	n	%	n	%	n	%
Washing hands with soap and running water	178	18.2	401	40.9	322	32.9	60	6.1	19	1.9
Washing hands using hand sanitizer	247	25.2	381	38.9	276	28.2	69	7.0	7	.7
Avoid gathering events	98	10.0	311	31.7	442	45.1	113	11.5	16	1.6
Wearing a mask	555	56.6	327	33.4	83	8.5	13	1.3	2	.2
Keeping physical distancing	168	17.1	407	41.5	335	34.2	60	6.1	10	1.0
Carry out disinfection	110	11.2	249	25.4	402	41.0	153	15.6	66	6.7

In the interview section, the informants stated that they tried to follow health protocols guidelines such as wearing masks and washing hands, including maintaining

10 Interview with Lecturer of UIN Yogyakarta, S, Female, 26 February 2021
11 Interview with lecturer of UIN Yogyakarta, TY, Male, 1 March 2021

physical distance and reducing mobility by complying with the PSBB rules that have been applied.

> *"In my family, I still remember. Especially the 3M ones (wearing masks, washing hands, and keeping a physical distance) that we know. So if you go out, it's wearing a mask. Even after interacting, (our hands) must be sprayed with a hand sanitiser. Incidentally, my children, family members in general, I provided 1 (one) person with 1 (one) small bottle of hand sanitiser."*[12]

However, the informant also acknowledged that not all communities had carried out these prevention efforts, as there are still many people who did not make efforts to prevent the transmission of COVID-19 properly.

> "There are still many people who ignore the implementation of health protocols. This means, if the community has enough knowledge about Covid-19, then they will naturally behave a little strict when implementing the health protocol."[13]

5. Comparison of Knowledge, Attitudes, Perceptions and Behaviours of COVID-19 based on Socio-Demographic Characteristics of Respondents

Based on the characteristics of the respondents, there were significant differences (p-value <0.05) in terms of the level of knowledge, attitudes, perceptions, and behaviours related to COVID-19 between men and women. The results of the analysis show that women have higher average scores than men. Lecturers have a higher average score of knowledge, attitudes, perceptions, and behaviours when compared to students and administration staff.

Furthermore, based on the educational background of respondents from lecturers and students, the results of the analysis showed that there were significant differences (p-value <0.05) in terms of knowledge and perceptions between respondents. The result also showed differences between respondents who have an Islamic Boarding School background and those who did not believe in terms of attitudes, perceptions, and behaviours.

12 Interview with Lecturers of UIN Jakarta, WS, Male, 11 March 2021
13 Interview with Lecturers of UIN Jakarta, WS, Male, 11 March 2021

Table 4.2.5

Bivariate analysis for assessing the relationship of sociodemographic characteristics with KAP of COVID-19

Socio-demographic	Knowledge		Attitude		Perception		Behaviour	
	Mean Rank	*p-value*	*Mean Rank*	*p-value*	*Mean Rank*	*p-value*	*Mean Rank*	*p-value*
Sex								
Male	468.58	.021	437.62	.000	445.06	.000	412.39	.000
Female	509.42		536.14		529.72		557.92	
Status								
Student	479.85	.000	476.85	.000	477.38	.000	474.10	.000
Lecturer	703.23		687.31		667.63		667.64	
Administration staff	478.65		546.23		548.53		600.91	
Residential characteristics								
Rural	491.22	.947	496.82	.563	462.86	.012	457.50	.003
Urban	490.02		486.24		509.17		512.78	
Covid-19 infection								
Never got infected	490.87	.246	489.34	.835	492.70	.288	491.38	.584
Yes, with self-isolation	512.77		516.57		423.31		454.49	
Yes, with inpatient treatment	322.71		507.50		551.71		563.07	
Group of knowledge [a]								
Religion studies	465.62	.002	435.45	.126	441.57	.001	472.38	.231
Social humanities	445.99		467.13		453.49		452.42	
Science and technology	534.69		492.49		543.0		494.09	
Proximity to a religious organization								
Nahdlatul ulama	489.25	.573	493.21	.163	486.23	.292	486.59	.382
Muhammadiyah	517.45		521.50		533.55		531.63	
Others	450.42		413.89		448.98		495.64	
Not having proximity	4.86.20		471.61		489.22		472.35	
Having Islamic boarding school education								
Traditional	497.83	.172	480.56	.158	463.76	.017	461.67	.070
Modern	458.27		467.76		463.61		471.05	
Manhaj Salafy	552.73		472.73		482.64		488.32	
Others	479.47		408.33		396.36		416.53	

Not having Islamic boarding school education	506.94		512.26		521.63		516.84	
Having Islamic boarding school education								
Yes	475.28	.074	470.37	.020	461.70	.001	466.13	.005
No	506.94		512.26		521.63		516.84	
University								
UIN Jakarta	491.82	.994	487.02	.555	530.03	.002	503.84	.506
UIN Bandung	489.92		480.39		453.36		489.37	
UIN Jogja	489.74		503.50		486.58		478.38	

[a] Only respondents from lecturers and students

6. Comparison of Knowledge, Attitudes, Perceptions and Behaviour of COVID-19 based on Socio-Demographic Characteristics of Respondents with Gender Stratification

As shown in Table 4.2.6, comparisons were made between male and female respondents. In the knowledge variable, both in the male and female groups, there was a significant difference in knowledge related to COVID-19 between students, lecturers and administration staff (p-value: <0.001). In both male and female groups, it was known that the level of knowledge of lecturers was higher than that of students and administration staff (male: 331.33 vs 221.23 vs 210.03 / female: 372.72 vs 258.5 vs 282, 46). This also happened to attitudes, perceptions and behaviours related to COVID-19 prevention. In the male and female groups, lecturers had better scores on these three variables than students and administration staff. Based on the ownership of the educational background of Islamic boarding schools, in the male group, significant differences were found in differences in knowledge, attitudes and perceptions (p-value: <0.05) while there was no significant difference in aspects of COVID-19 prevention behaviour. In contrast to women, the difference was not seen in knowledge and attitudes, but there were only differences in perception and behaviour. In general, the scores of knowledge, attitudes, perceptions and behaviours of preventing COVID-19 in the male and female groups, the group with a non-Islamic boarding school educational background had a better score than the other group.

Table 4.2.6

Comparison of Knowledge, Attitudes, Perceptions and Behaviour of COVID-19 based on Socio-Demographic Characteristics of Respondents with Gender Stratification

	Male respondents							
	Knowledge		**Attitude**		**Perception**		**Behaviour**	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
Status								
Student	221,23	0,000	218,97	0,000	221,68	0,006	214,23	0,000
Lecturer	331,33		326,07		301,33		335,17	
Administration staff	210,03		243,66		232,40		295,44	
Islamic boarding school education background								
Yes	212,82	0,012	214,86	0,033	213,53	0,019	216,02	0,054
No	243,12		240,95		242,36		239,71	
University								
UIN Jakarta	232,16	0,847	218,88	0,629	230,79	0,705	226,21	0,683
UIN Bandung	227,44		229,52		220,47		234,44	
UIN Jogja	223,52		232,99		231,59		221,77	
	Male respondents							
	Knowledge		**Knowledge**		**Knowledge**		**Knowledge**	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
Status								
Student	258,5	0,005	256,35	0,001	254,65	0,000	257,67	0,010
Lecturer	372,72		377,64		400,14		344,03	
Administration staff	282,46		322,04		339,42		320,63	
Islamic boarding school education background								
Yes	263,29	0,973	255,24	0,188	248,25	0,016	249,58	0,027
No	263,79		272,55		280,21		278,75	
University								
UIN Jakarta	258,51	0,835	264,89	0,523	293,76	0,001	273,47	0,512
UIN Bandung	265,23		252,96		234,77		259,22	
UIN Jogja	267,41		271,56		256,41		256,45	

The Results of the correlation analysis for the variables of knowledge, attitude, perception, and behaviour found a positive relationship between knowledge, attitudes, perceptions, and behaviours related to COVID-19 (Table 4.2.7).

Table 4.2.7

Correlation between scores of knowledge, attitude, perception and practice

	Knowledge	Attitude	Perception	Practice
Knowledge	1			
Attitude	0,302**	1		
Perception	0,289**	0,535**	1	
Practice	0,261**	0,471**	0,441**	1

***Correlation is significant at the 0.01 level (2-tailed).*

Knowledge, Attitudes, Perceptions, and Behaviours Related to Religion and the Pandemic

1. Religious Knowledge related to the Pandemic and its Prevention

In this study, 83.3% of respondents stated that Islam asks Muslims to avoid areas affected by an epidemic. About 94.1% of respondents understand that Muslims are obliged to make every effort to overcome various existing problems, including COVID-19. Then, when the COVID-19 pandemic occurred, Muslims were also faced with choosing to continue carrying out various beneficial activities such as carrying out religious movements in the congregation as usual or doing worship activities at home to prevent harm. Approximately 80.5% of respondents stated that Muslims should choose to avoid harm over benefit. Around 81.2% of respondents also understand that Islam provides various easiness (*rukhshah*) in carrying out religious rituals during the pandemic. In this context, 76.6% of respondents also stated that they are obliged to obey what is decided by the government (ulil amri).

Thus, students, lecturers, administration staff and officials at UIN Jakarta, UIN Bandung and UIN Yogyakarta generally have religious views that tend to be rational concerning the COVID-19 pandemic and its prevention efforts. In general, COVID-19 is something that can be avoided and prevented with the necessary measures. Furthermore, they viewed that Islam teaches its followers to view the plague problem rationally by considering the harm and benefit. Even they believe that Islam teaches various leniencies (rukhshah) in carrying out the obligatory religious orders during a pandemic for emergency reasons.

Table 4.3.1
Respondents' knowledge regarding Islamic insights related to pandemics and their prevention

	Not at all aware		Slightly aware		Somewhat aware		Aware		Fully aware	
	n	%	n	%	n	%	n	%	n	%
Muslims should not go from the non-infected to the infected area or vice versa	14	1.4	16	1.6	143	14.6	316	32.2	491	50.1
Muslims should make *ikhtiar* (effort) in face of disasters (not surrender)	1	0.1	2	0.2	55	5.6	286	29.2	636	64.9
Muslims should prefer prevent harm over attracting benefit'	6	0.6	19	1.9	166	16.9	356	36.3	433	44.2
Muslims are required to conform with the 'uli al-amr' (authorities)	6	0.6	21	2.1	202	20.6	350	35.7	401	40.9
Muslims can use rukhsah (leniency for muslim)	12	1.2	24	2.4	148	15.1	388	39.6	408	41.6

The quantitative data showed that the religious views of students, lecturers, academic staff and officials in UIN Jakarta, UIN Bandung and UIN Yogyakarta tended to be rational concerning the COVID-19 pandemic and its prevention efforts. We also found the same pattern of the results from the in-depth interview session. For example, in an interview with the research team, YK, a lecturer at the Faculty of Da'wah and Communication Studies at UIN Syarif Hidayatullah Jakarta, stated that Islam teaches its followers to maintain health avoid disease, including diseases caused by viruses.

According to YK, "If we relate it to our religion, the virus causes illness. Pain is part of the test. So, for me indeed, as a form of test or a warning for all of us. This means that we may be less careful in maintaining our health. Because Allah has reminded us always to take care of our health. Many teachings from the Prophet Muhammad SAW have been taught that we must take care of our bodies with adequate rest."[14]

The same thing was conveyed by TY, a lecturer at UIN Sunan Kalijaga Yogyakarta. According to him, "If we learn that plagues, diseases, natural disasters occur because there is something wrong in our lives. The Qur'an explains that humans cause disasters and irregularities in the world. That is, there is something wrong with our attitude in running this life. For example, the occurrence of floods because we often cut down a lot of trees. Then, global warming is the same. Due to this outbreak, we have most likely mistreated animals. For example, several times, such as in China or anywhere where bats are eaten without being cleaned but cooked immediately. It's possible

14 Interview with Lecturer of UIN Jakarta, YK, Female, 8 March 2021

that the virus was already there, lodged in the nails, then genetically developed in humans, and then this pandemic emerged. In Islam, it is caused by human activity."[15]

2. Religious Attitudes regarding the COVID-19 Pandemic

In this study, the respondents generally showed a religious attitude that tends to be rational regarding the COVID-19 pandemic. Around 60.4% of respondents agreed to follow the MUI fatwa related to the prevention and control of COVID-19. Moreover, 89.4% of respondents supported the government's efforts to stop or peacefully disperse face to face religious teaching that brought crowds during the COVID-19 pandemic. Therefore, almost all respondents agree with vaccination activities. Only 6.8% expressed disapproval of COVID-19 vaccination because of religious reasons.

In this case, students, lecturers, administration staff and officials at UIN Jakarta, UIN Bandung and UIN Yogyakarta generally have a positive attitude related to efforts made to prevent and handle the spread of COVID-19. They generally agree to follow the MUI fatwa regarding the prevention and control of COVID-19. They also do not mind if the government peacefully dissolves various recitation activities that cause crowds to appear. They also generally state that they support the citizen vaccination program to deal with the ongoing COVID-19 pandemic.

Table 4.3.2
Attitudes of respondents towards religious rituals related to pandemics and their prevention

Attitude	Strongly disagree		Disagree		Agree		Strongly Agree	
	n	%	n	%	n	%	n	%
I follow the MUI fatwa regarding the prevention and control of COVID-19	99	10.1	493	50.3	310	31.6	78	8.0
I support the government's efforts to disperse the religious ritual that invite the crowd peacefully	239	24.4	637	65.0	89	9.1	15	1.5
I refuse the COVID-19 Vaccine for religious reasons	8	0.8	59	6.0	608	62.0	305	31.1
I don't need to try to prevent COVID-19 because dying from COVID-19 is classified as martyrdom (shahid)	12	1.2	56	5.7	474	48.4	438	44.7
I do not need to wear a mask when praying because my face must be visible when praying	27	2.8	206	21.0	552	56.3	195	19.9

15 Interview with Lecturer of UIN Yogyakarta, TY, Male, 1 March 2021

I replaced Friday prayers with zuhr prayers at home during the pandemic	54	5.5	284	29.0	461	47.0	181	18.5
I kept kissing the cleric's hand during the pandemic	46	4.7	345	35.2	452	46.1	137	14.0

Quantitative data on the religious attitudes of students, lecturers, academic staff and officials in UIN Jakarta, UIN Bandung and UIN Yogyakarta tend to be rational to the COVID-19 pandemic, and its prevention efforts were confirmed by information dug up by the research team through in-depth interviews. For example, TY, a lecturer at UIN Sunan Kalijaga Yogyakarta, expressed his support for the vaccination program organized by the government. According to TY, *"This is an opportunity. I mean, this is good news. I hope this vaccine is a panacea to boost our immunity from COVID-19. This body must first recognize whether this virus is evil or not. He is with us or not. There needs to be an introduction process for this vaccine so that the body's immune system can increase and COVID-19 goes down."*[16]

The lecturer also expressed his support for the halal fatwa submitted by the Indonesian Ulema Council (MUI) on the COVID-19 vaccine. According to TY, *"MUI has said that this (the vaccine) is halal. I have great respect for MUI because of all the Kyai there. I understand that if MUI has declared halal, then I believe it is halal. Will the medicine finally be halal or not? I will hold that this has been decided halal by the MUI. His understanding is excellent, so I believe in MUI. "*[17]

3. Religious Perception related to the COVID-19 Pandemic

Only 22.9% of respondents believe that COVID-19 is an army of Allah sent to attack people who do wrong to Muslims. Meanwhile, the rest don't think so. Only 20.2% of respondents believed that the ban on performing Hajj-Umrah activities during the pandemic was a systematic effort to weaken the power of Muslims. About 30.7% of respondents stated that the protocol for handling COVID-19 corpses was not according to Islamic law guidance. Approximately 46.8% of respondents believe that performing ablution can make a person immune to COVID-19. About 15.4% of respondents stated that they believed that gathering with pious people could prevent them from being exposed to COVID-19. Later, 56.7% of respondents said that ulama/ Kiai/Habib/Ustaz have unique advantages (supernatural). Then, 87.6% of respondents stated that modern health/medical science does not conflict with Islamic teachings.

16 Interview with lecturer of UIN Yogyakarta, TY, Male, 1 March 2021
17 Interview with lecturer of UIN Yogyakarta, TY, Male, 1 March 2021

Only 16.6% of respondents thought that Muslims should follow the instructions of the prophet's way of medicine (at-thib al-nabawi) rather than modern medicine.

Among students, lecturers, administration staff and officials at UIN Jakarta, UIN Bandung and UIN Yogyakarta, there are still people who have wrong perceptions about religion and COVID-19. For example, 46.8% of them believe that performing ablution can make a person immune to COVID-19. However, there is no relationship between ablution activities and immunity to COVID-19. Then, 56.7% of respondents stated that ulama/Kiai/Habib/Ustaz have unique advantages (supernatural). They do not hesitate to do crowding activities when there are people considered to have karomah. For them, those pious/holy people can't be exposed to COVID-19. In addition, those who are close to pious/religious people are seen as being protected from exposure to COVID-19.

Table 4.3.3
Respondents' belief regarding religious issues related to pandemics and their prevention

	Strongly Disagree		Disagree		Agree		Strongly Agree	
I believe that …	n	%	n	%	n	%	n	%
COVID-19 is Allah's army sent to attack those who do wrong to Muslims	218	22.2	537	54.8	207	21.1	18	1.8
Banning Hajj and Umrah during a pandemic is an effort to weaken Muslim unity	233	23.8	549	56.0	165	16.8	33	3.4
The protocol for handling the body of COVID-19 is not following the guidance of Islamic law	148	15.1	531	54.2	259	26.4	42	4.3
Frequent ablution makes someone immune from COVID-19	110	11.2	412	42.0	379	38.7	79	8.1
Gathering with pious people (clerics / ustadz) can keep us from COVID-19	203	20.7	626	63.9	129	13.2	22	2.2
Modern medicine is in line with Islamic medicine	13	1.3	108	11.0	640	65.3	219	22.3
Religious scholars / kyai / habib / ustadz have special advantages (supernatural)	95	9.7	378	38.6	446	45.5	61	6.2

Religious understanding can only or can be understood only by directly reading the Quran and Sunnah. not from the interpretation of the scholars	320	32.7	547	55.8	99	10.1	14	1.4
The tibb al-Nabawi treatment is more effective than modern medicine	105	10.7	708	72.2	152	15.5	15	1.5

Quantitative data on the religious perceptions of students, lecturers, administration staff and officials in UIN Jakarta, UIN Bandung and UIN Yogyakarta tend to be rational with the COVID-19 pandemic and its prevention efforts were confirmed by information dug up by the research team through in-depth interviews. For example, in an interview with the research team, AF, one of the administration staff at UIN Sunan Gunung Djati Bandung, said that the COVID-19 pandemic could be prevented with effort. According to AF, *"I think if we look at what happened, we should understand that all these incidents are a process that we can endeavour to do, including being able to avoid COVID. So, this is God's provision that can be avoided through the process of endeavour."*

> According to AF, *"Humans and destiny are divided into two kinds, yes, there are humans as muhayyar creatures and humans as musayyar creatures. That statement means that there are provisions in humans but can still be changed so that we also play a role in determining our destiny, well this is, or a final provision from God that cannot be changed. I see that this COVID is the first mukhayyar, God's provision, but we can change it. I always carry it everywhere like this (hand sanitiser), look in this room. It has antiseptic wipes. This is just our endeavour. Because we understand that this is God's provision that we can still participate in changing it."*[18]

Regarding restrictions on worship activities by the government, TY, a lecturer at UIN Sunan Kalijaga Yogyakarta, views it positively. He did not see the restriction as an attempt to weaken the power of Muslims, as some recent misinformation suggests. According to TY, *"Worship is an obligation, while COVID-19 is also an epidemic that must be maintained regarding its health protocol. Worship must continue to worship, and it only needs innovation in its implementation. This does not mean that we continue*

18 Interview with UIN Bandung Official, AF, Male, 12 March 2021

to "innovate worship". There are things or ways of worship that must be adjusted, such as implementing Friday prayers by adjusting the distance, controlling the number of congregations, and the mass gathering not too large. At the beginning of the pandemic (the pandemic), it may not be under control so that worship can be carried out at home. Some sunnahs explain that it is not permissible to leave the country and visit other countries if there is an epidemic. This is to keep. It does not mean that we don't carry out worship, but we carry out worship with adjustments. I'm not avoiding the harm. For me, Friday prayers must still be Friday prayers. The congregation also, if it can be implemented, do it. Worship continues to worship, but with new adjustments. My term is "innovation of worship" by keeping a distance, implementing health protocols, wearing a mask."[19]

Meanwhile, S, Vice Dean of Student Affairs, Faculty of Social Sciences and Humanities UIN Sunan Kalijaga. Always trying to re-examine any information related to COVID-19 to avoid hoaxes. According to her, "*My family and I seek information from reliable and valid sources. One of them is from the COVID-19 Task Force, the government, COVID-19 task force social media via Instagram, Twitter, or social organizations that handle Covid-19. I once got a lot of information spread through Whatsapp Group, but it became a hoax. There was once on the Whatsapp Group of my PKK women who spread information that there were Covid-19 patients in one of the Bantul regional hospitals. However, it turns out that someone commented that the information was a hoax. Many people spread information without seeing the source, "just share"*."[20]

4. Worship during the COVID-19 pandemic

During the COVID-19 pandemic, religious activities have undergone many changes. Only 5% of respondents stated that they still always perform the five daily prayers in the congregation. Meanwhile, 14.5% of respondents said that they often do it. About 29.9% admitted that they rarely pray in the community, and 17.8% stated that they had never performed the five daily prayers in the congregation as well as for religious activities that require gatherings in face-to-face situations such as Qur'an recitations in the community. Only 2% of respondents stated that they always follow the Qur'an recitation in the congregation, and 10.7%, 33.6%, 30.6% and 23.1% of respondents stated that they often, sometimes, rarely and never, respectively, attended Qur'an recitation in congregation during the pandemic.

Then, when respondents have to carry out religious activities in public places,

19 Interview with Lecturer of UIN Yogyakarta, TY, Male, 1 March 2021
20 Interview with lecturer of UIN Yogyakarta, TY, Female, 26 February 2021

do they strictly enforce health protocols? 34.7% of respondents stated that they always wear masks when worshipping in mosques/public facilities. About 27.6% of respondents said they often wear masks, 16.5% sometimes wear masks, 6.4% rarely, and only 2.8% say they never wear masks. Meanwhile, related to the use of personal worship equipment when carrying out worship in public places, about 5.2% of respondents stated never bring private worship equipment, 6.4% rarely do, 16.4% sometimes do, 21.1% often do, and 46% always get personal worship equipment. As for efforts to keep a distance when worshipping in public places, 2.8% of respondents stated that they never kept their physical distance, 4.2% of respondents stated that they rarely keep their physical distance, 16.5% of respondents stated that they sometimes keep their physical distance. 27.6% of respondents stated that they often keep their physical distance. The remaining 43.6% stated that they always keep their physical distance.

Among the congregational worship activities, the Friday prayer becomes the worship of the most concern in its implementation during the pandemic because its implementation can be a risk factor in the transmission of COVID-19. Some think that the obligation to pray Friday can be replaced by praying Zuhur at home. However, some believe that Friday prayers are not obligatory to be performed in mosques regardless of the circumstances. Related to this problem, 26.2% of respondents stated that they have never replaced the obligation to pray Friday with the Zuhur prayer at home. Meanwhile, 15.8% of respondents said that they rarely replace Friday prayers with Zuhur prayers, 4.6% of respondents stated they often did, 5.7% of respondents stated that they always return Friday prayers with Zuhur prayers. Meanwhile, 38.5% of respondents thought that the question did not apply to them.

Among other rituals of Muslims that are assumed to trigger the spread of COVID-19 is the ritual of kissing the hands of ulama/Ustaz/Kiai/Habib. In this study, 36.3% of respondents stated that they never kissed the hands of ulama/Ustaz/Kiai/Habib during the pandemic, 28% of respondents stated that they rarely, 22.3% of respondents stated that sometimes, 10.2% of respondents said often, and 3.2 % of respondents said always. Thus, almost half of the total respondents stated that they tend to kiss often the hands of ulama/Ustaz/Kiai/Habib. Therefore, the ritual was regarded as a violation of the health protocol during a pandemic.

Thus, students, lecturers, administration staff and officials at UIN Jakarta, UIN Bandung and UIN Yogyakarta have not been fully disciplined in implementing health protocols when carrying out religious activities in public places. Almost half of the

respondents in this study stated that they sometimes attend public recitations in face-to-face situations. Of course, meeting in face-to-face activities have the potential to spread the virus. Fortunately, more than half (62.4%) of the total number of respondents who still carry out religious activities in the congregation stated that they usually wear masks. However, the number of academics at UIN Jakarta, UIN Bandung and UIN Yogyakarta tend not to wear masks when going to public religious activities is still quite large (25.0%).

Table 4.3.4

Worship during COVID-19 pandemic

Behaviour	Never		Rarely		Sometimes		Often		Always		Not applicable to me	
	n	%	n	%	n	%	n	%	n	%	n	%
Doing five-times pray in a Mosque	174	17.8	293	29.9	322	32.9	142	14.5	49	5.0	-	-
Studying religious with face to face	226	23.1	300	30.6	329	33.6	105	10.7	20	2.0	-	-
Kissing ulama/ kiai/habib/ustaz' hand	356	36.3	274	28.0	219	22.3	100	10.2	31	3.2	-	-
Wearing a mask during pray in a Mosque	83	8.5	63	6.4	183	18.7	206	21.0	340	34.7	105	10.7
Wearing personal worship equipment	51	5.2	63	6.4	161	16.4	207	21.1	451	46.0	47	4.8
Keeping physical distance when praying in public facilities	27	2.8	41	4.2	162	16.5	270	27.6	427	43.6	53	5.4
Replacing Friday prayers with midday prayers at home	257	26.2	155	15.8	90	9.2	45	4.6	56	5.7	377	38.5

Quantitative data on the religious behaviour of students, lecturers, administration staff and officials in UIN Jakarta, UIN Bandung and UIN Yogyakarta tend to be rational about the COVID-19 pandemic, and its prevention efforts were confirmed by information dug up by the research team through in-depth interviews. For example, AM, a lecturer at the Faculty of Economics and Business at UIN Syarif Hidayatullah Jakarta, stated that he changed worshipping during the Covid-19 pandemic. According to AM, *"In the ghairu*

mahdoh worship, there are no problems, but for mahdoh, there will be many problems. But because I have sufficient depth of knowledge on the Mazhab of fiqiyyah, I have no problems whatsoever. For me, worshipping in a congregation near or not close together is my attempt to draw closer to Allah. It takes the same solemnity, whether there is a physical distancing rule or not at the mosque. Maybe because I have deep knowledge of fiqiyyah, which may be different from society in general, it makes me relax with fiqiyyah problems. So, we don't have to argue about Friday prayers seriously; Eid al-Fitr and Eid al-Adha must be done in the congregation or not. We've been thinking mashlahah."[21]

Meanwhile, YK, a lecturer at the Faculty of Da'wah and Communication Sciences at UIN Syarif Hidayatullah Jakarta, also stated that he and his family only worship at home. According to YK, *"Maybe because I'm a woman, for Friday prayers, it doesn't affect me. But it affects me when it comes to big day celebrations, such as Eid al-Fitr and Eid al-Adha. So, in my personal opinion, it hasn't changed; at least the intensity has increased. But maybe if you look at the family, both husband and children. There is a change. They obey the government's advice. When the government recommends not to come to the mosque, it has followed. After all, we can pray together with family at home without having to go to the mosque. Even during Eid al-Fitr and Eid al-Adha, we can worship together at home. Rather than we violate what has been arranged by the Government."*[22]

The same thing was said by JB, Administration Personnel of UIN Sunan Gunung Djati Bandung. According to him, "*So far, there is a certain time to go to a kyai or Ustaz. If it doesn't come, it's nothing. The frequency is not too high either. And it seems our teachers have understood that too. It's okay not to kiss hands, as is his usual attitude towards teachers; not to get in touch is also understandable, and we both understand whether it's possible to stay in touch or not. Even if we stay in touch, we will continue to implement the Health Protocol. If the conditions are, for example, there is an event; I also don't force myself to attend activities, including tahlilan or yasinan activities."*[23]

5. Comparison of Knowledge, Attitudes, Perceptions and Religious Behaviours related to COVID-19 based on Socio-Demographic Characteristics of Respondents

Based on the gender of the respondents, the results showed that there are significant differences only in variables of religious behaviour between men and women. Meanwhile, significant differences were found in terms of religious knowledge, attitudes,

21 Interview with Lecturer of UIN Jakarta, AM, Male, 8 March 2021
22 Interview with Lecturer of UIN Jakarta, YK, Female, 8 March 2021
23 Interview with Administration Staff of UIN Bandung, JB, Male, 4 March 2021

perceptions, and behaviour related to COVID-19 between students, lecturers, and administration staff when viewed from the working status. Furthermore, a significant difference was found in terms of religious knowledge between people who have never been exposed to COVID-19. The religious knowledge score is higher for those infected with COVID-19 and who received treatment in a hospital.

This study found that religious knowledge, attitudes, and perception differed between respondents from social, religious, and science-technology studies. However, religious behaviour was not found a significant difference among those groups. There was also the difference in religious attitude score related to the pandemic between respondents based on their affiliation with social-religious organizations. Furthermore, religious knowledge, attitude, and behaviour were also significant differences between respondents based on the respondents' Islamic Boarding School educational background.

Table 4.3.5
Comparison of Knowledge, Attitudes, Religious Beliefs and Behaviours related to COVID-19 based on Respondents' Socio-Demographic Characteristics

	Religious Knowledge		Religious Attitude		Religious Perception		Religious Behaviour	
	Mean Rank	**p-value**	**Mean Rank**	**p-value**	**Mean Rank**	**p-value**	**Mean Rank**	**p-value**
Sex								
Male	508.71	.059	463.73	.006	501.34	,263	395,96	,000
Female	474.78		513.60		481.15		572,10	
Status								
Student	474.93	.000	476.35	.000	476.83	,000	476,97	,000
Lecturer	682.39		718.36		729.85		656,22	
Administration staff	575.11		521.73		504.17		564,90	
Residential characteristics								
Rural	501.11	.331	473.64	.123	466.29	,027	447,48	,000
Urban	483.33		501.89		506.84		519,55	
Covid-19 infection								
Never got infected	491.77	.015	487.72	.358	489.22	,797	488,36	479
Yes, with self-isolation	411.31		552.03		520.61		526,32	
Yes, with inpatient treatment	739.21		536.64		502.14		586,79	
Group of knowledge [a]								
Religion studies	501.69	.044	461.13	.017	461.42	,012	459,59	,197

Social humanities	449.23		524.21		526.43		502,06	
Science and technology	451.04		450.08		449.47		455,61	
Proximity to a religious organization								
Nahdlatul ulama	503.54	.055	486.50	.002	486.86	,103	486,60	,123
Muhammadiyah	428.39		539.68		527.74		523,26	
Others	492.18		354.38		406.73		409,52	
Not having proximity	471.91		515.36		506.12		510,98	
Having Islamic boarding school education								
Traditional	576.30	.000	478.35	.098	479.07	,059	458,83	,002
Modern	506.32		461.44		456.72		451,67	
Manhaj Salafy	439.41		460.36		461.77		574,95	
Others	467.69		449.58		474.67		453,89	
Not having Islamic boarding school education	449.25		515.81		517.52		526,72	
Having Islamic boarding school education								
Yes	528.67	.000	467.08	.007	465.50	,004	456,99	,000
No	449.25		515.81		517.52		526,72	
University								
UIN Jakarta	478.86	.182	504.06	.002	507.42	,000	529,20	,005
UIN Bandung	514.51		445.75		428.27		458,05	
UIN Jogjakarta	479.28		519.44		532.66		482,97	

[a] Only lecturer and student respondent

6. Comparison of Knowledge, Attitudes, Perceptions and Religious Behaviours related to COVID-19 based on Socio-Demographic Characteristics of Respondents with Gender Stratification

The same pattern as in the health' KAP context occurs in the variables of religious knowledge, attitudes, perceptions and behaviour (See Table 4.3.6). We found a different score of religious knowledge, attitude and perception among students, lecturers and administration staff. Lecturers have had a better score in those three variables than students and administration staff. For example, in the knowledge score in the male group (p-value: 0.003), the lecturers had a score of 307.86 while the students had a score of 221.75 and the administration staff 225.40.

In the male group, religious knowledge and behaviour were found between

respondents who did not have. While in the female group, there was a significant difference between respondents who had an Islamic boarding school educational background and who had not on all variables, namely religious knowledge, attitudes, perceptions and behaviour. Related to this, in the male and female groups, it was found that a higher religious knowledge score was obtained in the group of respondents who had an Islamic Boarding School Education background. However, in terms of religious attitudes, perceptions and behaviour, it was found that respondents who had not Islamic boarding school educational background have a better score than its counterpart.

Table 4.3.6

Comparison of Knowledge, Attitudes, Perceptions and Religious Behaviours related to COVID-19 based on Socio-Demographic Characteristics of Respondents with Gender Stratification

	Male respondents							
	Religious Knowledge		**Religious Attitude**		**Religious Perception**		**Religious Behaviour**	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
STATUS								
STUDENT	221.75	0.003	220.98	0.000	222.91	0.001	216.62	0.000
LECTURER	307.86		331.36		312.79		336.88	
ADMINISTRATION STAFF	225.40		213.24		206.03		263.42	
ISLAMIC BOARDING SCHOOL EDUCATION BACKGROUND								
YES	251.97	0.000	216.90	0.074	221.47	0.311	209.86	0.003
NO	201.48		238.78		233.91		246.26	
UNIVERSITY								
UIN JAKARTA	221.02	0.496	237.07	0.118	232.59	0.006	238.75	0.065
UIN BANDUNG	237.35		210.13		201.90		207.86	
UIN JOGJA	223.40		236.34		248.36		237.13	
	Female respondents							
	Religious Knowledge		**Religious Attitude**		**Religious Perception**		**Religious Behaviour**	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
STATUS								
STUDENT	254.06	0.000	255.18	0.000	254.76	0.000	256.25	0.001
LECTURER	374.89		400.72		434.92		363.39	
ADMINISTRATION STAFF	370.29		328.46		311.21		334.79	

ISLAMIC BOARDING SCHOOL EDUCATION BACKGROUND								
YES	277.26	0.029	250.26	0.035	244.32	0.002	243.09	0.001
NO	248.42		278.01		284.52		285.86	
UNIVERSITY								
UIN JAKARTA	259.61	0.385	264.92	0.017	275.70	0.001	284.75	0.049
UIN BANDUNG	277.06		238.02		225.18		251.36	
UIN JOGJAKARTA	255.44		285.10		284.94		251.22	

Furthermore, Table 4.3.7 shows that there is a significant positive relationship between religious knowledge, attitudes, perceptions, and behaviour related to COVID-19 in this study (see Table 4.3.7).

Table 4.3.7

Correlation analysis of Knowledge. Attitudes. Religious Beliefs and Preventive Behaviours related to COVID-19

	Religious Knowledge	Religious Attitude	Religious Perception	Religious Behaviour
Religious Knowledge	1			
Religious Attitude	.205**	1		
Religious Perception	.144**	.535**	1	
Religious Behaviour	.112**	.374**	.183**	1

***Correlation is significant at the 0.01 level (2-tailed).*

Individual Resilience and Vulnerability during the Pandemic

1. Individual Vulnerabilities related to COVID-19

Approximately 18.7% of respondents considered themselves vulnerable to being infected with COVID-19, 46.0% of respondents felt normal, and 35.5% thought they did not have any susceptibility to COVID-19. Furthermore, when asked how severe the respondents were infected with COVID-19, 34.7% considered that they would not experience extreme conditions related to the infection.

Table 4.4.1

Individual resilience to COVID-19

	Not vulnerable at all		Not Vulnerable		Normal		Vulnerable		Very vulnerable	
	n	%	n	%	n	%	n	%	n	%
How vulnerable do you think you are to be infected with COVID-19?	85	8.7	261	26.6	451	46.0	133	13.6	50	5.1

	Not severe At all		Not Severe		Normal		Severe		Very Severe	
	n	%	n	%	n	%	n	%	n	%
How severe would you rate yourself if you were infected with COVID-19?	116	11.8	224	22.9	422	43.1	170	17.3	48	4.9

Based on the interviews, UIN Yogyakarta and UIN Bandung informants admitted that they were vulnerable to COVID-19. That condition happened because in carrying out their duties as Vice Rector III for student affairs, they interact a lot with students who are allegedly the age group with the most non-symptomatic groups.

> "As Vice-Rector, I am also worried when I get guests from students. I don't know how he was when he was off-campus. But, unfortunately, there are still students who are disciplined and not."[24]

The Chancellor of UIN Jakarta also conveyed the vulnerability of individuals because they have high mobility and often perform prayers in Mosque when on duty.

> *"Many people say that wearing a mask when praying is not allowed; maybe during normal times, it's even weird to wear a mask. But right now, it's a pandemic; for example, I'm prostrating somewhere while the place I use is a former person who was exposed, so I'm also vulnerable."*[25]

A staff member of UIN Jakarta admitted that he had comorbidities and worked at the COVID-19 Laboratory of UIN Jakarta, so he had a reasonably high vulnerability.

> *"I'm quite vulnerable. The reason is that I have comorbidities, and also I work in the COVID-19 Lab of Faculty of Medicine of UIN."*[26]

Regarding the vulnerability felt by respondents because of their condition, 7.9% of respondents considered themselves vulnerable because they had comorbidities, and 11.2% felt vulnerable because they had been in contact with people with COVID-19 in

24 Interview with leader of UIN Bandung, AF, Male, 12 March 2021
25 Interview with leader of UIN Jakarta, AL, Female, 12 March 2021
26 Interview with staff of UIN Jakarta, NSJ, Female, 12 March 2021

the past month. One of the efforts to reduce a person's vulnerability to being infected with COVID-19 is to implement a healthy lifestyle. However, of the 980 respondents from 3 universities, only 37.9% regularly do 30 minutes of exercise every day. Regular exercise is essential to increase a person's immunity against COVID-19. The health behaviours that respondents mostly carried out were sleeping regularly (77.2%) and maintaining a balanced and nutritious diet (74.8%).

Table 4.4.2

Respondent individual condition related to COVID-19

	Yes		No	
	n	**%**	**n**	**%**
Conditions that worsen the condition of COVID-19				
Have comorbidities	77	7.9	903	92.1
I have been in contact with a person with COVID-19 in the past month	110	11.2	870	88.8
Health behaviour				
Regularly do 30 minutes of exercise every day	371	37.9	609	62.1
Sleep between 6-8 hours per day	757	77.2	223	22.8
Maintain a balanced and nutritious diet	733	74.8	247	25.2

Based on the interviews, most respondents admitted a change in habits during the pandemic, for example, being more frequent in taking vitamins or supplements and taking time to exercise. However, even if income decreases, the need for this vitamin remains a priority because it is an effort to increase immunity from viruses.

> *"For me, it has increased (expenditures) because we have to buy vitamins. So, if you rarely took vitamins before, now you buy and consume them more often."*[27]

2. Respondent's Individual Resilience Related to COVID-19

The resilience of respondents during the pandemic can be seen from the respondents' self-assessment through 10 questions. The results showed that 89.6% of respondents said they could adapt to change, and 84% felt they could face any problems that came their way. However, 24.1% of the respondents disagreed that they could stay focused under pressure.

27 Interview with administration staff of UIN Jakarta, SM, Female, 12 March 2021

Table 4.4.3
Respondents Resilience during the COVID-19 Pandemic

	Very Agree		Agree		Disagree		Very disagree	
	n	%	n	%	n	%	n	%
I am able to adapt when changes occur	148	15.1	730	74.5	94	9.6	8	.8
I can deal with whatever comes my way	125	12.8	698	71.2	145	14.8	12	1.2
I try to see the humorous side of things when I am faced with problems	134	13.7	630	64.3	199	20.3	17	1.7
Having to cope with stress can make me stronger	237	24.2	665	67.9	70	7.1	8	.8
I tend to bounce back after illness, injury or other hardships	277	28.3	668	68.2	29	3.0	6	.6
I believe I can achieve my goals, even if there are obstacles	217	22.1	719	73.4	39	4.0	5	0.5
Under pressure, I stay focused and think clearly	120	12.2	623	63.6	214	21.8	23	2.3
I am not easily discouraged by failure	216	22.0	687	70.1	68	6.9	9	0.9
I think of myself as a strong person when dealing with life's challenges and difficulties	228	23.3	572	58.4	158	16.1	22	2.2
I can handle unpleasant or painful feelings like sadness, fear, and anger	140	14.3	682	69.6	144	14.7	14	1.4

Based on the interviews, the resilience of respondents during the pandemic can be seen from the ability of respondents to handle unpleasant feelings. In addition, the majority of respondents can take lessons from the pandemic incident. For example, respondents admitted that the pandemic made them more able to increase their worship at home and spend more time at home.

> *"So, at first, I had to stay at home; I just enjoyed it. Moreover, we may rarely meet and gather with children and family, so we enjoy the time and quality of gathering with family. That's for the positive impact of not leaving the house. Then as a lecturer, when we are at home a lot, we may have a lot of time to use by reading or writing. Especially in the aspect of worship, we can improve it. For example, if we only do the zuhr prayer during offline learning, we can add it to the sunnah prayer when we are at home. So, in the end, we*

can further perfect our worship. In addition, if previously we were not able to pray together with our family at Maghrib prayer, when conditions like this, we can pray together with family too."[28]

Institutional Resilience and Vulnerability during the Pandemic

Based on the interviews with leaders, lecturers, administration staff, and students at three PTKINs, information can be obtained regarding the resilience and vulnerability of institutions during the pandemic. In the management and leadership aspects, the strength of the three PTKIN institutions is shown through the rector's instructions for the pandemic response program. UIN Yogyakarta and UIN Bandung allocated a specific budget to strengthen campus resilience during the pandemic. For example, UIN Yogyakarta collects and distributes funds for lecturers and students affected by COVID-19 through the UPZ (Zakat Collector) philanthropic institution.

"We have a UPZ, philanthropic institution, to channel funds to those in need as a form of our solidarity."."[29]

Meanwhile, UIN Bandung allocates part of the BLU *(Public Service Agency)* funds to carry out various programs related to COVID-19, such as social assistance in the form of staple, spraying disinfectants, and purchasing equipment.

"The policies implemented by UIN Bandung were the first for us to provide social assistance. Then the second, social assistance, is for students. From UIN's BLU (Public Service Agency) funds. Safe, no fraud. Then spraying, then giving tools."[30]

Meanwhile, UIN Jakarta cooperates with BMT (*Baitul Mal wa Tamwil*) Syahida so that BMT Syahida can provide money loans for the university member in need. In addition, UIN Jakarta also built a public kitchen during Ramadan in collaboration with Dharma Wanita. This shared kitchen provides food for iftar and *sahur (the meal eaten before daybreak during Ramadhan)* for everyone who has a relationship with UIN Jakarta. However, in practice, many homeless people or other parties affected by COVID-19 also feel the benefits of the shared kitchen.

28 Interview with Lecturer of UIN Jakarta, YK, Female, 8 March 2021
29 Interview with Leader of UIN Yogyakarta, AR, Male, 5 March 2021
30 Interview with Leader of UIN Bandung, AF, Male, 12 March 2021

Although the three PTKINs already have their task forces, the head of the task force from each PTKIN admits no clear duties and functions regarding the COVID-19 task force on the campus. They also revealed that in the end, they took the initiative to develop their program that refers to the task of the national COVID-19 task force. The head of the UIN Yogyakarta task force admits that it focuses more on dealing with hoax news. According to him, this hoax news can result in the discontinuation of campus activities if not appropriately handled. The head of the COVID-19 task force at UIN Bandung tried to encourage online activities, but in the end, the more specific program for COVID-19 responses was depended on each Faculty. Likewise, UIN Jakarta, whose initiatives mostly come from faculties, is due to the lack of clarity on the main tasks of the COVID-19 task force.

The vulnerability of institutions at UIN Jakarta conveyed by the informant was in the leadership's slowness in issuing decrees related to the COVID-19 situation. For example, when the Ministry of Education and Culture and the Ministry of Religion had issued a regulation regarding online learning at the beginning of the semester, UIN Jakarta had not yet issued a decree in line with the ministry's law. Therefore, the condition causes many students who have already come to the students' homestay, affecting learning effectiveness.

The three PTKINs are quite ready with online learning mechanisms because they are accustomed to using technology in the teaching-learning process. UIN Jakarta informants even said that students learn very quickly and adapt to technology to no significant obstacles in using technology. However, the issue of the availability of the internet to support learning had become a problem. Nevertheless, the institution's resilience in implementing the teaching-learning process is shown through the awareness of providing internet package assistance to students and lecturers. Although UIN Bandung does not offer internet package assistance to lecturers, the informant stated that lecturers can still use the internet campus if they experience problems related to an internet connection. UIN Bandung also has its own Learning Management System (LMS) for the teaching-learning process that doesn't spend too much money. The Chancellor initiated the effort to make learning more efficient and accessible/cheap.

In addition to credit assistance, UIN Yogyakarta and UIN Bandung informants said that although there was no standard from the Ministry of Religion regarding tuition fee (UKT – *Uang Kuliah Tunggal - Single Tuition Fee*) waivers, they did impose tuition fee waivers to their students.

> "There are several mechanisms, namely an appeal mechanism, if the UKT is 5 million and an appeal is made, it can drop to 4 million. 10% discount mechanism for those who submit and are not currently writing their thesis. 50% mechanism for students who are working on a thesis. The program has been implemented since the COVID-19 pandemic occurred. we already spent 5 Billion of budget (for COVID-19 responses)."[31]

> "In the first place, we have three types. All infected with COVID-19, their families died; it's free. Then those who are affected, those who are affected are their families; for example, if the father is laid off, it's 20%. And then without a specific reason, it's 10%."[32]

Although there is an internet package assistance, tuition fee waivers, and LMS, PTKIN's vulnerability in teaching-learning is reflected in internet network availability for students who live in rural areas. The three PTKIN informants stated that students from rural areas often experienced network problems. One of the informants even said that students had to move to another village before taking online classes.

In addition to network problems, informants from UIN Jakarta and UIN Bandung mentioned that some lecturers, especially old professors, had difficulties doing online learning. Moreover, in addition to the factor of mastery of technology, according to informants from UIN Jakarta, there are some practicum-based learning that cannot be held online, for example, for medical faculty students. The condition to be a vulnerability because if the practicum is not carried out directly, it will affect the quality of education in general.

> "Vulnerability from that aspect, yes, for lecturers who are older than me, understanding of technology is very weak."[33]

> "If I were asked to assess the online learning process; during this pandemic, I would say it was less effective because there are many faculties that need their students to come to campus. For example, the Faculty of Medicine does require students to come to campus to carry

31 Interview with leader of UIN Yogyakarta, AR, Male, 5 March 2021
32 Interview with leader of UIN Bandung, AF, Male, 12 March 2021
33 Interview with leader of UIN Bandung, AF, Male, 12 March 2021

out practicum related to courses. So, there must be an offline one."[34]

In addition, UIN Yogyakarta and UIN Jakarta do not yet have their own LMS. Even according to an informant from UIN Jakarta, many lecturers still do not have a Zoom Premium account. Unfortunately, that kind of app is not facilitated by the campus. Moreover, UIN Yogyakarta doesn't even have a standard for the online learning process, so lecturers only give assignments via WhatsApp due to the limitations of using technology.

> *"Finally, UIN Jakarta is truly independent. I also heard that there are still many lecturers who don't have a zoom premium account. I'm one of those people who don't have (the account). Maybe I was told to register myself."*[35]

> *"The learning system must be clarified, meaning that there are specific benchmarks for how lecturers teach and students too. For example, do not let there be a lecturer who only gives assignments. Facilities also need to be improved. So, lecturers and students can be more interactive."*[36]

The institution's resilience through the existence of a task force in each campus is reflected in coordinating with the local health office, Indonesian Red Cross (PMI), and Government Public Health Centre in the area where the survivors live. For example, at UIN Yogyakarta, the task force collaborated with the local health officials to inform positive cases on the campus. Thus, the UIN Yogyakarta student and staff who are positive for COVID-19 can also receive exemplary service and treatment.

> "Then secondly, we support, we have primary care facility. Our Primary care is no longer only has general practitioner but other health professionals. There is a doctor, and there is a nurse, there is a midwife. The role was to carry out rapid antigens for all, starting from lecturers, staff, and tracking, which is why we started to know from there. We use funds for almost 600 people's test."[37]

34 Interview with administration staff of UIN Jakarta, Y, Male, 12 March 2021
35 Interview with lecturer at UIN Jakarta, WS, Male, 11 March 2021
36 Interview with student of UIN Yogyakarta, DSP, Female, 4 March 2021
37 Interview with leader of UIN Bandung, AF, Male, 12 March 2021

Although the task force has sought cooperation with various parties to handle COVID-19, the absence of a database owned by the campus regarding the number of staff and students who were positive for COVID-19, in the end, became an obstacle. In addition, the absence of a database makes it difficult for campuses to take strategic policies in responding to the impact of COVID-19 on the campus staff and students.

UIN Jakarta has institutional resilience in terms of infrastructure because it has its hospital and COVID-19 laboratory. Even according to the rector, Haji Hospital is being taken over by UIN Jakarta. The UIN Jakarta COVID-19 Laboratory is also one of the most active COVID-19 laboratories for tracing. But on the other hand, an informant from the lecturer believes that the primary function of the Faculty of Medicine is educational services, and the primary function of UIN Hospital is for providing general care (not COVID-19). So, if there is a campus staff or student who is positive for COVID-19, then this does not automatically become a campus concern.

> *"This is because in terms of the bureaucratic function, initially, it was only an educational service. That is, even though there are lecturers who are affected by Covid-19, then this is not a campus concern."*[38]

Finally, institutional resilience is also seen from the theological point of view. As an Islamic campus, most of the PTKIN staff and students believe that a pandemic is God's decree that occurs by a causal scientific process. Therefore, as an institution, UIN Bandung held an *Istighasa* pray as a form of defence against the virus from a theological point of view. However, based on the informants' view, the theological side is more directed at accepting difficult situations that aim to increase immunity and resilience and encouragement to do good deeds or increase social cohesion by helping each other between lecturers and staff.

Social Cohesion during COVID-19 Pandemic

1. Social Cohesion during COVID-19 Pandemic

The results showed several facts related to social cohesion in this study. Approximately 45.4% of respondents do not agree if they have to prioritize the institution's interests above other interests, and 75.5% of respondents believe that the leader carries out good campus governance. However, 22.9% of respondents stated that they were not treated fairly as academics, especially during the pandemic.

38 Interview with lecturer at UIN Jakarta, AM, Male, 8 March 2021

Almost all respondents (96.9%) said that they respect campus rules and policies. About 34.3% of respondents feel that the community/campus system is not good (corrupt).

Table 4.6.1

Social cohesion during pandemic COVID-19

	Strongly agree		Agree		Disagree		Very disagree	
	n	%	n	%	n	%	n	%
I believe that the campus staff and student do their best for the benefit of the institution	178	18.2	671	68.5	104	10.6	27	2.8
the existence of ethnic and cultural diversity is a good thing for the campus	255	26.0	687	70.1	35	3.6	3	0.3
I have the perspective and the same opinion as other academics on essential matters	95	9.7	625	63.8	248	25.3	12	1.2
I prioritize the interests of the institution above others	60	6.1	473	48.3	419	42.8	28	2.9
I believe the leadership carries out campus governance well	103	10.5	637	65.0	200	20.4	40	4.1
I am treated fairly as part of the academic member	86	8.8	670	68.4	196	20.0	28	2.9
I agree to have a responsibility to help academics fellow	147	15.0	767	78.3	62	6.3	4	0.4
I respect campus rules and policies	232	23.7	717	73.2	26	2.7	5	0.5
The community/campus system is corrupt	59	6.0	277	28.3	529	54.0	115	11.7

Generally, Table 4.6.1 shows social cohesion during the pandemic in the three PTKINs, which offers a good condition. The three areas of social cohesion measured show that social cohesion during the pandemic is quite solid, especially for the common good aspect. These results illustrate a positive trend, which shows the willingness and concern of the campus student and staff to work together to help each other during the pandemic.

The COVID-19 pandemic has had an impact on the economy. The results showed that students and staff were also affected. Several students admitted that when interviewed, their economy was significantly affected. For example, the parents of one

of Syarif Hidayatullah's Jakarta students are not working. Still, expenses are increasing due to the cost of preventing the transmission of COVID-19, such as buying soap, hand sanitiser, masks, vitamins, and others.[39] One of UIN Sunan Kalijaga Yogyakarta students complained that his parents' income had dropped sharply because they worked in the tourism sector.[40]

The economic impact felt by the university students and staff encourages solidarity among university members to help each other, especially for those who are infected with COVID-19. One of the UIN Sunan Kalijaga Yogyakarta communities was raising funds to help students affected by COVID-19.[41] Fundraising and distribution funds are also carried out by staff when there are reports that someone has been exposed to COVID-19.[42] At the level of community social cohesion, solidarity helps each other is not only in the form of assisting. Direct communication to those positively infected with COVID-19 is carried out to encourage the victims. However, this assistance has not been felt by all parties. One of UIN Sunan Kalijaga Yogyakarta students admitted that he was only once asked and did not receive any basic food assistance.[43] Even though his place of residence is close to UIN Sunan Kalijaga likewise, his friends who were volunteers and were living in a boarding house also did not get help.

Trust, loyalty and solidarity, moral support, social ties, common goals, cooperation are essential in maintaining social cohesion at the community level (Fonseca et al., 2019). Thus, in the context of trust in social cohesion, although somewhat solid, it is prone to slack. In cooperation in enabling the burden on students, although UIN Syarif Hidayatullah Jakarta, UIN Sunan Gunung Djati Bandung, and UIN Sunan Kalijaga Yogyakarta aided such as tuition fee waiver. For example, UIN Sunan Gunung Djati Bandung frees tuition fees for students whose parents died due to COVID-19.[44]

> "There are students who always communicate via WA (Whatsapp) or by telephone, if there are problems related to tuition fee, for example, they want to ask for relief and so on. So conditional relief is 10 percent. So get 10 percent from the institution plus an additional 10 per cent if there is evidence of being affected by COVID-19. Still, there are conditions, and there is also relief in two instalments of payments" (interview with Asep

39 Interview with student of UIN Jakarta, PN, Female, 3 March 2021
40 Interview with student of UIN Yogyakarta, DSP, Female, 4 March 2021
41 Interview with lecturer of UIN Yogyakarta, S, Female, 26 February 2021.
42 Interview with staff of UIN Jakarta, SM, Female, 12 March 2021.
43 Interview with student of UIN Yogyakarta, DSP, Female, 4 March 2021
44 Interview with staff of UIN Bandung, ASF, Male, 4 March 2021

A. Sahid Gatara, lecturer at UIN Sunan Gunung Djati Bandung)."[45]

At UIN Sunan Kalijaga Yogyakarta, the UKT waiver mechanism is carried out by an appeal mechanism. For example, if the UKT is 5 million rupiahs and an appeal is made, it will decrease to 4 million rupiahs. UIN Sunan Kalijaga Yogyakarta also provides a 10 percent discount mechanism for those who submit the application and are not working on their thesis. Meanwhile, the 50% discount mechanism is for students who are working on their thesis. In addition to a tuition fee waiver, the campus also provides phone credit assistance for the campus staff and student who have spent 5 billion rupiahs from the budget.[46]

However, this tuition waiver is still considered by students to be unsatisfactory because all students are affected by distance learning (PJJ) and COVID-19. They cannot access campus facilities but still have to pay the full tuition fee. Although the campus provides tuition fee waiver, it is only small deductions by going through a complicated procedure. In addition, some students also complained that even though they had applied for requesting tuition fee waivers, not all of them were approved.[47]

Student and campus staff satisfaction with campus efforts in responding to the pandemic affects the social cohesion of the institution. Although the focus on the common good is very high, respondents do not seem to have put the institution's interests as their priority. The condition can be seen from almost 50 percent of respondents who do not prioritize the institution's interests. The result that shows not a good condition is also about their views on how the campus responds to the pandemic. For example, when respondents were asked how they trust their leaders in implementing campus governance, more than 20 percent said they disagreed that the government had been appropriately implemented. A relatively similar percentage also occurred when they were asked whether they were treated fairly as part of the university. One-third of respondents also feel that their community/campus system is not good (corrupt).

For example, the campus has not implemented a good system in responding to

45 Interview with leader of UIN Yogyakarta, AR, Male, 5 March 2021
46 Interview with leader of UIN Yogyakarta, AR, Male, 5 March 2021
47 Interview with student of UIN Jakarta, Male, 3 March 2021

the COVID-19 pandemic when one of the positive COVID-19 lecturers is ignored. The lecturer regretted the policy of UIN Syarif Hidayatullah Jakarta, which has a hospital, lab, and so on but cannot be used by the university member. The hospital and laboratory of UIN Syarif Hidayatullah Jakarta did not want to facilitate the PCR test just because there was no indication that it had been infected on campus. They regret that they have served long enough for UIN Syarif Hidayatullah Jakarta and his house, close to the campus, so they have to go to several other hospitals for treatment.[48]

2. Trust in Responding to the COVID-19 Pandemic

Regarding the level of respondents' trust in other parties in complying with health protocols and responding to the pandemic, 58.2% believe the rectorate to do so. About 70.8% of respondents believe in the study program leaders and 69.8% in lecturers regarding their compliance with health protocols. On the other hand, the level of trust in students is the lowest at 44.9%; even 4.2% of respondents do not believe that students will comply with health protocols and respond to the pandemic.

Table 4.6.2

Trust in responding COVID-19 pandemic

My trust in them in complying with health protocols and responding to the pandemic	**Not trust at all**		**Not trust**		**Neutral**		**Trust**		**Very Trust**	
	n	%	n	%	n	%	n	%	n	%
Rectorate	41	4.2	84	8.6	285	29.1	395	40.3	175	17.9
Dean	19	1.9	68	6.9	264	26.9	436	44.5	193	19.7
Head of study program	12	1.2	40	4.1	234	23.9	450	45.9	244	24.9
Lecturer	13	1.3	38	3.9	245	25.0	476	48.6	208	21.2
Administration staff	17	1.7	71	7.2	305	31.1	432	44.1	155	15.8
Student	41	4.2	127	13.0	372	38.0	299	30.5	141	14.4

The level of trust of the university students and staff towards other parities on campus in responding to the pandemic is relatively high. However, about a third of them did not expressly state their belief that other university members have complied with health protocols and responded to the pandemic. Those who have followed the protocol always wear masks even when in the restaurant except when eating their food, spraying hand sanitiser when receiving money, and other preventive

48 Interview with lecturer of UIN Jakarta, YK, Female, 8 March 2021

measures.[49] Interestingly, when viewed from the percentage, distrust of students is highest compared to others with a portion of more than 15 percent, followed by the rectorate with a percentage difference of 2 percent.

The rector's slow response in responding to the pandemic causes distrust among university member. For example, the campus still runs face-to-face learning even though the government has declared a pandemic. In addition, the Ministry of Education and Culture, Ministry of Research and Technology, and Ministry of Religion have issued regulations regarding online learning at the beginning of the pandemic.

> *"At the beginning of the pandemic, the government had stated that it had entered a pandemic period, several campuses had issued online lecture policies. Meanwhile, UIN Jakarta has not yet issued it, so it is still waiting for a decision. Even after two weeks of lectures, only UIN Jakarta issued a rule which stated that teaching and learning were run online. The impact of the lengthy process of issuing the policy is on lecturers and students. Many sent short messages to other lecturers or me asking about the lecture process for the students themselves. Even though at that time, UIN Jakarta had not yet issued a policy. The delay had an impact on the learning process a few semesters ago."* [50]

3. Relations between the University Staff and Student During the Pandemic

Regarding the relationship between the university students and staff during the pandemic, most students thought that the relationship was much more connected (14.3%). However, some feel that nothing has changed in the relationship between the academic community. A total of 21.9% considered the connection to the dean to be much less connected during the pandemic; even on the rectorate's side, the perception was much less connected (29.5%).

Table 4.6.3.

Relations between campus member during the pandemic

	Much more connected		A bit more connected		No change		A bit less connected		Much less connected	
	n	%	n	%	n	%	n	%	n	%
Rectorate	16	1.6	25	2.6	543	55.4	107	10.9	289	29.5
Dean	24	2.4	66	6.7	542	55.3	133	13.6	215	21.9

49 Interview with administration staff of UIN Jakarta, SM, Female, 12 March 2021
50 Interview with lecturer of UIN Jakarta, YK, Female, 8 March 2021

Head of study program	59	6.0	146	14.9	483	49.3	164	16.7	128	13.1
Lecturer	66	6.7	191	19.5	396	40.4	242	24.7	85	8.7
Administration staff	31	3.2	80	8.2	501	51.1	225	23.0	143	14.6
Student	140	14.3	133	13.6	311	31.7	307	31.3	89	9.1

Relationships with students were most affected during the pandemic. More than 40% of respondents felt that the relationship with students was less connected. Not only that, but students' social cohesion scores are also the lowest compared to other university members. This finding gives a not good signal for students who should receive more attention to adapt and follow the online learning well. This relationship needs more attention so that social cohesion at the individual level is not too weak, especially during a pandemic that makes face-to-face communication very limited. The decline in social cohesion at the personal level can also be seen from the lack of active participation in online learning.

Some students complained about the effectiveness and satisfaction of online learning. Students feel that lecturers and students are not actively involved in lecture discussions during online learning. Students often find it difficult to follow online learning. Internet network interference is most often encountered during online learning. Moreover, internet infrastructure in Indonesia is still not evenly distributed, so communication and education are not optimal. Students feel this difficulty, but several lecturers also admitted to questioning the effectiveness of online learning. Lecturers do not know if students are listening because sometimes students turn off their cameras. Lecturers also do not know during exams whether students are doing assignments honestly or cheating, so sometimes lecturers also think about asking why they prepare material seriously. Another obstacle is also felt when the thesis guidance sometimes gives rise to different interpretations without direct face-to-face communication.[51]

To minimize the ineffectiveness of online learning, some students suggested involving and inviting students to discuss and exchange ideas on how online learning should be carried out. Lecturers are asked to be more sensitive and understand the different backgrounds of students.

51 Interview with lecturer of UIN Yogyakarta, S, Female, 26 February 2021

> "How can lecturers understand the social conditions of students. From an economic point of view, the economic condition of UIN' student tends to low. Learning has been done only with WhatsApp Groups or by providing material or discussions on WA (WhatsApp). The lecturers are too complacent with what is given by the campus or faculty by doing what it's called E-Knows or whatever. So that students are burdened."[52]

4. Comparison of Resilience during a pandemic, Relationship with the University Member and Trust in responding to a pandemic based on Socio-Demographic Characteristics of Respondents

Based on the results of the comparative analysis, it was found that there were significant differences between men and women in terms of resilience and trust. In addition, significant differences were found between respondent status, science cluster, and Islamic boarding school background in terms of the relationship between the university member during the pandemic.

Table 4.6.4

Comparison of Resilience during a pandemic, Relationship with the Campus Member and Trust in responding to a pandemic based on Socio-Demographic Characteristics of Respondents

	Resilience		Relationship		Trust	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
Sex						
Male	513.93	.015	474.39	.096	458.51	.001
Female	470.28		504.41		518.11	
Status						
Student	481.65	.050	478.83	.000	483.86	.050
Lecturer	611.48		542.66		582.11	
Administration staff	528.40		632.23		518.21	
Residential characteristics						
Rural	490.58	.994	469.14	.051	502.62	.268
Urban	490.45		504.92		482.32	
Covid-19 infection						
Never got infected	488.98	.116	488.69	.088	497.19	.002
Yes. with self-isolation	487.57		492.22		337.32	
Yes. with inpatient treatment	709.36		724.00		405.64	
Group of knowledge [a]						

52 Interview with student of UIN Bandung, RAR, Male, 3 March 2021

Religion studies	459.73	.132	426.81	.015	475.02	.663
Social humanities	506.34		511.02		469.19	
Science and technology	454.60		466.35		456.95	
Proximity to a religious organization						
Nahdlatul ulama	489.43	.162	486.17	.663	498.88	.183
Muhammadiyah	522.00		505.18		474.99	
Others	408.05		535.57		523.74	
Not having proximity	495.81		486.18		443.53	
Having Islamic boarding school education						
Traditional	512.79	.114	450.15	.007	504.72	.282
Modern	454.52		470.88		481.44	
Manhaj Salafy	474.68		657.64		659.55	
Others	479.89		427.44		455.78	
Not having Islamic boarding school education	505.30		517.06		488.07	
Having Islamic boarding school education						
Yes	476.80	.111	465.93	.004	492.75	.795
No	505.30		517.06		488.07	
University						
UIN Jakarta	517.48	.043	455.03	.007	516.04	.129
UIN Bandung	491.36		524.56		477.28	
UIN Jogja	463.04		493.32		477.78	

[a] Only students and lecturers

5. Comparison of Social Cohesion during a Pandemic based on Socio-Demographic Characteristics of Respondents

Generally, when viewed from the socio-demographic point of view, the total score of social cohesion and its aspects (social relations, connectedness, and focus on common goods), scores on students tend to be lower than other groups. This finding illustrates that students are more vulnerable to overall social cohesion than others during a pandemic.

Cumulatively, social cohesion is more robust in the respondent group who do not have an Islamic Boarding School background than its counterpart (506.15 vs 476.02). At the same time, *Pesantrens* are generally seen as a community that has high communal power. The academic community with the background of traditional *Pesantren* typically has higher social cohesion than other based *Pesantren*, especially compared to modern *Pesantren*. A score of social cohesion is 525.01 for respondent

with traditional *Pesantren* background and 444.16 for respondent with modern *Pesantren*. Further research is needed to look deeper related to this issue.

Table 4.6.5

Comparison of Social Cohesion during the Pandemic based on the Socio-Demographic Characteristics of Respondents

	Social relation		Connectedness		Focus on common good		Total Social Cohesion	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
Sex								
Male	472.33	.049	467.98	.017	464.27	.005	461.80	.003
Female	506.18		509.94		513.14		515.27	
Status								
Student	481.39	.001	467.46	.000	476.11	.000	470.50	.000
Lecturer	628.88		762.98		736.85		773.00	
Administration staff	517.65		625.53		509.76		568.44	
Residential characteristics								
Rural	503.79	.203	519.59	.006	522.06	.003	518.92	.009
Urban	481.52		470.86		469.19		471.31	
Covid-19 infection								
Never got infected	493.44	.145	493.57	.250	494.17	.074	493.99	.198
Yes. with self-isolation	448.76		418.46		392.18		419.27	
Yes. with inpatient treatment	318.64		461.29		520		400.36	
Group of knowledge [a]								
Religion studies	468.75	.231	473.22	.286	456.89	.919	464.39	.434
Social humanities	427.35		430.23		465.21		435.22	
Science and technology	468.72		466.34		464.88		468.66	
Proximity to a religious organization								
Nahdlatul ulama	489.68	.852	491.19	.870	492.40	.378	490.95	.740
Muhammadiyah	475.81		490.48		455.26		467.14	
Others	503.29		457.42		531.80		498.62	
Not having proximity	505.07		498.17		498.46		507.49	
Having Islamic boarding school education								
Traditional	505.83	.075	531.49	.005	523.48	.405	525.01	.014
Modern	452.75		442.46		473.21		444.16	

Manhaj Salafy	516.27		479.73		487.0		522.05	
Others	490.92		483.97		490.19		475.39	
Not having Islamic boarding school education	507.73		505.37		488.68		506.15	
Having Islamic boarding school education								
Yes	474.56	.054	476.74	.101	492.18	.839	476.02	.094
No	507.73		505.37		488.68		506.15	
University								
UIN Jakarta	474.37	.262	457.61	.011	449.46	.001	451.22	.002
UIN Bandung	508.89		522.25		531.82		527.60	
UIN Jogjakarta	489.04		492.96		491.95		494.20	

[a] Only lecturer and a student respondent

Respondents who live in rural areas have a higher social cohesion score than respondents who live in cities (see Table 4.6.5). This score is also directly proportional to the social cohesion of the three PTKINs. The social cohesion of the Syarif Hidayatullah State Islamic University (UIN) Jakarta, which is closer to the metropolitan area, is lower than the other two UINs. Although the overall social cohesion score of UIN Syarif Hidayatullah Jakarta is the weakest among the other two universities, the relationship score is much higher than the other two universities. In terms of gender, women have an average total score of social cohesion and the average score in three aspects higher than men (social cohesion score: 515.27 vs 461.80) (see Table 4.6.5). The results could signal that women have more increased solidarity and togetherness than men during the pandemic crisis.

6. Comparison of Social Cohesion in the Pandemic Period based on the Socio-Demographic Characteristics of Respondents with Gender Stratification

Table 4.6.6 shows differences in social cohesion in the male group between lecturers, students and administration staff. The condition also happened to the female respondent group. Meanwhile, based on the ownership of the Islamic boarding school background, in general, both the male and female groups in the social cohesion variable and its sub-variables did not find significant differences except for the connectedness variable in the male group. However, based on university origin, there were significant differences between male and female groups in terms

of connectedness, focus on shared matters and total cohesion based on university origin.

Table 4.6.6

Comparison of Social Cohesion during the Pandemic based on Socio-Demographic Characteristics of Respondents with Gender stratification

	Male respondent							
	Social Relation		**Connectedness**		**Focus on common good**		**Total cohesion**	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
Status								
Student	219.02	0.001	211.86	0.000	216.97	0.000	212.68	0.000
Lecturer	303.88		370.95		352.60		373.34	
Administration staff	263.81		292.15		244.24		279.44	
Islamic boarding school education background								
Yes	219.45	0.160	216.09	0.049	227.35	0.979	218.16	0.116
No	236.06		239.64		227.66		237.43	
University								
UIN Jakarta	219.45	0.412	217.76	0.046	220.02	0.014	218.96	0.033
UIN Bandung	238.00		247.87		250.76		249.26	
UIN Jogja	224.12		215.83		211.03		213.42	
	Female respondent							
	Social Relation		**Connectedness**		**Focus on common good**		**Total cohesion**	
	Mean Rank	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***	***Mean Rank***	***p-value***
Status								
Student	262.24	0.199	255.59	0.000	258.97	0.002	257.48	0.001
Lecturer	320.33		378		378.17		391.81	
Administration staff	246.25		337.10		268.92		288.75	
Islamic boarding school education background								
Yes	255.49	0.179	261.23	0.708	265.12	0.785	258.30	0.407
No	272.27		265.99		261.73		269.20	
University								
UIN Jakarta	253.86	0.458	239.49	0.015	229.23	0.000	231.35	0.001
UIN Bandung	272.56		274.52		282.97		280.09	
UIN Jogja	265.84		279.83		283.41		283.70	

Chapter 5
Conclusions and Recommendations

Conclusions

Based on the finding of this research, here are presented several conclusions of the study.

1. Knowledge, attitudes, perceptions and behaviours of preventing COVID-19 among university staff and student were quite good, but still, need to improve on more specific information related to COVID-19 and the implementation of health protocols. For example, about 40.8% of respondents still do not know about close contact, 20.5% did not agree to be vaccinated, 28.0% of respondents still believed that COVID-19 was a conspiracy, and 19.8% perceived that COVID-19 is not dangerous. Moreover, 27.7% perceived that wearing masks is uncomfortable, and 33.7% perceived that physical distancing is challenging to do.
2. In terms of COVID-19 prevention behaviour, not all respondents always take preventive measures. For example, even in times of avoiding crowds, 58.2% of respondents did not always/often avoid crowds, and 41.3% of respondents did not always/ofent keep physical distance from others outside the home.
3. The study found a significant positive correlation between knowledge, attitude, perception and COVID-19 prevention behaviour.
4. Based on the socio-demographic of respondents, this study found a significant difference (p-value <0.05) on knowledge, attitudes, perceptions and health behaviours related to COVID-19 according to respondents gender and related to gender and working status (lecturers vs administration staff vs students). Women

have higher average scores related to those four variables than men. Status as lecturers has better average scores for those four variables than students and administration staff. Significant differences were also found regarding the respondents' domicile characteristics and ownership of high school Islamic boarding school education. Respondents who live in urban areas have better perceptions and behaviours related to COVID-19 prevention than respondents who live in rural areas. Furthermore, respondents who did not have an Islamic boarding school education background have better attitudes, perceptions, and behaviours related to COVID-19 prevention than their counterparts.

5. Respondents' knowledge regarding religious knowledge related to the pandemic was quite good. In terms of religious attitudes, most respondents had a positive attitude towards religious rituals about pandemics and their prevention. However, 39.9% of respondents who still agreed to kiss kept kissing cleric's hand during the pandemic, which was against the recommendation of the health protocol to physical distance. Meanwhile, respondents' belief regarding religious issues related to pandemics and their prevention, several things must be improved. For example, there are still respondents who perceived that COVID-19 is Allah's army sent to attack those who do wrong to Muslims (22.9%) and the perception that Frequent ablution makes someone immune from COVID-19 (46.9%).
6. In terms of religious ritual that might risk the transmission of COVID-19, 10.7% of respondents still frequently conduct a face-to-face religious study. Moreover, merely 34.7% of respondents always wear masks when praying in public facilities, and there were still 10.2% of respondents who often kiss kept kissing cleric's hand during the pandemic.
7. Based on the socio-demographic of respondents, this study found a significant difference (p-value <0.05) on applying preventive behaviour during worship between men and women. Women have higher average scores related to using preventive behaviour during worship than men. In religious knowledge, attitude, perception and behaviour, lecturers have better average scores for those four variables than students and administration staff. Significant differences were also found regarding the respondents' educational background. Respondents who have Islamic boarding school education have better pandemic related religious knowledge than those who did not have. Yet, in terms of religious attitudes, perceptions, and behaviours related to COVID-19 prevention, respondents who did not have Islamic boarding school education background had a better score

on those variables than their counterparts.

8. The study found a significant positive correlation between religious knowledge, attitude, perception and COVID-19 prevention behaviour during worship.
9. The level of social cohesion of the university student and staff tended to be high. However, more than 20% of respondents stated that the institution system is corrupt, not treated fairly as a campus citizen, do not trust the campus system to do what is right and not put the university first before anything else.
10. Social cohesion was significantly different among respondents based on their socio-demographic characteristics. For example, women have better social cohesion than men, lecturers have better social cohesion than students and administration staff, and UIN Bandung has higher social cohesion than UIN Jakarta and UIN Yogyakarta.
11. Individually, most respondents did not consider themselves vulnerable to COVID-19. However, 7.9% of respondents have comorbidities, and 62.1% of respondents did not exercise regularly, which means that those conditions might have increased susceptibility to COVID-19. In the context of individual resilience, most of the respondents already have good stability, such as adapting to change (89.6%) and can handle whatever comes (84%).
12. Institutionally, three Universities (UIN Jakarta, UIN Bandung, dan UIN Yogyakarta) have good resilience in human resources because they already have good knowledge, attitude, perception, and behaviour related to prevention and control the COVID-19 pandemic.
13. In the learning process aspect, students and lecturers already have the resilience that showed by their ability to adapt to the teaching and learning process during a pandemic with mastery of technology. Meanwhile, from the financing aspect, tuition fee waives given to the COVID-19 impacted students was considered a positive effort to increase financial resilience of the students and their family.
14. In terms of infrastructure/facilities that supported institutional resilience during the pandemic, three institutions already have a health facility. UIN Yogyakarta and UIN Bandung have a primary care facility and UIN Jakarta has a hospital and COVID-19 laboratory. Those facilities could be a capital that investing institutional COVID-19 responses.
15. The institutional vulnerability has been found related to the university leadership and COVID-19 task force. It was found there was a late response to the COVID-19 pandemic and the lack of clarity about the COVID-19 task force's function, main

tasks and financing from the Ministry of Religion, which can result in a lack of quick response in a pandemic situation.

16. Institutional vulnerability happened in the context of the teaching-learning process, where internet connection problems often occur during online learning.
17. There was a vulnerability in the database and tracing aspect because each task force did not have a database related to the number of positive cases among the university staff and students, thus might affect institutional response to COVID-19.

Recommendations

Based on the results, the university leader can apply several recommendations to improve the institutional COVID-19 response.

1. In addition to the formation of the COVID-19 Task Force in University, University leaders also need to create other instruments to support the prevention and control of COVID-19 in universities, such as guidelines/standard operational procedures for the prevention and control of COVID-19 at the university level, considering that the University not only act as educational institutions but also as workplace institutions. Therefore, the university is expected to have a good instrument for the learning-education process during the pandemic and a better mechanism for COVID-19 control and prevention, particularly for their staff and student.
2. Efforts are needed to increase the knowledge of the university student and staff related to the transmission and prevention of COVID-19 that can be done by the University COVID-19 Task Force considering that there were still respondents who still had misunderstandings and are hesitant about various knowledge regarding how to prevent and transmit COVID-19.
3. Efforts are needed to improve religious understanding, perception and attitudes because these three variables have a positive and significant effect on COVID-19 prevention behaviour during worship. The improvement efforts were mainly aimed at groups of students and administration staff, considering that both groups had lower variables than lecturers.
4. Universities should maximize the various potentials possessed by universities, both the possibility of human resources and the facilities they have to carry out various efforts to prevent and fight COVID-19. University leaders are expected to develop instruments and policies related to fundraising to increase financial

resilience for parties affected by the economy from COVID-19.

5. One of the pandemic impacts is the emergence of economic vulnerabilities that are especially felt in the informal worker group. In this case, the families of students who come from these groups also have financial vulnerabilities that can affect the ability of students to participate in learning activities. Therefore, the institutions need to expand various assistance such as mobile phone internet package and tuition fee waiver aimed to increase economic resilience.
6. The pandemic also affects the teaching and learning process that occurs in universities. Therefore, there needs to be an emphasis primarily on students in the learning process from home to keep paying attention to learning objectives that are cognitive and affective and psychomotor. In addition, lecturers also create creative learning designs and strategies so that students are interested in participating in online learning and reached learning objectives.

The following are various recommendations for the Ministry of Religion of Indonesia that oversee State Islamic Religious Universities.

1. Clarify the main tasks and functions of the COVID-19 Task Force at the university level so that there are clear guidelines in preparing COVID-19 responses programs and budgeting.
2. The authority needs to build an integrated system that requires every institution to have a database related to positive cases of COVID-19 in the context of strategic policymaking at the university level under the Ministry of Religion.
3. The authorities need to conduct structured monitoring and evaluation related to the PTKIN COVID-19 responses and support PTKIN's efforts as a workplace and educational institution to prevent COVID-19.
4. Support PTKIN's efforts to increase economic resilience, especially for students affected by the pandemic, by providing various financial assistance.
5. Performing various efforts to improve health and religious understanding related to the pandemic, which is based on the results, increasing the religious knowledge of the university member can positively and significantly impact increasing COVID-19 prevention behaviour.

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Empowering Educational Actors and Institutions to Promote Religious Moderation in Preventing Violent Extremism

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