

# The Role of the Church Institution in Responding the COVID-19 Pandemic (Case Study: *Jemaat Rehoboth, GPM*)

Eduardo Erlangga Drestanta<sup>1,a</sup>, Elrianton Muskita<sup>2</sup>, I Dewa Made Frenrika Septanaya<sup>3</sup>, Placidus Kristadi Stefanugroho<sup>3</sup>

<sup>1</sup> Ecole Doctorale de Géographie de Paris, Sorbonne Université, France

<sup>2</sup> Gereja Protestan Maluku, Indonesia

<sup>3</sup> Department of Urban and Regional Planning, Institut Teknologi Sepuluh Nopember, Indonesia  
e-mail: eduardo-erlangga.drestanta@etu.sorbonne-universite.fr

**Abstract**— Throughout the pandemic, the church is one of the numerous religious institutions that is perceived as crucial and has a close connection in the control of COVID-19 in Ambon, Maluku. This research highlights the roles of and the strategies constructed by *Gereja Protestan Maluku (GPM)* as well as religious leaders who have the capability to transform social condition of the community related to the management of COVID-19. GPM, being a religious institution, is faced with the self-reactualisation of principles which are continuously renewed with regards to responding to the complex issues of COVID-19, such as the return to familial and household theological beliefs as well as *adat* traditions (*mata rumah* and *piring natsar*). Through a descriptive-qualitative approach, this research finds that the church institution is perceived as an essential and strategic part in terms of Maluku's social structure to reduce the transmission and impact of COVID-19 by performing "divine" interventions in line with medical interventions within nonpharmaceutical and pharmaceutical contexts. Thus, the church institution could take a more active part as a strategic partner and therefore managing the issues caused by the pandemic can be run smoothly and effectively in Maluku.

**Keywords**—Adat Tradition, Church Institution, COVID-19, *Gereja Protestan Maluku (GPM)*-Rehoboth Ambon, Role

## I. INTRODUCTION

At the moment Indonesia is one of the countries which is affected the most by COVID-19 in the south-eastern region (as of September 2021)<sup>1</sup> [1]. The first official public announcement of COVID-19 in Indonesia was brought by President Joko Widodo through national TV on March 2<sup>nd</sup>, 2020. Meanwhile, interestingly, in the province of Maluku, particularly at the capital city, Ambon, the first official public statement concerning the first case of COVID-19 was announced by the mayor of Ambon Richard Louhenapessy on Sunday, March 22<sup>nd</sup> 2020, or just 20 days after the President's speech being aired nationally. The statement was issued during the 52<sup>nd</sup> trial conference of *Klasis Gereja Protestan Maluku (GPM)* at the church GPM Eden Kudamati, Ambon. Through the institution of GPM, he stated the finding of one person to be confirmed positive of COVID-19 at the hospital RSUD Haulussy, Ambon, "I received an information about a person-under-surveillance coming from Bekasi, West

Java, the test result is out and it is confirmed positive"<sup>2</sup>. Afterwards, the mayor of Ambon officially issued *Keputusan Walikota Ambon Nomor 173 Tahun 2020* with regards to the determination of emergency response status for non-natural disaster of coronavirus disease to the citizens of Ambon [2]. This statement was continued firmly by the governor of Maluku who represented the voice of the provincial government to declare Maluku's COVID-19 emergency status or "*Maluku Darurat COVID-19*".

Indonesia is in fact a multi-ethnic and multi-religion country. Based on a study conducted by Pew Research Center in 2020, Indonesia is considered one of the most "religious" countries alongside Philippines by virtue of Indonesians viewing highly of the link between belief in God with good moral [3]. Several factors which may explain this increased belief include the link found to lower average economic status per capita [3] [4], less education standing [3] and higher disaster risks [5] – difficult and stressful life conditions [5] [6]. In spite of diversity having been linked to practical and political problems [7], the people of Indonesia have lived in their own respective faiths while also coexisting with cross-ethnic and cross-religious communities with full acceptance (as shown in [8]). Therefore, it is not a surprise to have the roles of religions being one of the most crucial aspects in handling COVID-19. This continuously remained as the highlight regarding the challenges and Indonesia's governmental issues in regulating religious activities.

Past research regarding the roles, dilemmas and dialectics of religious institutions in responding to COVID-19 have been conducted in various nations, often in a national or provincial scale, including South Korea [9], Malaysia [10], Sri Lanka [11], Brazil [12] and Indonesia [13] [14] [15] [16]. Particularly in Indonesia, a number of previous studies have even discussed repetitively the different responses of each religious community, especially the discussions of Muslims – as the religion of majority in Indonesia – who, in the beginning, tend to invite difficulties with pros and cons characteristics, narrative conflicts and misunderstandings with the government's policies [15] [16]<sup>3</sup>. Furthermore, customs in Indonesia are also a significant aspect of everyday life, as exemplified by a study conducted in Central Maluku Regency, where the positive role of customary institution was

<sup>1</sup> The highest numbers of new deaths were reported in the south-east Asia region, in which 3,938 new deaths (1.4 new deaths per 100 000) originate from Indonesia [World Health Organization, 2021, p. 13]

<sup>2</sup> Satu Positif COVID-19, Wali Kota Ambon: Jangan Panik Tapi Waspada | MalukuTerkini.com

<sup>3</sup> Religion and COVID-19 mitigation | TheJakartaPost.com

identified in handling COVID-19 [17]. Hence, the blend of a religious institutional role study in a smaller geographic region with a focus on minor religion intermixed with customary elements in Indonesia causes for an interesting topic to bring forth.

From the abovementioned case, the use of a religious institution rather than a governmental institution as the main informational platform displays the importance of religious identity as the main factor that is considered to be the most effective in counter-measuring issues of the pandemic, particularly in the society of Maluku, as well as enables a deeper dive to a different character of response and rarely discussed topic, focusing on Protestant communities, especially GPM in customary-rich Ambon, East Indonesia in the context of COVID-19 handling. We will try to unveil strategies, application processes and transformations brought together within a single service policy of “*Darurat Pelayanan*” [18] established by *Majelis Pekerja Harian (MPH) Sinode GPM* as a religious institution in coordinating the spatial behaviour of their followers. We will display, which could potentially become future recommendations, how religion and faith could be integrated and applied to health-related information platform, enable efficient and harmonious teamwork with governmental policies, strengthen customary values (*adat*) and play an important role to respond the COVID-19 pandemic.

## II. METHODS

### A. Data Collection

The methods in which data were collected in this research were primarily given emphasis towards in-depth interviews and field observations, which are delineated within *Jemaat Rehoboth* in Ambon as the location of the research. In-depth interviews were purposely conducted to *Ketua Majelis Jemaat Rehoboth* as well as *Kepala Sektor* and *Unit* in *Jemaat Rehoboth* as the sources of specific information, while field observations became the means of further validation. A compilation of both published and unpublished literature from religious, historical, socio-cultural and

medical context has been collected in order to deepen the discussions in further sections.

### B. Data Analysis

In order to capture the extent of the church’s role in managing the pandemic issue, this research utilises a descriptive qualitative analysis brought forth by a chronological socio-spatial narrative and participatory mapping utilising ArcGIS. During said in-depth interviews, *Ketua Jemaat Majelis Rehoboth* was given a map of *Jemaat Rehoboth* to briefly delineate the research area and locate megaphone points for data visualisation. Other necessary information obtained from the literature study and the in-depth interview then undergo a comparative analysis based on the appropriateness of the strategies performed by the church institution with theoretical and practical pandemic interventions based on non-pharmaceutical (NPIs) and pharmaceutical interventions (PIs). This particular analysis technique will only be able to show a comparison, but, at the very least, it may be able to clearly show the extent of the impact of the church’s presence in responding to the COVID-19 pandemic.

In essence, non-pharmaceutical interventions in an epidemiological context are generally agreed upon as public health measures taken to prevent, reduce and control the spread of a virus, be it in a local, national, or international scope [20] [21] [22] [23]. These interventions become the first line of defence to be performed by government officials before pharmaceutical drugs are produced and, thus, play an essential role in averting further casualties [20] [21]. In the context of SARS-CoV-2, preventive pharmaceutical interventions come most known in the form of vaccines. Despite there being other medications, which aid in the treatment of COVID-19, such as antivirals, molecular clinic trials, antibodies and immunotherapy [24], we will solely focus on the readily available and publicly distributed vaccine as the only pharmaceutical intervention. Meanwhile, a vast array of non-pharmaceutical interventions has been compiled within the following table (see Table 1).

Table 1.  
Formulation of interventions during pandemics and endemics

Interventions	Sources of literature	Definitions
Hygienic habits	[19] [20] [21] [25] [26]	The practice of hygienic habits in everyday life <sup>4</sup>
Travel restriction	[19] [20] [22] [26] [27] [28]	The limitation of mobilisation to and from a venue
Personal protective equipment (PPE)	[20] [23] [24] [25] [26] [28] [29]	The usage of personal protective equipment, especially face masks, in public spaces
Social distancing	[19] [20] [21] [22] [23] [25] [26] [27] [28] [29]	The practice of physically distancing oneself in public spaces
Stay-at-home/ quarantine	[19] [20] [21] [22] [23] [25] [26] [27] [28] [29]	The act of restricting movement by staying in one’s home to reduce physical interaction
Isolation	[19] [20] [21] [23] [26] [27]	The act of restricting movement of a person confirmed to be virally transmitted to reduce transmission chances
Gathering limitation	[19] [20] [29]	The limitation of people above a certain number to gather within both confined or open spaces

<sup>4</sup> *Pola Hidup Bersih dan Sehat* in this context refers to the social campaign proceeded by the Indonesian Ministry of Health comprising of five habits (5M) to be continually practiced throughout the pandemic; wearing masks (*memakai masker*),

washing hands (*mencuci tangan*), maintaining safe distance (*menjaga jarak*), staying away from crowds (*menghindari kerumunan*) and reducing mobility (*mengurangi mobilitas*).

Interventions	Sources of literature	Definitions
Testing and contact tracing	[22] [23] [24] [26] [27] [28]	The act of continual viral testing, in which case an individual is infected, interaction history may be traced for further preventive measures
Surface cleaning	[19] [20] [25]	The practice of cleaning surfaces frequently handled by people in public spaces using disinfectants
Closure of venues	[20] [21] [22] [23] [25] [26] [27] [28] [29]	The act of fully closing a public space correlated with high gathering of people
Cancellation of events	[21] [22] [23] [25] [28]	The act of disbanding, closing or cancelling events which involve the gathering of people in public spaces
Financial and (indirect) social support	[22] [28]	The providence of aids in forms of money, basic needs and special needs
Public information campaign/ communication	[19] [22] [25] [27] [28]	The engagement of citizens with basic information on the matter (COVID-19) through social media
Vaccination	[24] [26] [28]	The administration of a scientifically proven substance to provide or increase immunity to a certain viral disease (COVID-19)

### III. RESULTS AND DISCUSSION

#### A. The Role of the Church

##### *From Mata Rumah, Family's Sacred Place: Piring Natsar, to Tadodirumah*

The presence of GPM's voice for "tadodirumah" (stay-at-home) with regards to the issues of pandemic in 2020 has shown two main aspects on this paper. Firstly, how religious identities remain to have a significant role in the society of Maluku, especially in Ambon, and secondly, how religious and cultural values have become more and more harmonious when flowing hand-in-hand. GPM must adapt and change its principals with the strategies of "tadodirumah" by centralising and returning its values by building familial and household theologies [15]. In this context, GPM affirmed that God lies within families and/or households. Furthermore, GPM strives to shift worship activities from church buildings to houses of *jemaat* (church members) by reactivating old traditions and *adat* (customs), such as, in the case which will be highlighted in this paper, the system of kinship - clan/*mata rumah* and the tradition of *piring natsar*.

The GPM institution belongs to a part of the social culture that was built and has been active for centuries in Maluku. Religious identities, especially Christianity, is in fact a classification obtained from colonial legacies<sup>5</sup> [30], including the spread of Christianity in Maluku, which had a long journey that we could trace back from the arrival of the Portuguese (ca. 1520) to the destruction of VOC in 1799. From that point, it continued to grow, especially in the context of Protestants marked by the formation of GPM on September 6<sup>th</sup>, 1935. Therefore, GPM was not without considerations, but rather a collective identity that is built from a long dialectic process of *pribumisasi* (domestication), from the merging of colonial's legacy values and indigenous religions as well as *adat*.

The ever-dialectic process of value acculturation, which is GPM's characteristics, unfortunately presents itself several challenges, such as the friction between Christian and *adat* values, where Christianity often desires to demolish the role of old traditions and *agama suku* (tribal religions) [31]. Furthermore, this tension could be found, for example, in the characteristics of Protestant Christian groups that develop

two contrasting socio-organisational patterns in the society of Maluku, generally in the character of villages between the structure of *adat* and religions. Thus, the dualism of strong societal identities was born between *adat* members and *jemaat* (church members), or, borrowing the terms by Cooley, it is between the "throne" and the "altar" [32].

In general, *negeri* (village) has a structure of *adat* which is composed of familiar groups known as *fam* or *mata rumah*. This signature characteristic remains as a fundamental social organisation in a *negeri*'s structure, consisting of numerous larger groups known as *soa*, where the people are rooted from the same family tree. *Soa* is led by a *kepala soa* (chief of *soa*), who leads hereditarily in a sense that the chief must be chosen from a specified bloodline. From the group's representative, *kepala soa* is formed by *saniri* (the central committee) and moreover there is the *raja* (head of the village) appointed based on the order of succession from selected *mata rumah*. These hierarchies often clash with and feel threatened by the church's hierarchy, which enables *raja* from a certain *mata rumah*, previously unable to take part in the structure of *adat*, to be higher in status as a *ketua majelis jemaat* (congregation leader).

This tensioned structure of *adat* is not visibly seen if observed in the society of Ambon, which has been urbanised/semi-urbanised. Nevertheless, the clan/*mata rumah* system did not just disappear but was transformed within the organisational structure of the GPM called *unit*. However, *adat* in Ambon is still highly fundamental and marks the relationship and behavioural norms which are believed to be established by their ancestors [32]. Taking *piring natsar* (family's sacred place) as an example, this tradition dictates the practice of prayers in a family with a small table or *mezbah* on which the worshippers place a bible and a white porcelain plate [33]. On the plate, a *natsar* (offering), commonly a coin or paper money, is bestowed to the church so their prayers will be granted. Generally, the collections of *natsar* are taken to be placed in the box of offerings at the church each Sunday or certain holy days (Good Friday, New Year's Eve). This practice remains to be debated to this day as it is considered more of an ancestral ritual for the holy spirits on a Chinese plate, rather than a

<sup>5</sup> Classification of subject peoples by religion was a standard feature of administrative reports and documents produced by officials working in the *Groote Oost* (The Great East) of the Dutch East Indies during the colonial period [Cooley, 1961, p. 137]

church ritual [33]. However, the presence of “*tadodirumah*”, *piring natsar* and *units* are now used as a centralised value and affirmed by GPM as a church tradition to be practiced as well as reinforced when praying at home in response to socio-economic problems during the pandemic, especially providing financial flows for church activities even though the *jemaat* cannot physically attend to the church. Thus, GPM can be observed continually self-actualising principles with regards to responding complex COVID-19 issues.

*Jemaat and Rehoboth*

The society of Maluku is generally polarised based on ethno-religion as described previously. Ethnic identity is connected to religious factors which significantly differentiate within inter-community relations. In a spatial context, they possess segregated rural and urban settlement models. In rural areas, the *negeri* tend to be characterised homogeneously with distribution of religious identities. They are *Negeri Kristen Protestan, Islam* and *Alifuru* (a term for the community who denies Moslem and Christian influences). On the other hand, in urbanised or semi urbanised population, especially in Ambon, they are more or less the same, as the pattern of population segregation is clear in the level of *negeri* and subdistrict, especially this matter does not deviate from the conflictual communal experience between Moslems and Christians in 1999. Although dominated by certain religious communities, the area still provides space for minor people of different religions to live in the area.

Different from Islamic communities, each member of GPM or known as *jemaat* is guarded by a strict spatial organisational system [33]. That organisational system is based on values of obedience to the *pemimpin Sinode* (Synod leaders). The organisation is divided into *Klasis* (classes of pastorals), consisting of various *Jemaat* (as a structure), which later will be subdivided into numerous *Sektor* (sectors). Each *Sektor* is composed of *jemaat* (as members) coming from the same area and is classified into *Unit* as the smallest component. The head that leads these *jemaat* is called *majelis jemaat*, which consists of a number of *panatua* and *diaken*. This group is held responsible for the lives and the occupations of the *Jemaat*, who are led by a priest.

This became the most effective spatial key in counter-measuring and spreading information concerning the issues of the pandemic. The strategy of “*tadodirumah*” will play a part in managing the units and sectors which will activate the value of *mata rumah*’s system. In this matter, Units are transformed like *mata rumah* and *Sektor* like *soa* by activating cultural influence based on *mata rumah*/clan. The difference between the two in urban context is that both generally do not have blood relation, but more of origins which are usually told to have the same genealogic relations based on ancestors who had migrated and embarked on a journey together.

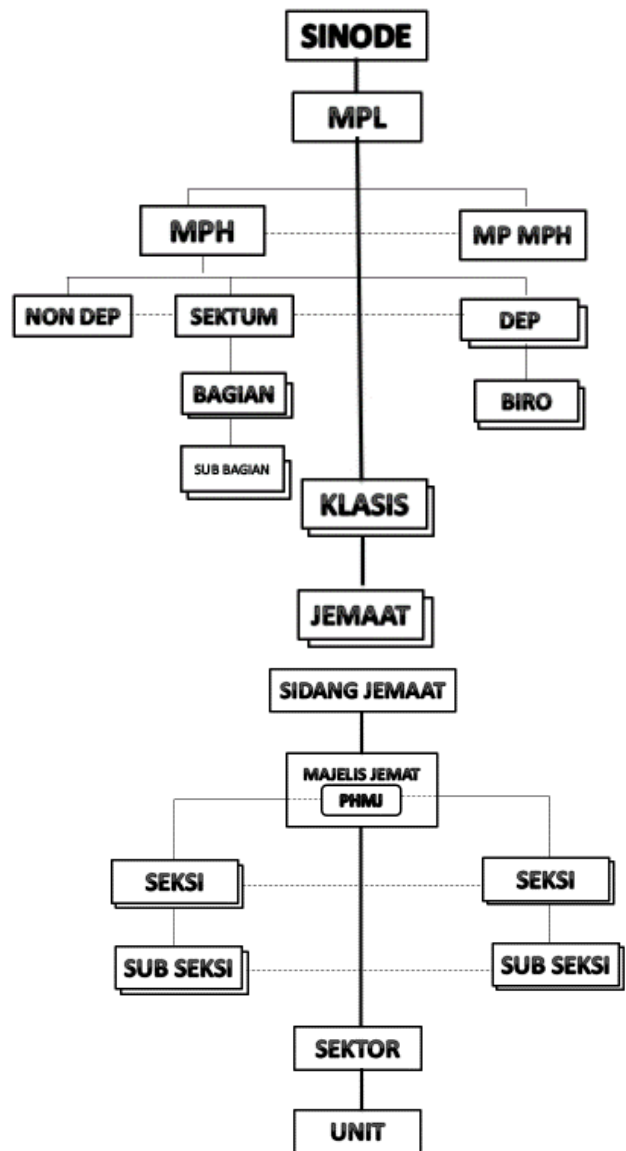


Figure 1. The organizational structure of GPM.

Today, this structure of GPM is counted to have 765 *Jemaat* which comprise 34 different *Klasis*<sup>6</sup>. Especially in Ambon, there are 23 *Klasis* with a total of 48,462 households with a total population of 191,853. As mentioned, this research will solely focus on 1 *Jemaat*, which is *Jemaat* Rehoboth, with a total of 2,897 households and 12,225 people. The majority is Protestant Christians, with a minor Moslem population of 12 households with a total population 55 and Catholic population of 62 households with 242 people [34]. This selection is due to the *Jemaat* Rehoboth having the widest service area and the most members in Maluku province, with 33 *Sektor* and 80 *Unit* spanning over 4 subdistricts (Kudamati, Wainitu, Manga Dua and Waihaong) and 1 *negeri* (Urrimessing) in the district of Nusaniwe (see Figure 2).

<sup>6</sup> Currently, GPM has 765 *Jemaat*, which are members of 34 *Klasis* (Ternate, Bacan, Sula Isle, Obi Isle, Northern Buru, Southern Buru, Northern Seram, Northwestern Seram, Taniwel, Western Seram, Karatu, Masohi, Teluti, Eastern Seram, Lease, Ambon City, Ambon Island, North Ambon Island, East Ambon Island, Banda, Kei *Kecil*, Kei *Besar*, Aru Isle, Central

Aru Isle, Southern Aru Isle, Northern Tanimbar, Southern Tanimbar, Babar, Eastern Babar, Kisar Isle, Wetar, Damer, LEMOLA (Leti Moa Lakor) and Luang-Sermata (Luser) with a total of 523,353 members as well as served by 1,215 priests and 29 evangelists.

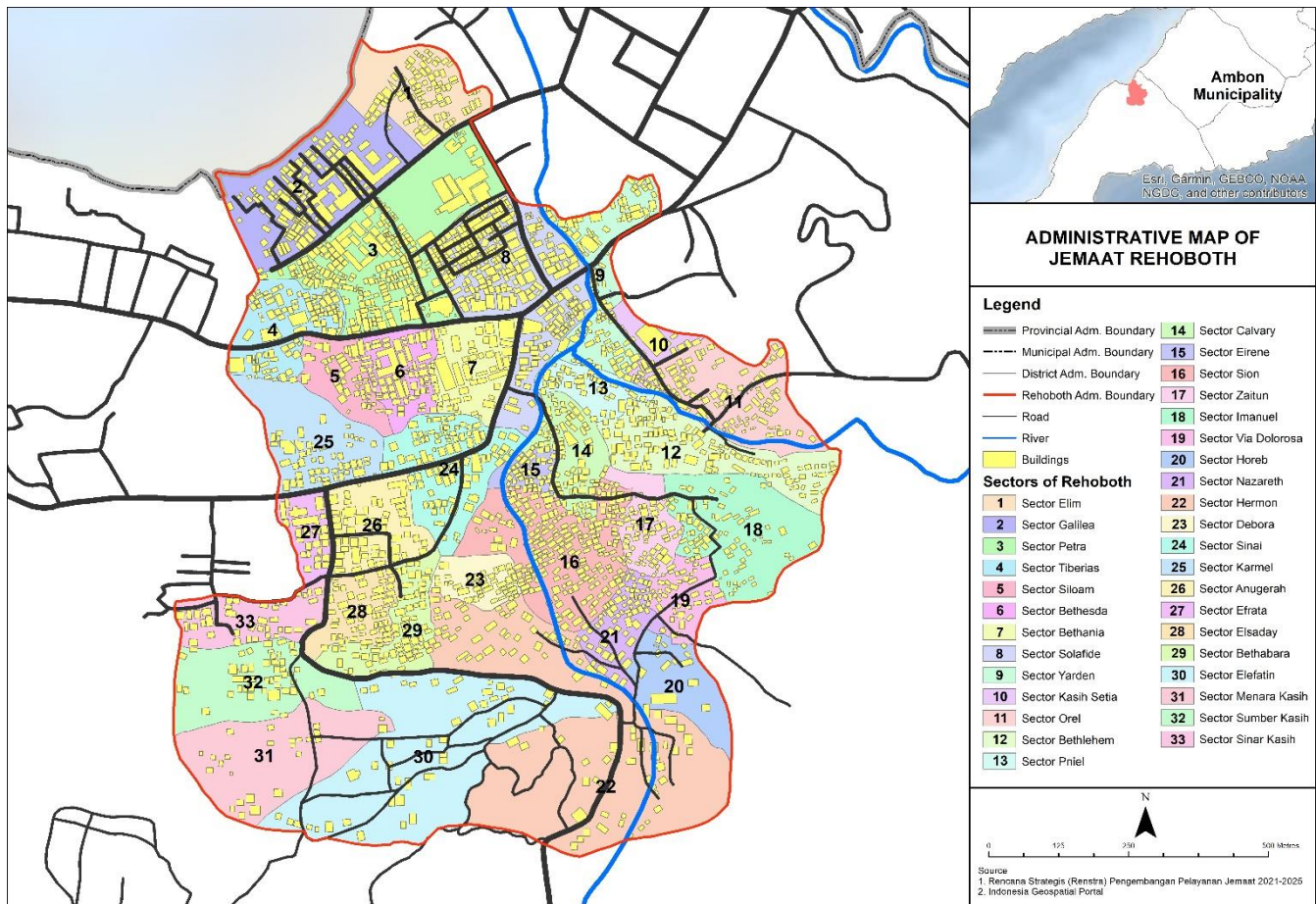


Figure 2. The administrative boundary of *Jemaat* Rehoboth.

**B. Actions and Strategies of GPM Rehoboth in Responding the COVID-19 Pandemic**

*“Divine” interventions*

Since the initial phases of the pandemic, the GPM had already understood the gravity of the situation, COVID-19 being the currently ravaging pandemic in the whole world. On a previous note, *Persekutuan Gereja-gereja di Indonesia* (PGI) promulgated a notice letter dated March 16<sup>th</sup>, 2020<sup>7</sup> urging its churches spread throughout the nation to reduce the frequency of congregational worship in churches following the first ever record COVID-19 case in Indonesia. With Ambon having first contact with the virus on March 21<sup>st</sup>, 2020<sup>8</sup>, the MPH-GPM swiftly responded the call on the following day with a similar fashion as the PGI had done, closing the doors of churches until further notice in March 29<sup>th</sup>, 2020 and obliging the people to limit their religious activities and divert their weekly congregational worship in churches to the comfort of their own homes [15] [35].

Within this act, the GPM, including *Jemaat* Rehoboth, performed other forms of strategies in hopes of continually nurturing the spirituality of their churches and bolstering their solidarity. Therefore, the term "divine" intervention describes this strategy which emphasises religious values and practices from the church to the *jemaat* to believe in the dangers of the COVID-19 pandemic and regulate the behaviour of the *jemaat* so as to avoid virus transmission. Starting from the smallest unit of interaction, with the recent closure of churches as the main venue of religious activities then,

families were recommended to increase their frequency of familial building (*pembinaan keluarga*) while also advising the conduct of intercessory prayers every night at 20:00 (08:00 PM) [35]. As a means of reducing crowd gatherings, familial building and *piring natsar*, which the latter will frequently be collected door-to-door by *ketua majelis jemaat*, played a crucial role in becoming the continuation for familial worship and church offerings respectively.



Figure 3. A familial worship with *piring natsar* tradition in one of the houses.

In this family guidance, the importance of information on the dangers of COVID-19 is conveyed through the quotes of the Holy Bible.

<sup>7</sup> Imbauan Majelis Pekerja Harian Persekutuan Gereja-gereja di Indonesia (MPH-PGI), March 16<sup>th</sup>, 2021

<sup>8</sup> Kasus Positif COVID-19 Pertama di Ambon, Maluku Tetapkan KLB Corona | Kompas.com

1. COVID-19 is equated with a disaster that has been preordained by God

“Luke 21:11 And great earthquakes shall be in diverse places, and famines, and pestilences; and fearful sights and great signs shall there be from heaven.”

2. The supplication of strength and salvation from COVID-19 is constantly being asked

“Luke 21:18-19 “But there shall not an hair of your head perish. In your patience possess ye your souls.”

The selection of these readings is determined and agreed upon simultaneously in the synod meeting, so that there is no difference in interpretation with the aim that the information that will be conveyed to the *jemaat* is clear and aligned. The first verse acts as a religious affirmation to help the *jemaat* believe in COVID-19, whereas the second set of verses strengthens the need of salvation from COVID-19 in accordance to the salvation of the church. This signifies a responsibility to fully submit oneself to God as well as the sustainability of the church through *piring natsar* tradition as the medium.

Gradually transitioning to the scope of neighbourhoods, the church provided a number of megaphones on different sectors of *Jemaat* Rehoboth in order to anticipate the gathering of worship crowds in accordance to the health protocol (see Figure 4). Originally used to play spiritual songs in the unrestful times of the 1999-2002 Maluku sectarian

conflict according to the account of the reverend in the interview, *Jemaat* Rehoboth has expanded its scope of service based on sectors which considered the most effective megaphone range by utilising ground level height. This was due to the fact that some of the sectors were not near enough to the vicinity of the nearest church, rendering them unable to pray from their own homes. In addition, the presence of the megaphone is not only fully supported by the church, but the participation of the community itself. For instance, megaphones in the *Sektor* Tiberias were provided based on *jemaat*'s participation. The reason they are showing high cooperation amidst the pandemic can be inferred from GPM playing the role of *mata rumah* based on 'brothers of origin' in *Sektor* Tiberias, originating from Ambon and Lease, within the *Unit* structure in raising funds and power relations to buy megaphones. This brotherly relation is known as “*hidup orang basudara potong di kuku rasa di daging*” (living in arms through life and death) [34].

Moreover, the megaphones currently become a connector of faith for those longing the togetherness of congregational worships and those unable to access congregational worships and sermons provided through Youtube livestreams (see Figure 5). Maximum estimation indicates that nearly 4,600 people obtained access to the megaphone's scope of service across 13 sectors [34].

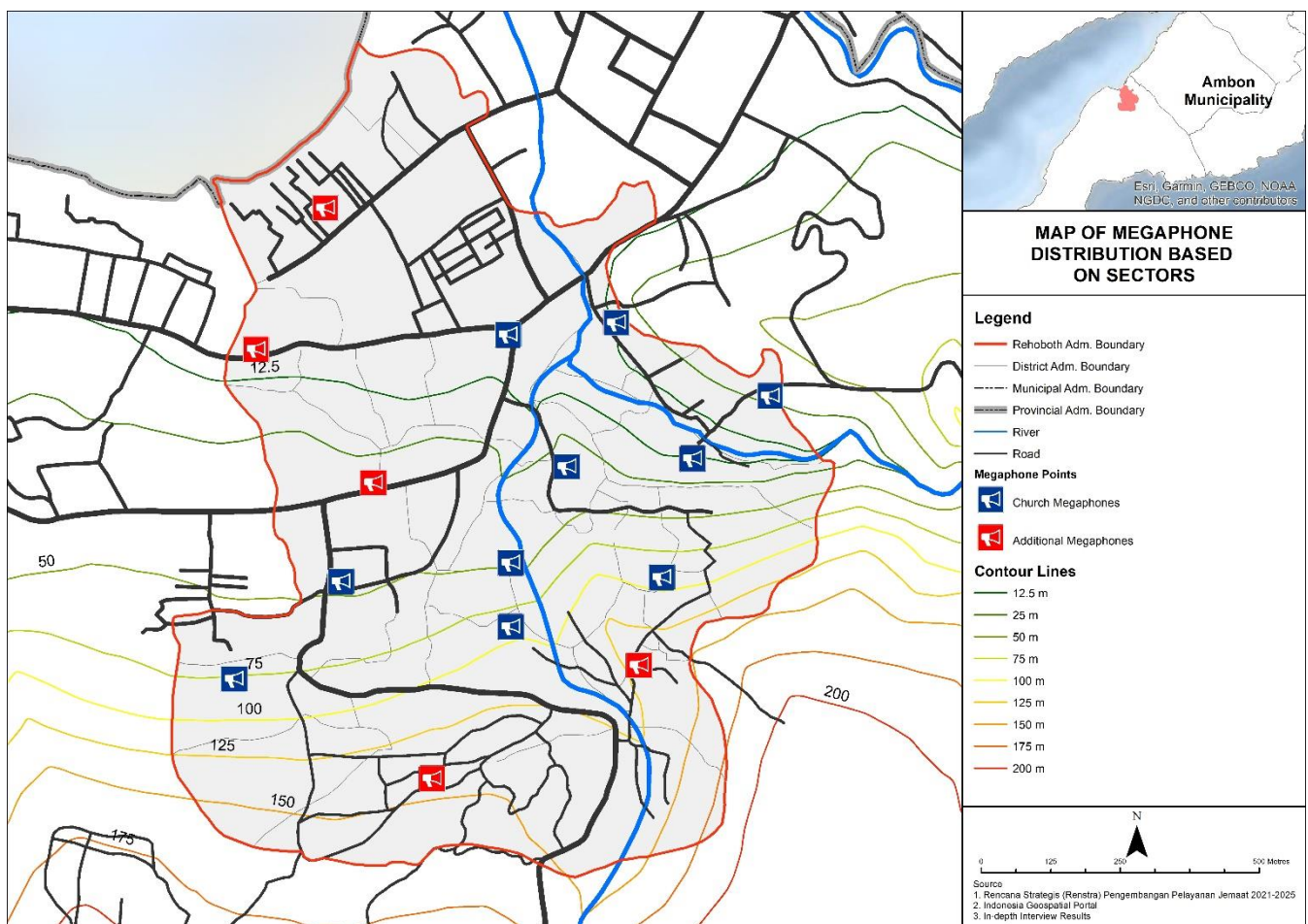


Figure 4. The distribution of megaphones in *Jemaat* Rehoboth with regards to the region's elevation.

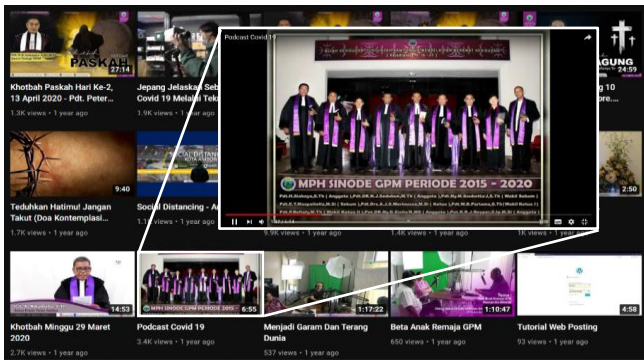


Figure 5. Congregational worships and sermons provided in the form of Youtube livestreams and videos.

Moving to a wider scope of service, *Jemaat* Rehoboth also provided services dealing with pandemic issues, such as the alignment of stigmatisation on COVID-19-positive people and the support of economically burdened families. Families with internal problems, some of them being interfamily frictions or disharmony and job distribution conflicts, were even accommodated by the church in finding beneficial solutions. In extent, the church also established a healing community and a pastoral team aimed at accompanying confirmed COVID-19-positive individuals tended at *Rumah Harapan*, an isolation centre provided by the government [15] [35].

Throughout the early phase of 2020, *Jemaat* Rehoboth also concerned themselves with extra-spiritual matters; the continual advocacy of various pandemic interventions, from living hygienically and healthily to health protocol accordance, and the provision of special aids to those in need. The message of conducting 5M (*Pola Hidup Bersih dan Sehat*) was distributed alongside the information on COVID-19 and health protocols through banners, *warta jemaat* (congregational news) and letters to each sector and unit (see Figure 6) [35]. These media, combined with the virtual sermons and congregational worships, further strengthened the knowledge of people on the COVID-19 pandemic.



Figure 6. Health protocol advocacy through banners.

Not only had *Jemaat* Rehoboth performed aforementioned advocations, but humanitarian aids had also been given. Two of them were caritative and transformational caritative services (*diakonia*) [35]. Due to the sheer impact caused by the pandemic, many households and individuals with special needs, such as widows, orphans and the disabled, were unable to cope with the economic regression. Therefore, basic grocery needs packaged as caritative services were freely distributed to said individuals, with an added COVID-19 preventive kit, such as masks, gloves and hand sanitisers, for transformative caritative services, which primarily targeted COVID-19-positive individuals. Based on the interview and the data collected by the Rehoboth Church committee, the aid

<sup>9</sup> Thenu : Saling Membantu. Jemaat Rehoboth Salurkan 1.340 Bantuan Diakonal Karitatif | InfoPublik.id

had helped 3,212 people in total, with 145 aids being caritative services and the remaining 2,769 aids being transformative caritative services. In the Rehoboth Church alone, Rp 128,805,000 worth of basic grocery needs in cooperation with the *Perusahaan Umum Badan Urusan Logistik (Perum Bulog)* Maluku were given in three days<sup>9</sup>.

In addition to these services, *Jemaat* Rehoboth also appreciated different occupational roles, such as medical personnel in isolation centres being given routine visits and daily sustenance as well as teachers willing to provide lessons to children being given additional payment. Furthermore, they also alleviated the hardships of numerous students who are unable to easily access ample connection by providing free internet connection on its surrounding churches.



Figure 7. (a) The preparation of a congregational worship with strict health protocols and (b) Sidi's confirmation mass.

Throughout the end phase of 2020 and going forth into 2021, *Jemaat* Rehoboth under GPM continued to support the necessities of their churches while also aiding the government in reinforcing the people's resistance to COVID-19. With the COVID-19 pandemic being kept at bay in *Jemaat* Rehoboth, November 22<sup>nd</sup>, 2020 saw the reopening of churches for congregational worships in conjunction with strict health protocols and routine total disinfectant sprays (see Figure 7). They still actively restricted spiritual activities within churches to reduce cluster-sensitive crowd formations throughout the recovery period then, with certain sacraments and worships conducted, such as baptisms, marriages, Good Friday mass and Sidi's confirmation mass, with only the corresponding recipient being allowed to be present physically. However, others unrelated still followed the masses through their own houses. All of the aforementioned actions and strategies have continued to be performed until 2021, where spiritual and humanitarian aids were sustainably given [36].



Figure 8. Vaccination held in the Rehoboth Church.

Fortunately, *Jemaat* Rehoboth was also engaged alongside the government's endeavour of gradual vaccination. Through a mutual agreement between said party and the church, three churches opened their gates and allowed medical personnel to transform their structures into temporary vaccination

venues on August 12<sup>th</sup>, 2021 (see Figure 8). The reason these aforementioned churches were picked was due to their spatially strategic value. Based on the account of the reverend, medical personnel and the majority of the people living in the area had more mobility and accessibility by virtue of them located along the collector road. As a result, 210, 260 and 680 individuals were vaccinated in the Calvary, Bethlehem and Rehoboth Church respectively, with both Christians and non-Christians alike included (see Figure 9).

Through these interventions, it can be evidently seen that *Jemaat Rehoboth* under GPM constantly strives with its social movements, including ritual innovations and power dynamics throughout the pandemic. The institution also seeks the welfare of the greater good, challenging marginal and privatised roles in public spaces to be taken under its responsibility, becoming one of the witnesses of religion's deprivatisation<sup>10</sup> in the modern world [37].

*C. Suitability of Church Interventions with Medical Interventions in COVID-19 Pandemic Handling*

Through the abovementioned exposition as a form of a condensation from *Surat Keputusan Majelis Harian Sinode Gereja Protestan Maluku Nomor 11/SKEP/SND/D.14/4/2020* and *03/SKEP/SND/D.14/3/2021*, it can be seen that *Jemaat Rehoboth* under GPM has performed different

interventions in order to curb the growth of the COVID-19 pandemic. From an epidemiological standpoint, *Jemaat Rehoboth* has restricted religious activities within religious venues and diverted it into smaller and more intimate congregations, conducted vaccination, advocated a hygienic lifestyle alongside with support from corresponding infrastructures and routinely disinfected its surrounding environment social. Meanwhile, from a social and humanitarian standpoint, *Jemaat Rehoboth* has aided those affected by distributing caritative and transformative caritative services, communicating on general COVID-19 information and handling misconceptions, accompanying those infected with healing communities and pastoral teams, as well as holding solidarity-based sharing and aid.

The actions and strategies performed above indicate that the GPM possesses a strong and widespread influence in handling the pandemic condition as well as comprehending the importance of non-pharmaceutical and pharmaceutical interventions. Hence, literatures have been reviewed in order to compile similarly applied nonpharmaceutical and pharmaceutical interventions around the advent of a pandemic into one comprehensive checklist to correlate the interventions done by *Jemaat Rehoboth* with COVID-19 prevention and management knowledge.

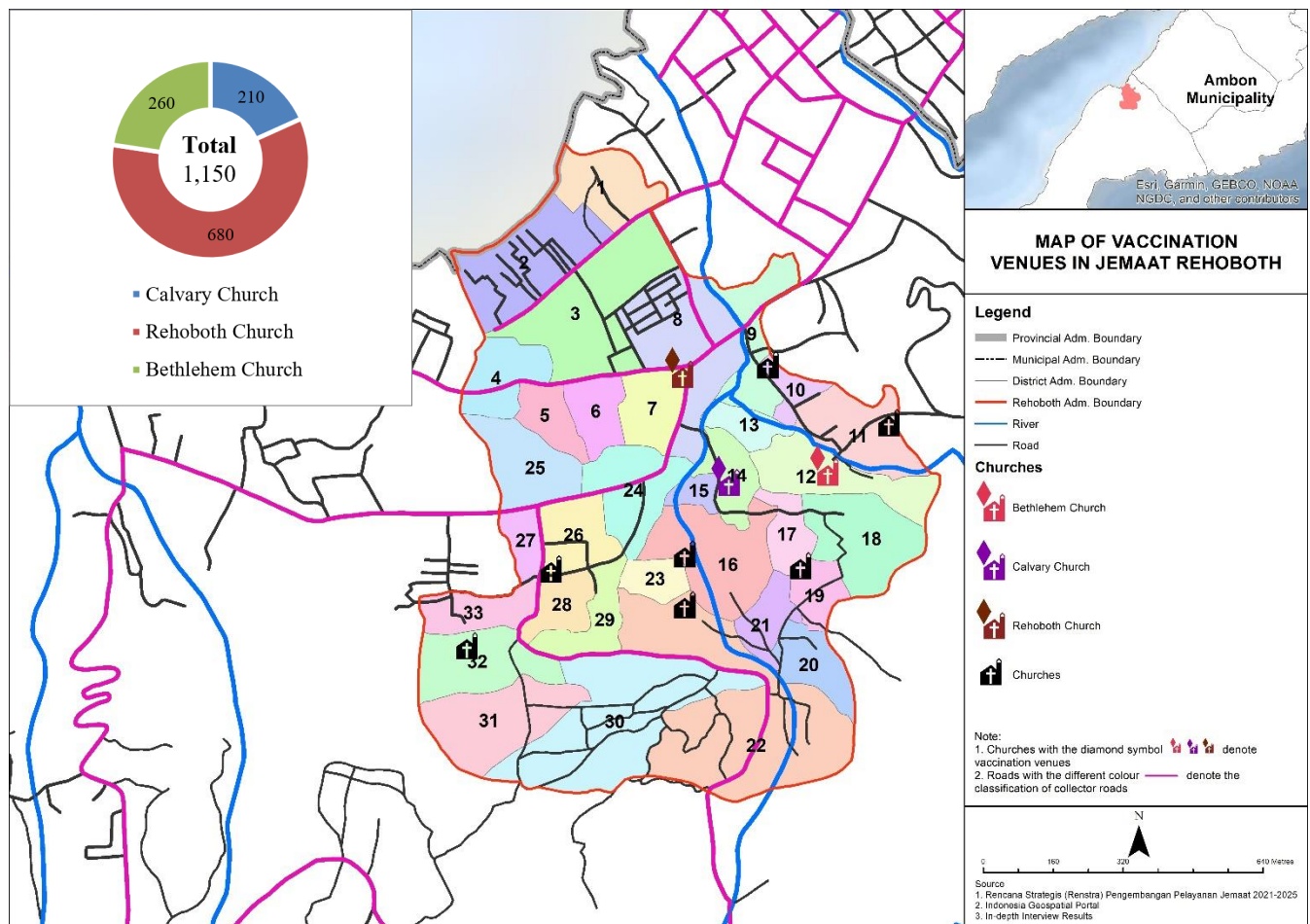


Figure 9. Number of vaccinated individuals within the churches of *Jemaat Rehoboth*.

<sup>10</sup> By deprivatisation, it means the fact that religious traditions throughout the world are refusing to accept the marginal and privatised role which theories of modernity as well as theories of secularisation had reserved for them. Social movements have

appeared which are either religious in nature or challenging in the name of religion the legitimacy and autonomy of the primary secular spheres, the state and the market economy [Casanova, 1994, p. 6]



Table 2.  
Suitability between the interventions of *Jemaat* Rehoboth with COVID-19 prevention and management

Actions and strategies of the church	Nonpharmaceutical interventions (NPIs)											Pharmaceutical interventions (PIs)		
	Hygienic habits	Travel restriction	Personal protective equipment (PPE)	Social distancing	Stay-at-home/ quarantine	Isolation	Gathering limitation	Testing and contact tracing	Surface cleaning	Closure of venues	Cancellation of events	Financial and (indirect) social support	Public information campaign/ communication	Vaccination
Restrictions/closure to religious venues and activities	-	✓	-	✓	-	-	✓	-	-	✓	✓	-	-	-
Familial worships	-	-	-	✓	✓	-	✓	-	-	-	-	-	-	-
Providence of amenities to support worship (megaphones, livestreams)	-	✓	-	✓	✓	-	✓	-	-	✓	✓	-	-	-
Communication on general COVID-19 information and misinformation rectification	-	-	-	-	-	-	-	-	-	-	✓	✓	-	-
Public campaign on concept of Clean and Healthy Lifestyle (PHBS)	✓	-	-	-	-	-	-	-	-	-	-	✓	-	-
Providence of amenities and events to support a clean and healthy lifestyle (washing spots, handmade sanitisers, communal clean up)	✓	-	-	-	-	-	-	-	-	-	-	-	-	-
Caritative and transformative caritative services ( <i>diakonia</i> )	-	-	✓	-	-	-	-	-	-	-	✓	-	-	-
Healing community and pastoral team accompanying those isolated in <i>Rumah Harapan</i>	-	-	-	-	-	✓	-	-	-	-	✓	-	-	-
Solidarity-based sharing and aid (financial and non-financial)	-	-	-	-	-	-	-	-	-	-	✓	-	-	-
Total disinfectant sprays on the environment	-	-	-	-	-	-	-	✓	-	-	-	-	-	-
Vaccination	-	-	-	-	-	-	-	-	-	-	-	-	-	✓

As shown in Table 2, it can be seen that *Jemaat* Rehoboth under GPM has provided almost all nonpharmaceutical interventions to the *jemaat* of Rehoboth. Each of the strategies conducted are mostly done from the early phases of the pandemic until the current situation, with vaccination being the only intervention conducted in the later phase of 2021. Only 1 intervention was and still currently not specifically handled; testing and contact tracing. Within *Surat Keputusan Majelis Harian Sinode Gereja Protestan Maluku Nomor 11/SKEP/SND/D.14/4/2020* and *03/SKEP/SND/D.14/3/2021* acting as COVID-19 response plan and ecumenical recovery plan respectively, there are no written mentions of endeavours to curb the spread of SARS-CoV-2 through thorough and rigorous crosschecks of COVID-19 swab tests, such as antigen and PCR, nor any tracing conducted from the emergence of a new person-under-surveillance or even COVID-19-confirmed individuals [35] [36].

IV. CONCLUSION

Through the policy of “*Pelayanan Darurat*” as a response to COVID-19 pandemic, GPM which is a religious institution shows its consistency to constantly exist and play its role in the middle of Maluku’s society. With a step-by-step approach, GPM took advantage of its organisational network (*Sinode-Klasis-Jemaat-Sektor*) as the oldest institutional bridge in the societal structure of Ambon to adapt and manage daily activities of the worshippers, or *jemaat*, in public. This can be observed through the case study of *Jemaat* Rehoboth:

the church officials managed to implement successful strategies to respond and manage the impact of the pandemic through the advocacy of *tadodirumah*, the re-incorporation of *adat* traditions (*mata rumah* and *piring natsar*), the assembly of megaphones in numerous sectors, diversion of religious services to family institutional reinforcement, rehabilitation programs, adaptation of religious practices to online means and the use of churches as public vaccination centres (for all including the non-Christians). On the other hand, this shows that religious identity is still as important and relevant when intersected with the society as a crucial medium in responding to issues of the pandemic. GPM succeeded in gaining the governmental institutions’ trust to participate in public sectors, becoming one of the witnesses of religion’s deprivatisation and considered to not only responding to social-economic challenges, but also being present in spiritual fulfilments brought forth by “divine” interventions which in fact is effective to reinforce and organise the movement of Ambon’s society.

ACKNOWLEDGEMENTS

The authors would like to extend their gratitude to the congregations and committees of *Jemaat* Rehoboth for the generous amount of contribution in terms of accounts and data, which has aided in the completion of the authors’ research.

## REFERENCES

- [1] World Health Organization, "COVID-19 weekly epidemiological update." *Emergency Situational Updates*, Vol. 1, No. 56 (2021, Sept.) 1-19
- [2] Keputusan Walikota Ambon Nomor 173 Tahun 2020 *Penetapan Status Tanggap Darurat Bencana Non Alam Corona Virus Disease (COVID-19) di Kota Ambon*. Ambon (2020).
- [3] Pew Research Center, *The Global God Divide*. Pew Research Center (2020).
- [4] Pew Research Center. *The Age Gap in Religion Around the World*. Pew Research Center (2018).
- [5] J. S. Bentzen, "Why Are Some Societies More Religious Than Others?" in J-P. Carvalho, S. Iyer, and J. Rubin, *Advances in the Economics of Religion*. London: Palgrave Macmillan Cham (2019). 3-14.
- [6] E. Diener, L. Tay, and D. G. Myers, "The religion paradox: if religion makes people happy, why are so many dropping out?" *J Pers Soc Psychol*, Vol. 101, No. 6 (2011, Dec.) 1278-1290.
- [7] C. Hirschman, "Ethnic Diversity and Social Change in Southeast Asia" in R. A. Morse, *Southeast Asian Studies: Options for the Future*. Washington D.C.: Wilson Center (1984). 106-122.
- [8] R. F. Berliana, R. Rusnaini, and T. Triyanto, "Multi-ethnic and multi-religious involvement of Indonesian-Chinese Muslims society in habituating the Indonesian nation character" *BIRCI-Jour*, Vol. 4, No. 3 (2021, Aug.) 5155-5165.
- [9] M. Lee, H. Lim, M. S. Xavier, and E-Y. Lee, "'A divine infection': a systematic review on the roles of religious communities during the early stage of COVID-19" *J Relig Health*, Vol. 61 (2022, Feb.) 866-919.
- [10] M. M. Tan, A. F. Musa, and T. T. Su, "The role of religion in mitigating the COVID-19 pandemic: the Malaysian multi-faith perspectives" *Health Promot Int*, Vol. 37, No. 1 (2022, Feb.) 1-13.
- [11] M. S. D. Wijesinghe, V. S. Ariyaratne, B. M. I. Gunawardana, R. M. N. U. Rajapaksha, W. M. P. C. Weerasinghe, P. Gomez, S. Chandraratna, T. Suveendran, and R. P. P. Karunaperma, "Role of religious leaders in COVID-19 prevention: a community-level prevention model in Sri Lanka" *J Relig Health*, Vol. 61, No. 1 (2022, Feb.) 687-702.
- [12] G. A. A. C. de Arruda, D. M. de Freitas, C. M. S. Lima, K. Nawratek, and B. M. Patar, *Conflicting narratives of Covid-19 in Brazil: How religion influences spatial behaviours in Belo Horizonte*. Available from <https://ari.nus.edu.sg/20331-56/> (2020, Oct.).
- [13] M. Muchammadun, S. H. Rachmad, D. Handiyatmo, A. Tantriana, E. Rumanitha, and Z. Amrulloh, "Peran tokoh agama dalam menangani penyebaran COVID-19" *Religions: Jurnal Studi Agama-Agama dan Lintas Budaya*, Vol. 5, No. 1 (2021) 87-96.
- [14] O. D. Prasetyaningrum, "Peran tokoh agama dalam pencegahan penularan COVID-19" *Jurnal Kesehatan*, Vol. 9, No. 1 (2021) 64-69.
- [15] A. Sukamto, and S. P. Parulian, "Religious community responses to the public policy of the Indonesian government related to the COVID-19 pandemic." *J. Law Relig. State*, Vol. 8, No. 2-3 (2020, Dec.) 273-283.
- [16] M Regus, "Regulating religion in a time of COVID-19 pandemic in Indonesia: Context, dynamics, and implication." *Int J Sociol Soc Policy*, Vol. 42, No. 3/4 (2022, Apr.) 313-331.
- [17] A. I. Laturette, B. Latupono, and R. J. Akyuwen, "The role of customary institutions in deciding the distribution of COVID-19 to the Lehitu indigenous people of Maluku Regency" *J. Leg. Ethical Regul. Issues*, Vol. 24, No. 1 (2021, May) 1-10.
- [18] E. Muskita, and S. G. C. Gasperz, *Mozaik Geliat Umat di Masa Pandemi: Pengalaman dan Refleksi GPM Klasis Pulau Ambon*. Papua: Aseni (2021).
- [19] World Health Organization, *Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19: Interim guidance*. Available from <https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19> (2020, Apr.).
- [20] European Centre for Disease Prevention and Control, *Guidelines for Non-pharmaceutical Interventions to Reduce the Impact of COVID-19 in the EU/EEA and the UK*. Stockholm: ECDC (2020).
- [21] United States Agency for International Development, *Leadership During a Pandemic: What Your Municipality Can Do*. USAID (2011).
- [22] Y. Liu, C. Morgenstern, J. Kelly, R. Lowe, CMMID COVID-19 Working Group, and M. Jit, "The impact of non-pharmaceutical interventions on SARS-CoV-2 transmission across 130 countries and territories" *BMC Medicine*, Vol. 19, No. 40 (2021, Feb.) 1-18.
- [23] N. Imai, K. A. M. Gaythorpe, S. Abbott, S. Bhatia, S. van Elsland, K. Prem, Y. Liu, and N. M. Ferguson, "Adoption and impact of non-pharmaceutical interventions for COVID-19." *Wellcome Open Res.* Vol. 5, No. 59 (2020, Apr.) 1-18.
- [24] M. M. Alvi, S. Sivasankaran, and M. Singh, "Pharmacological and non-pharmacological efforts at prevention, mitigation, and treatment for COVID-19." *J Drug Target*, Vol. 28, No. 7-8 (2020, Jul.) 742-754.
- [25] Centers for Disease Control and Prevention, *Nonpharmaceutical Interventions (NPIs)*. Available from <https://www.cdc.gov/nonpharmaceutical-interventions/index.html> (2020, Apr.).
- [26] World Health Organization Writing Group, D. Bell, A. Nicoll, K. Fukuda, P. Horby, A. Monto, F. Hayden, C. Wylks, L. Sanders, and J. van Tam, "Nonpharmaceutical interventions for pandemic influenza, national and community measures." *Emerg Infect Dis.*, Vol. 12, No.1 (2006, Jan.) 88-94.
- [27] D. F. Patiño-Lugo, M. Vélez, P. V. Salazar, C. Y. Vera-Giraldo, V. Vélez, I. C. Marín, P. A. Ramírez, S. P. Quintero, E. C. Martínez, D. A. P. Higueta, and G. Henandez, "Non-pharmaceutical interventions for containment, mitigation and suppression of COVID-19 infection." *Colomb Méd (Calí)*, Vol. 51, No. 2 (2020, Jun.) 1-12.
- [28] H. Ritchie, E. Mathieu, L. Rodés-Guirao, C. Appel, C. Giattino, E. Ortiz-Ospina, J. Hasell, B. Macdonald, D. Beltekian, and M. Roser, *Coronavirus Pandemic (COVID-19)*. Available from <https://ourworldindata.org/coronavirus> (2021, Sept.).
- [29] J. M. Brauner, S. Mindermann, M. Sharma, D. Johnston, J. Salvatier, T. Gavenčiak, A. B. Stephenson, G. Leech, G. Altman, V. Mikulik, A. J. Norman, J. T. Monrad, T. Besiroglu, H. Ge, M. A. Hartwick, Y. W. Teh, L. Chindelevitch, Y. Gal, and J. Kulveit, "Inferring the effectiveness of government interventions against COVID-19." *Science*, Vol. 371, No. 6531 (2021, Feb.) 1-9.
- [30] R. Ellen, "Pragmatism, identity, and the state: How the Nuaulu of Seram have reinvented their beliefs and practices as "religion"." *Wacana*, Vol. 15, No. 2 (2014) 254-285
- [31] J. S. Aritonang, and K. A. Steenbrink, *A History of Christianity in Indonesia*. Leiden: BRILL (2008). Chapter 9.
- [32] F. L. Cooley, *Altar and Throne in Central Moluccan Societies: A Study of the Relationship Between the Institutions of Religion and the Institutions of Local Government in a Traditional Society Undergoing Rapid Social Change*. New Haven: Yale University Press (1961).
- [33] D. Bartels, *Di Bawah Naungan Gunung Nunusaku: Muslim-Kristen Hidup Berdampingan di Maluku Tengah*. Jakarta: Kepustakaan Popular Gramedia (2017).
- [34] Jemaat Rehoboth, *Rencana Strategis (Renstra) Pengembangan Pelayanan Jemaat 2021-2025*. Ambon: Gereja Protestan Maluku (2021)
- [35] Surat Keputusan Majelis Harian Sinode Gereja Protestan Maluku Nomor 11/SKEP/SND/D.14/4/2020 *Kondisi Darurat Pelayanan Gereja Dalam Masa Penanggulangan COVID-19 2020*. Ambon (2020).
- [36] Surat Keputusan Majelis Harian Sinode Gereja Protestan Maluku Nomor 03/SKEP/SND/D.14/3/2021 *Petunjuk Teknis Pemulihan Pelayanan Gereja Protestan Maluku 2021*. Ambon (2021).
- [37] J. Casanova, *Public Religions in the Modern World*. Chicago: The University of Chicago Press (1994).