

PROGRAM UOR EMPOWERING THE ROLE OF RELIGIOUS LEADERS AS RENEWAL AGENTS FOR COMMUNITY HEALTH IN THE COVID-19 PANDEMIC**Oktovina Mobalen^{1*}, Elisabeth Samaran², Laurdes Situmorang³**¹⁻³Department of Nursing, Health Polytechnic of the Ministry of Health, SorongCorrespondence Email: mimaiopin@gmail.comSubmitted: 18 October 2022 Received: 14 November 2022 Published: 01 January 2023
Doi: <https://doi.org/10.33024/jkpm.v6i1.8145>**ABSTRACT**

The handling of Covid-19 cases must be carried out with the support of all parties, not only the responsibility of health workers because Covid-19 is a public health problem. The role of religious leaders is increasingly significant in the era of advances in information technology. The ease of influence and the role of religious leaders in controlling change significantly influence society. The primary purpose of community service activities for religious leaders is to act as an agent of health reform in the community during the Covid-19 Pandemic. This method of community service is socialization, training, and advocacy of the approach through the department of religion, and empowerment of religious leaders in the Sorong City area, Masimsa sub-district. Giving pocketbooks. The Role of Religious Leaders as Agents of Reform for Health in the Community During the Covid-19 Pandemic. Providing pocketbooks. On Empowering the Role of Religious Leaders as Agents of Reform for Health in the Community in the Covid-19 Pandemic in 2022 "Providing public health information during the Covid-19 Pandemic and what role religious leaders must play as agents of health reform in the community. Discussion with religious leaders about their understanding of health information for religious leaders. Explain the method used (e.g., counseling, training, mentoring, and others), State the number of participants, and Explain the PKM steps and implementation steps. The training method uses role-playing by providing health information to the congregation/people in the neighborhood or worship area. This activity was carried out from June to October 2022, with the target group of 50 people being religious leaders in the Malasimsa sub-district, East Sorong district, Sorong city, under the guidance of the Malasimsa Health Center. Behavioral results obtained more pre-test scores with a level of understanding of less as much as 40, enough of as much as 48%, and Good as much as 12%, while Table 4.2 level of understanding Post Test after being given a pocketbook, health education was carried out on the Covid 19 pandemic and training with methods playing a role, the results obtained are more good levels of understanding (94%) and at least less (0%), so it can be concluded that there is a difference in the results of pre-test behavior with post-test behavior. Community service results can improve the behavior of religious leaders as agents of Covid-19 renewal. Providing Pocket Books, Health Education, and training on role-playing methods are very important in increasing the role of religious leaders. Religious leaders and religious people play an essential role in public health to become agents of change in health problems in the community by providing health information to the public. Religious administrators / Daily implementation of congregational assemblies help prepare infrastructure

suggestions to support the implementation of health protocols and become an example in improving public health during the Covid-19 pandemic.

Keywords: Religious Leader, Covid-19, Reform, Health Education

1. PRELIMINARY

Coronavirus Disease 2019 (COVID-19) has been declared a global pandemic by WHO, and in Indonesia, it has been declared a disease that causes public health emergencies and non-natural disasters. Data from the Sorong City Task Force Team on July 23, 2021, a total of 201 positive patients in Sorong City, West Papua, were treated in six hospitals. The number of cases that continues to increase has made most of the referral places for Covid-19 patients complete.

The handling of Covid-19 cases must be carried out with the support of all parties, not only the responsibility of health workers because Covid-19 is a public health problem. The public should be disciplined in implementing health protocols to help the government prevent the spread of Covid-19. Religious leaders are the figures who have an essential role in helping health workers (Aula, 2020).

Religious figures are the main actors behind religious, social, and political changes. The role of religious leaders is increasingly significant in the era of advances in information technology. The ease of influence and the role of religious leaders in controlling change significantly influence society. In the advancement of information media, religious figures, as one of the essential actors in shaping public behavior, are still the leading choice in assessing news fame.

Research by Siti Khadijah Nurul in 2020 on the Role of Religious Leaders in Breaking the Chain of the COVID-19 Pandemic in Indonesian online media.". Another study in the field of health communication conducted by Akmal Salim Rahana and Haris on Knowledge Attitudes and Actions of Religious People in the face of Covid-19 concluded that religious people had a significant and robust influence. This proves that religious leaders and people play an essential role in public health to become agents of change in health problems in the community by providing health information to the public (Rachmad & Handiyatmo, 2020).

Communication is closely related to everyday life, including in the world of health. We recognize the importance of communication for medical professionals to improve services by improving their communication skills. Half a century ago, Michael Balint stated that the most effective medicine in medical practice is the doctor himself. These communication skills are not innate but can be learned. According to Adler, the above relationship gives better results (Muchammadun et al., 2021)

Health communication is a systematic effort that positively influences the health practices of large populations. The main goal of health promotion is to improve health-related practices and, in turn, health status. Effective health communication is a combination of art and science. At least one of the keys to success is the application of scientific and systematic health communication methodologies to public health problems. Although the communication strategy varies from country to country, the methodology used is equally crucial for preparing

communication programs that reflect each country's needs and cultural context. The communication methodology includes five steps: assessment, planning, pre-test, delivery, and monitoring (Prasetyaningrum, 2021)

Health communication approaches are derived from various disciplines, including social marketing, anthropology, behavioral analysis, advertising, communication, education, and other social sciences. The various disciplines complement each other, exchanging general principles and techniques with each other so that each makes a unique contribution to health communication methodologies. Because it is rooted in education and health education, health communication is strongly influenced by psychology, communication, and other behavioral disciplines. The things that dominate here are theories and models of health behavior based on psychology. Several theories and models of health behavior in the field of health promotion and communication are: the health belief model; communication/persuasion model; theory of reasoned action; transtheoretical model (transtheoretical model); preceded/proceeded models; the diffusion of innovations model; theory of social understanding (social learning theory); applied behavior analysis (Rosidin et al., 2020)

Whatever the model, the best capital in effective communication is the competence of the communicator himself. In this case, it is how health workers give and respond to messages from the communities they serve. Questions about effective communication among health workers are often the center of the conversation about how to communicate with diverse communities to access health services. Meaning development is a complex process that automatically moves with simple role rules between sender and receiver. More than just conveying and translating information, meaning is seen as a continuous game of perception and action in a social context referring to communication equations. A balance is maintained between skills, experience, and available resources. An imbalance arises third a person has a particular problem. This is usually a 'mechanical' problem such as, for example, in processing or receiving in understanding speech, difficulty in formulating sounds when speaking and using their skills in different contexts for some people in health care (Simon et al., 2021)

In conventional communication formulas and difficulties experienced in interacting effectively in health care, it is believed that barriers arise due to a mismatch of communication capacities and the need for an unmodified communication environment. This leads to an increased risk of communication failure where patient questions remain unanswered and lead to incorrect diagnoses. In addition, new interest in the socio-emotional aspects of health care for patients is also inadequate. For example, the consultation room does not provide tissue paper for clients who are shaking, feeling anxious, and prone to depression. The idea of 'emotional capital' is quite relevant in this regard. This idea stems from the thought of Helga Nowotny. She defines it as 'knowledge, contacts and relationships as well as emotional appraisal of skills and assets, which play a role in the characteristics of social networks, at least through affective bonding. (Manip, 2021)

In this context, a further effort is to improve religious leaders' health education to assist professional healthcare workers. The existence of religious figures is essential in society because religious leaders have the charisma that can be used to influence people or congregations in terms of related health information as agents of Health reform to bind knowledge

and understanding of the community/people in preventing Covid 19 which is temporarily a global health problem that is currently a global health problem. Felt by all elements of society.

2. PROBLEMS AND QUESTION FORMULATION

Based on Sorong City Task Force data, in February 2021, as many as 201 positive patients in Sorong City, and the spread of Covid-19 in Sorong City, West Papua, until now, there is still a spike in the community. Malaisimsa, The area, is under the guidance of the Malaisimsa Health Center because not all religious leaders know about public health about Covid -19. Another health problem in the Malasimsa sub-district, The Malasimsa Community Health Center target area, was also found to be a lack of compliance from the people/congregations to maintain health in the community related to Covid-19. Religious leaders' primary purpose in community service activities is to act as agents of health reform in the community during the Covid-19 Pandemic.

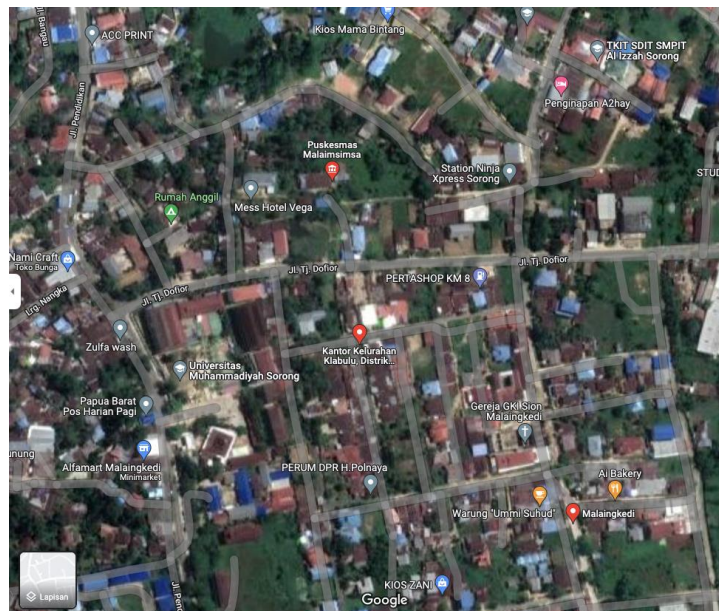


Figure 1. Map of Malaisimsa Village, East Sorong District, Sorong City, West Papua

3. LITERATURE REVIEW

The Covid-19 outbreak has prompted new adaptations in the dimensions of life, including religious practices in society. The new adaptation is included in the implementation of daily life activities. Such community behavior demands a change in the process of implementing worship through effective communication in the community in dealing with and overcoming the Covid-19 crisis (Prihandani et al., 2020).

In this context, the role of religious leaders becomes essential. Because if the material presented to the people covers the theme of public health in suitable media and pays attention to the characteristics of the people, then the issue of pandemic and worship adaptation which is a

crucial and sensitive issue, can be communicated more effectively. This is a necessity in the setting of a religious community by following the words and actions of religious leaders (Kusuma et al., 2021).

People will adopt, imitate, and practice it in their daily lives based on their beliefs, not just logic knowledge. The knowledge of stakeholders, especially religious leaders, in the practice of daily life is a prominent example of healthy living behavior in the community during the Covid-19 crisis. Various aspects of people's lives are required to change rapidly when facing the Covid-19 crisis (Telhalia & Natalia, 2022, p. 19)

As a central and strategic figure in society, religious leaders are obliged to assist efforts, attend, and play a role in providing accurate and reliable data and information regarding handling the pandemic to the general public. Quick steps and strategic actions in handling the Covid-19 pandemic must be immediately informed and reach the community as a form of communication and education on healthy living (Rahman, 2022).

This is very helpful in anticipating not contracting the virus. The public can quickly understand the procedures that must be carried out if they become infected. The Garda Siaga Covid-19 team was also deployed to the smallest area of the RT (Rukun Tetangga) to stem the emergence of many victims. Religious figures are examples of central figures whose behavior can change the dynamics of political, social, and religious conditions. Religious leaders try to understand religious values and socialize them with the community (Atmojo, 2022).

The religious figure acts as an agent of socialization. This has been happening for a long time, from the pre-independence era to the present in the digital era. Religious figures who have charisma are often in the spotlight. Behavior, both actions, and words, can be easily spread and accepted by the people who are followers and the majority in Indonesia. Especially at this time, the ease of disseminating information is more pronounced with online media presence. This convenience can then increase the influence and role of community leaders in controlling socio-religious change (Hasanah et al., 2021).

This program aims for religious leaders and the environmental community to know, be willing, and be able to practice themselves as agents of health reform during the Covid-19 pandemic. In addition, it is also a promotive effort so that religious leaders and the public have good knowledge, attitudes, and health prevention measures during the Covid-19 pandemic to prevent several health problems.

4. METHOD

The method of community service is the socialization, training, and advocacy of the approach through the Ministry of Religion, and the empowerment of religious leaders in the Sorong City area, Masimsa Village. Religious leaders fill out the Pre-Test Questionnaire to understand knowledge about public health during the Covid-19 Pandemic. The Post Test Questionnaire filling is carried out after providing Covid-19 Health information and training with the Role Playing method for religious leaders and giving pocket books *The Role of Religious Figures as Agents Updates for Public Health in the Covid-19 Pandemic*. They are providing a pocketbook on the Role of religious leaders as agents of renewal for health in the community during the Covid-19 pandemic. Covid-19 and what Role religious

leaders must play as agents of health reform in society. Discussion with religious leaders about their understanding of health information for religious leaders. Explain the method used (e.g., counseling, training, mentoring, and others), State the number of participants, and Explain the PKM steps and implementation steps

The training method uses the role-playing method by providing health information to the congregation/people in the neighborhood or the area of worship; with this role-playing method, it is hoped that religious leaders will not only listen to what is conveyed by health workers but must able to play an active role as agents of Health renewal during the Covid-19 Pandemic. This role-playing method can make religious leaders more interested and involved in learning about a concept and integrating knowledge into behavior through classifying problems, exploring alternatives, and looking for creative solutions. The steps taken by health workers are: Playing a role as an agent of renewal carried out in the community, especially people/congregations in the religious service environment, such as: Principles of Prevention of Transmission by: Using masks, Washing hands with soap with running water/hand Sanitizer, Keeping, Increase body resistance (consuming balanced nutrition, physical activity for at least 30 minutes a day, Social control by reminding each other, Covid-19 vaccination, stating the criteria for recipients to receive the Covid-19 vaccine for the community.

This activity was carried out from June to October 2022, with the target group of 50 people being religious leaders in the Malasimsa sub-district, East Sorong district, Sorong city, under the guidance of the Malasimsa Health Center. This Community Service activity involves the Sorong Ministry of Health Poltekkes, Sorong City's people, and the Malasimsa Health Center. The two agencies involved will benefit together (mutual benefit). The Department of Religion of Sorong City is a partner to involve religious leaders as agents of renewal in dealing with health problems.

5. RESEARCH RESULTS AND DISCUSSION

a. Results

This stage is the implementation of service activities in the form of solutions to overcome problems in partners, starting from the initial survey of the place of activity, coordination, and socialization with the Malasimsa Health Center and stakeholders (religious leaders in the area, Malasimsa Health Center) for service activities, and coordinating time for implementation. Activity. Before the service activity begins, the activity participants are first collected and explained at the activity site before the activity begins to assess the initial behavior of the respondents and the supporting facilities where the activity takes place.



The next stage is to carry out service activities for religious leaders. The service team was received by the head of the congregation and together with the activity participants. This meeting was held on July 1, 2022. The next activity was filling out a questionnaire to determine the level of understanding of religious leaders before providing education on Covid-19 public health behavior to religious leaders, then distributing the Pocket Book on the Role of Religious Leaders as Agents of Health Reform in the Covid-19 Pandemic. and education on Covid-19 public health behavior to Religious Leaders, including the Definition of Covid 19, the History of the Development of Covid-19, Symptoms of the Corona Virus (COVID-19), Types of Variants (Mutations) of the Covid-19 Virus, Principles of preventing transmission , Covid 19 Examination, Complications of Covid 19 Infection, Definition of Covid 19 Vaccine, Benefits of Covid 19 Vaccine, Types of Covid 19 Vaccine, Criteria for Recipient of Covid 19 Vaccine, Side Effects of Covid 19, What to do if Rapid Antigen / Antibody Test is Positive, Role of Religious Leaders In the Covid Pandemic, Motivating the Role of Religious Leaders and further conducting simple Health Checks for Religious Leaders as an early detection of health problems (BP checks, simple blood tests using NESCO MULTI CHECK: Blood Sugar, Uric, Cholesterol tests). The method used in the behavioral education intervention of the Role of Religious Figures is the Role Playing method.

Table 4.1. Behavioral descriptive statistical output results *Pre-test* Religious Leaders

		Pre-Test	
		Frequency	Percent
Understanding Level	Well	6	12%
	Enough	24	48%
	Not enough	20	40%
Total		50	100%

Table 4.2 behavioral descriptive statistics output *post test* Religious Leader

		Frequency	Percent
Understanding Level	Well	47	94%
	Enough	3	6.0%

	Not enough	0	0%
Total		50	100%

Table 1 can be seen that the average behavior results obtained more pre-test scores with a level of understanding of less than 40, enough as much as 48%. Good as much as 12%, while Table 4.2 level of understanding of the Post Test after being given a pocketbook, health education was carried out in the Covid-19 pandemic and training with the role-play method, the results obtained are more levels of understanding of Good (94%) and at least less (0%), so it can be concluded that there are differences in the results of pre-test behavior with post-test behavior.



The provision of pocketbooks, public health education during the Covid-19 pandemic as well as training on role-playing methods can motivate and inspire religious figures from the activities of the characters played. Health education is an activity in conveying messages to a group or individual (target) in to hope that the group or individual can obtain better health knowledge and information. The role-playing method can increase interest and activity in following a learning process. The role-playing method is active, creative, practical, and fun because religious leaders will be involved in carrying out their role as agents of health renewal in the community during the Covid-19 pandemic.

Community empowerment is part of the public health effort (UKM) function of the Puskesmas. The community empowerment movement aims to increase the community's ability to raise the dignity of life, dignity, and health status. Increased empowerment means increasing the ability and independence of the community so that they can develop themselves and strengthen their resources to achieve progress.

Religious leaders play an important role in socializing the prevention of COVID-19 in various regions. The application of health protocols and behavior change during this pandemic must be carried out by all parties, such as health workers, government, communities, entrepreneurs, and religious leaders, and community leaders are no exception.

Religious leaders are an essential part of the COVID-19 task force. Its vital role is to understand the public about the prevention of COVID-19. Religious leaders usually discuss health protocols in their delivery, such as wearing masks, washing hands, and getting vaccinations, as worship because they contain elements to maintain survival.

The knowledge of religious leaders in the practice of daily life has become a prominent example of healthy living behavior in the community during the Covid-19 crisis. Various aspects of people's lives must change

rapidly when facing the Covid-19 crisis (Agung, 2020). As a central and strategic figure in society, religious leaders are obliged to assist efforts, be present, and provide accurate and reliable data and information regarding the handling of the pandemic to the general public.

b. Discussion

The Covid-19 outbreak has prompted new adaptations in the dimensions of life, including religious practices in society. The new adaptation includes daily life activities, such as adjusting the distance during congregational prayers. Such community behavior demands a change in the implementation process

worship through effective communication in the community in dealing with and overcoming the Covid-19 crisis. In this context, the role of religious leaders becomes essential. Because if the material presented to the people covers the theme of public health in suitable media and pays attention to the characteristics of the people, then the issue of pandemic and worship adaptation which is a crucial and sensitive issue, can be communicated more effectively. This is a necessity in the setting of a religious community by following the words and actions of religious leaders (Azania & Naan, 2021, p. 19).

People will adopt, imitate, and practice it in their daily lives based on their beliefs, not just analytical knowledge. The knowledge of stakeholders, especially religious leaders, in the practice of daily life is a prominent example of healthy living behavior in the community during the Covid-19 crisis. Various aspects of people's lives are required to change rapidly when facing the Covid-19 crisis (Ahmadi & Mustakim, 2021)

As a central and strategic figure in society, religious leaders are obliged to assist efforts, attend, and play a role in providing accurate and reliable data and information regarding handling the pandemic to the general public. Quick steps and strategic actions in handling the Covid-19 pandemic must be immediately informed and reach the community as a form of communication and education on healthy living. This is very helpful in anticipating not contracting the virus. The public can quickly understand the procedures that must be carried out if they become infected. A special regulation was enacted to prevent the spread of COVID-19. The Covid-19 Guards Alert Team was also deployed to the smallest area of the RT (Rukun Tetangga) to stem the emergence of many victims (Arrobi & Nadzifah, 2020).

For this reason, it is necessary to properly educate religious leaders in the community, so that religious leaders can become effective role models to spread examples of positive behavior. The importance of the role of religious leaders and analyzed educating the masses to behave according to the health protocols imposed by the government in preventing the Covid-19 crisis has been stated in the findings of previous research. For example, they still have problems with the medium of temporary message communication (Sholikha, 2021).

Fahrurrozi (2018) focuses on changing the role of religious leaders in the Lombok religious community setting. This research completes the gap in media analysis and the influence of population characteristics on the effectiveness of delivering the da'wah message. Religious figures are central figures whose behavior can change political, social, and religious dynamics. Peter L. Berger said religious leaders try to understand religious

values and socialize them with the community. The religious figure is an agent of socialization (Patni & Ansari, 2022)

This has been happening for a long time, from the pre-independence era to the present in the digital era. Religious figures who have charisma are often in the spotlight. Behavior, both actions, and words, can be easily spread and accepted by the people who are followers and the majority in Indonesia. Especially at this time, the ease of disseminating information is more pronounced with online media presence. This convenience can then increase the influence and role of community leaders in controlling socio-religious change (Kholifah & Zurinani, 2022)

Of course, there are two changes, namely positive changes and negative changes. The convenience provided by the existence of online media sometimes creates polemics due to not filtering all information, so hoax news and facts cannot be distinguished. The reason is that even though the news is true or false, the existence of religious figures is essential in forming people's attitudes and is considered the giver of factual statements. According to the research conducted by Aula (2020), religious leaders' role is currently quite vital in dealing with the development of Covid-19. However, the leading role is still held by health workers (Token & Artama, 2022).

The existence of religious leaders cannot be underestimated, especially in the Indonesian context. The influence of religious leaders in grassroots communities is still powerful. The effect is more significant in some conditions than in health workers. This can be seen from the government's efforts to involve religious leaders in several efforts to deal with Covid-19. The above statement is also supported by Fahrurrozi, who revealed that the Tuan guru (religious leader) plays various cultural roles in society. He is an educator, guardian of traditional culture, and social mediator (Najoan, 2022, p. 19).

The teacher is usually more listened to in conveying the policies set by the government. Therefore, the role of religious leaders is urgently needed to prevent the spread of Covid-19. He was primarily considering the large number of followers of religious leaders who can be mobilized to fight asymmetric information on minority groups who do not believe in Covid-19. So the role of community leaders is not only as a preacher but also as a community developers. However, in Indonesia, the definition of a representative religious figure following his teachings cannot be known with certainty (Setyaningtyas & Alwiyah, 2022).

The understanding of the Indonesian people about religious figures who are used as role models is still limited to those who have an understanding or expertise in the field of religion and have many followers. The intended specification of religious expertise in Indonesian society is still ambiguous. Some people with expertise in fiqh are sometimes still considered scholars compared to religious figures (Agustarika et al., 2021; Syarqawi, 2020).

This uncertainty has an impact on social and community problems in Indonesia. In the case of the spread of Covid-19 in Indonesia, the influence of the presence of religious figures is enormous. The role of religious leaders was controversial when the pandemic began to enter Indonesia. The concept of piety held by religious leaders is used as a shield and is considered capable of protecting the body from calamity attacks. This concept was initially opposed to government recommendations regarding

physical/social restrictions to prevent the spread of Covid-19 (Agustarika & Mustamu, 2022; Marwantika, 2022).

Some religious figures interpret this government policy as a form of fear of disease (everything) created by God. Their statement inevitably has absolute power over some people living their religious lives. However, from another point of view, such dogma causes public awareness of the spread of disease to be low. This doctrine makes people not afraid of disease, so the level of alertness decreases, followed by the spread of the disease (Mansa et al., 2022; Syarqawi, 2020).

Asymmetric information, the ability of figures to choose media to convey information, and figures who believe that Covid-19 does not exist have made a group of people who do not know and understand if Covid-19 exists and happened. This is very concerning and worrying for the government and other related parties because this understanding contributes to high distribution in society. On the other hand, the risk of a high level of transmission/infection will be followed by many deaths due to trivial causes, namely distrust of Covid-19 (Loihala et al., 2019; Marwantika, 2022).

The thought of not believing in the existence of the Covid-19 outbreak and creatures could be possible due to several things: ignorance, not having access to knowledge, a strong belief that YME created living things for the interests and needs of its people, so there is no need to be afraid, get knowledge and information from wrong sources, does not have accurate information, only hoaxes that are often obtained, wrong references. So, despite the large-scale social restriction (PSBB) policy and adaptation of new habits, the government is trying to stop the spread of the coronavirus (Mustamu et al., 2020; Patni & Ansari, 2022).

The policy encourages people to adjust their behavior through the government's health protocols. Groups of people who behave like this seem to have 'no effect on their reasoning and thinking. For that, you need characters. Religious leaders who perform their roles optimally in this study have implemented or complied with applicable government recommendations regarding the Health protocol for Religious Leaders in preventing the transmission of COVID-19.

6. CONCLUSION

The results of community service can improve the behavior of religious leaders as agents of Covid-19 renewal. The provision of Pocket Books, Health Education, and training on role playing methods are very important in increasing the role of religious leaders. Religious leaders and people have an important role in public health to become agents of change in health problems in the community by providing health information to the public. The ulema/daily organizers of the congregational assembly help prepare infrastructure to support the implementation of health protocols and serve as examples in improving public health during the Covid-19 pandemic. Community health centers can collaborate with religious leaders in improving the status of the community in their area.

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