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### THE INFLUENCE OF CHURCH LEADERS UNDERSTANDING ON THE APPLICATION OF HEALTH PROTOCOLS IN THE DEVELOPMENT OF PEOPLE FACING COVID-19 EDUCATORS

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#### ABSTRACT

Corona declared a pandemic by WHO, which spread globally, so that the world has experienced crises from all dimensions, ranging from health, economy, politics, social, including spiritual turmoil. The World Health Organization (WHO) has massively taken proactive steps to stop this pandemic, so defensive prevention. All things have been arranged carefully and carefully by implementing health protocols. The worship activities of the people also experience a total change; Christian worship is done online or at their respective homes. In the end, the Indonesian Government has formulated regulations for the implementation of prayer, including Christians, with appropriate health protocols. Therefore, it is necessary to research Indonesian Christian leaders to find out how far they understand the health protocol, following what has been regulated by the Government. Research conducted on 28 church synods, represented by church leaders, spread across ten provinces in Indonesia, has found that church leaders' understanding of health protocols in leading worship, has a significant influence on breaking the chain of transmission of Covid-19.

#### INTRODUCTION

The world community was shocked by the emergence of a virus from the city of Wuhan in late December 2019. "Wuhan, the capital of Hubei Province in central China, is the seventh-largest province in the country with a population of 11 million people. In early December 2019, a patient was diagnosed with unusual Pneumonia. On December 31, the World Health Organization (WHO) regional office in Beijing received a notification about a group of patients with Pneumonia whose cause was unknown from the same city"<sup>1</sup>, which later identified as being known as the coronavirus. "Researchers at the Institute of

<sup>1</sup>Paules CI, Marston DH, Fauci AS. Coronavirus Infections-More Than Just the Common Cold.Jama. 2002;323(8):707-708.  
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Virology in Wuhan have conducted a metagenomics analysis to identify new coronaviruses as potential etiologic. They call it the coronavirus 2019 novel (nCoV-2019).<sup>2</sup> The US Centers for Disease Control and Prevention (CDC) refers to the Coronavirus as the 2019 novel coronavirus (2019-nCoV), and now the disease is popular with the term coronavirus disease-19 (COVID 2019).<sup>3</sup>

The virus has a swift transmission power so that it transmits to people in huge numbers. Until now, "Coronavirus is a biota superdomain, kingdom virus. Coronaviruses are the largest group of viruses in the order Nidovirales. All viruses in the order Nidovirales are non-segmented positive-sense RNA viruses. The coronavirus belongs to the Coronaviridae family, the Coronavirinae sub-family, the genus Betacoronavirus, the Sarbecovirus subgenus."<sup>4</sup> The experts found that "The coronavirus is round with a diameter of about 126 nm as described in research using cryo-electron microscopy."<sup>5</sup> "Coronavirus particles contain four main structural proteins, namely S protein (spike protein) shaped like a nail, M protein (membrane protein), protein E (envelope protein), and protein N (nucleocapsid protein). Protein S (150 kDa), protein M (25-30 kDa), protein E (8-12 kDa), whereas protein N is present in nucleocapsids."<sup>6</sup>

With a very rapid transmission, coronavirus has reached 298 countries in the world, while the victims who have contracted reached 8 million people. Responding to the coronavirus pandemic that is happening globally, the Indonesian Government has made various efforts to deal with breaking the chain of transmission, one of which is by applying Large-Scale Social Restrictions (PSBB) to the community, by making the following rules:

Government Regulation Number 21 Year 2020 concerning Large-Scale Social Restrictions: Article 1, In this Government Regulation, what is meant by Large-Scale Social Restrictions is the limitation of certain activities of residents in an area suspected of being infected with Corona Virus Disease 2019 (COVID-19) in such a way as to prevent the possible spread of Corona Virus Disease 2019 (COVID-19). Article 2, (1) With the approval of the minister who carries out government affairs in the health sector, the Regional Government may carry out large-scale social restrictions on the movement of people and goods to one particular province or district/city. (2) Large-scale social restrictions referred to in paragraph (1) must be based on epidemiological considerations, the magnitude of threats, effectiveness, support of resources, operational technical, political, economic, social, cultural, defense and security considerations. Article 3, Large-scale social restrictions must meet the following criteria: a. the number of cases and/or the number of deaths due to disease has increased and spread significantly and

<sup>2</sup> Zhou P, Yang X, Wang X, et al. A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Nature*. 2020;579, 270-273 (2020). doi: 10.1038/s4586-020-2012-7

<sup>3</sup> Centers for Disease Control and Prevention. Coronavirus (COVID-19) [Internet]. [2020]-[cited 2020 Feb 2]. Available from: <https://www.cdc.gov/coronavirus/about/index.html>

<sup>4</sup> Fehr AR and Perlman S. Coronaviruses: An Overview of Their Replication and Pathogenesis. *Methods Mol Biol*. 2015;1282:1-23. doi: 10.1007/978-1-4939-2438-7\_1

<sup>5</sup> Barcena M, Oostergetel GT, Bartelink W, et al. Cryo-electron tomography of mouse hepatitis virus: Insights into the structure of the coronavirus. *Proc Natl Acad Sci U S A*. 2009;106(2):582-587. doi: 10.1038/pnas.0805270106 PubMed PMID:19124777

<sup>6</sup> Beniac DR, Andonov A, Grudski E, et al. Architecture of the SARS coronavirus prefusion spike. *Nat Struct Mol Biol*. 2006;13(8):751-752. doi: 10.1038/nsmb1123

rapidly to several regions; and b. there are epidemiological links with similar events in other areas or countries. Article 4, (1) Large-scale social restrictions include at least: a. school and workplace entertainment; b. restrictions on religious activities, and/or c. restrictions on activities at public places or facilities. (2) Restrictions on activities, as referred to in paragraph (1) letter a and letter b, must continue to consider the educational needs, work productivity, and worship of the population. (3) The restriction of activities, as referred to in paragraph (1) letter c, is carried out by considering the fulfillment of the population's basic needs. Article 5, (1) If Large-Scale Social Restrictions have been stipulated by the minister who carries out government affairs in the health sector, the Regional Government is obliged to implement and pay attention to the provisions as regulated in Law Number 6 Year 2018 concerning Health Quarantine. (2) Large-scale Social Restrictions, as referred to in paragraph (1), shall be implemented to coordinate and cooperate with various related parties under the provisions of the legislation. Article 6, (1) Enforcement of large-scale social restrictions is proposed by the governor/regent/mayor to the minister who carries out government affairs in the health sector. (2) The minister who conducts government affairs in the health sector establishes a Large-Scale Social Restriction by considering the considerations of the Chairperson of the Task Force for the Acceleration of Handling Corona Virus Disease 2019 (COVID-19). (3) The Chairperson of the Task Force for the Acceleration of Corona Virus Disease 2019 (COVID-19) can propose to the minister who carries out government affairs in the health sector to establish large-scale social restrictions in certain areas. (4) If the minister conducting government affairs in the health sector approves the proposal of the Chairperson of the Task Force for the Acceleration of Corona Virus Disease 2019 (COVID-19) as referred to in paragraph (3), regional heads in certain regions are required to implement Large-Scale Social Restrictions. Article 7, this Government Regulation comes into force on the date of promulgation. For public cognizance, this Government Regulation shall be promulgated by placing it in the State Gazette of the Republic of Indonesia.<sup>7</sup> The coronavirus pandemic is a concern and struggle of all groups and even religious leaders, including church leaders. This condition cannot be overlooked because church leaders have a role and responsibility for the health of their people. Christians who always gather every Sunday for worship can also trigger the spread of the coronavirus.

As one of the steps to overcome the spread of this coronavirus, church leaders try to apply health protocols to their people by complying with applicable rules. However, Christian leaders experience obstacles in coaching their people so that the efforts made are coaching with video zoom. Such limitations also, in sacramental activities such as holy communion, and baptism during a pandemic cannot be carried out.

## **RESEARCH METHODS**

The research method used in this research is descriptive quantitative research. This research was conducted on church leaders from various denominations scattered in various regions in Indonesia, starting from North Sumatra,

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<sup>7</sup>Peraturan pemerintah (PP) No. 21/2020 pembatasan sosial berskala besar, 8 April 2020

Lampung, Banten, DKI Jakarta, West Java, Central Java, East Java, Bali, West Kalimantan, and East Nusa Tenggara. The study consisted of 3 variables, namely: (1) Understanding of church leaders, (2) Application of health protocols, and (3) Community development. For data collection, researchers used three types of questionnaires for the three variables studied. Each questionnaire consisted of 10 statement items with 5 Likert scales: Strongly Agree (SS), Agree (S), Neutral (N), Disagree (TS), and Strongly Disagree (STS). This research was conducted on June 21-23, 2020. Respondents were 45 local church leaders from various denominations consisting of 28 Synods of churches in Indonesia spread across different regions.

## RESULTS AND DISCUSSION

### *Results*

Respondents in this study were 45 local church leaders from various denominations consisting of 28 synods of churches in Indonesia, scattered in different regions that met the criteria. Based on descriptive statistical tests, the results obtained are understanding church leaders have a minimum value of 39, a maximum value of 50, an average value of 46.80, and a standard deviation of 3.181. The health protocol has a minimum value of 38, a maximum value of 50, an average value of 44.98, and a standard deviation of 4.218. Community development has a minimum value of 31, a maximum value of 50, an average value of 44.76, and a standard deviation of 4.763. Based on the validity test, it can be concluded that all instruments in each variable are valid because they have a probability value below 0.05. From the reliability test, it can be found that all research instruments are reliable, because they have a Cronbach Alpha value higher than 0.70, that is, the understanding of church leaders has a Cronbach's Alpha of 0.840, a health protocol of 0.875, and community development of 0.917.

The results of normality testing of all variables in this study indicate that all the significance values of the normality test using the Kolmogorov-Smirnov method are more significant than 0.05, i.e., from the results of the regression normality test the sig values are obtained amounted to 0.423. This value means that all data are normally distributed. The multi collinearity test results show that the tolerance value for both independent variables is more significant than 0.1, while the VIF (VarianceInflationFactor) is less than 10. The understanding of church leaders (X1) and health protocol (X2) has a tolerance value of 0.551, and a VIF value of under standing of church leaders (X1) and health protocol (X2) of 1,816. This value means that there are no symptoms of multi collinearity between the independent variables in the regression model.

Based on the Heteroscedasticity test results, it can be concluded that there was no heteroscedasticity in this study. Because through observations on the scatter p lot graph, there were no specific pattern sand points spread above and be low the number 0 onthe Y-axis. The regression model did not experience heteroscedasticity and was feasible touse.

The next test is testing the hypothesis. Hypothesis testing is done either partially through the t-test, or simultaneously through the F test, and the coefficient of determination  $R^2$  to measure how far the model can explain variations in the dependent variable. The t-tests shows whether the understanding of church leader and health protocols significant or not explains variations in the formation of people to face the co-19 pandemic. Whereas the F Test shows whether the understanding of church leader and health protocols included in the model jointly influences the formation of the people in facing the co-19 pandemic. The results of partial testing (t-test), and simultaneous testing (F test) can be seen in table 1.

**Table 1.** Multiple Regression Test Results understanding church leaders and health coaching protocols facing the Covid-19 pandemic

| Variable                             | Regression Coefficient | t     | Sig  |
|--------------------------------------|------------------------|-------|------|
| Understanding of Church Leaders (X1) | 0,292                  | 1,599 | ,117 |
| HealthProtocol (X2)                  | 0,753                  | 5,467 | ,000 |
| Constanta                            | -2,752                 |       |      |
| R Square                             | 0,656                  |       |      |
| Adjust R Square                      | 0,640                  |       |      |
| F count                              | 40,106                 |       |      |
| Sig F                                | 0,000                  |       |      |

**Source:** data processed, 2020

Based on table 1, it can be seen that the resulting regression equation is as follows:  $Y = -2.752 + 0.292X_1 + 0.753X_2 + \varepsilon$ . The results of the coefficient of determination test for the two independent variables on the formation of people facing the COVID-19 pandemic it can be seen that the R square value of 0.656 which means that the formation of people facing the COVID-19 pandemic can be explained by the church leaders understanding and health protocol variables of 65.6%. While the remaining 34.4% is influenced by other factors outside the model.

Based on the results of the t-test in table 1 shows that the significance level of  $0,000 < 0.05$  with a calculated t value of 5.467 and the value of the direction coefficient 1) of 0.292. Because the value of  $\beta$  (regression 1), which is positive for the direction of the regression coefficient and a significance value greater than 0.05, it can be interpreted that understanding church leaders as a reference from the Government can positively influence people's formation facing Covid-19. The higher the understanding of church leaders, the better the formation of people in the face of the Covid-19 pandemic, in order to minimize the transmission of the Covid-19 virus.

While the influence of health protocols in the formation of people facing the Covid-19 pandemic in table 1 shows that the significance level of  $0.015 < 0.05$  with a t value of 2.574 and a coefficient of regression direction of 0.753. From the value of the coefficient of the regression, the trend is positive. With a probability value smaller than 0.05, it proves that the application of health

protocols under regulations has a positive influence on the formation of people facing the Covid-19 pandemic.

The F test results in table 1 show that the F value obtained was 40.106, with a significance level of  $0.000 < 0.05$ . With a significance level of less than 0.05, it can be concluded that the understanding of church leaders and the application of health protocols together influence people's formation to face the Covid-19 pandemic.

## DISCUSSION

Coronavirus pandemic is a big problem for countries in the world, including Indonesia, thus damaging various structures or systems that have been running. No exception is also the system of Christian worship in the world, can no longer hold the model of prayer as before. On March 11, 2020, the World Health Organization (WHO) announced that "the global pandemic status for the 2019 coronavirus disease or also called the coronavirus disease 2019 (Covid-19). In health terms, a pandemic means an outbreak of a disease that attacks many victims simultaneously in various countries. While in the case of Covid-19, the World Health Organization designated the disease as a pandemic because all citizens of the world have the potential to be infected with Covid-19 disease. Every hospital and clinic across the globe are advised to be able to prepare themselves to treat patients with the disease even though no patient has been detected.<sup>8</sup> With the loss of life, WHO quickly took steps to establish the global pandemic status of Covid-19, "WHO noted there were 118,000 cases of the disease in 110 countries around the world. WHO Director, Tedros Adhanom Ghebreyesus, said that at the time that the disease was no longer just a public health crisis, but a crisis that touched all aspects of humanity. Therefore, every individual must help stop the spread of the virus."<sup>9</sup>

Along with the spread of Covid-19, we often hear the term epidemic, epidemic, and pandemic. Actually, what is the difference between the three terms? Both epidemics and pandemics have a similar meaning, but not the same as the plague. The word plague itself can be interpreted as a surge in the number of cases of certain diseases in certain places. What distinguishes epidemics and pandemics is, both of these words have references about scale.

Epidemics refer to outbreaks on a large scale, whereas a pandemic is usually used to refer to outbreaks on a global scale. But we should remember, each health institution has different boundaries and definitions for classifying outbreaks as diseases. Take an example of the term pandemic. The United States public health institution, the Centers for Disease Control and Prevention (CDC), will refer to a disease caused by a virus as a pandemic if it can infect people easily and spread from person to person efficiently and sustainably in various regions. In contrast, the WHO world health organization defines a pandemic as the spread of new diseases worldwide. However, the WHO set some additional criteria which are quite complicated to call the spread of new diseases as a pandemic.<sup>10</sup> According to WHO, the coronavirus is a large family

<sup>8</sup><https://www.allianz.co.id/explore/detail/yuk-pahami-lebih-jelas-arti-pandemi-pada-covid-19/101490>

<sup>9</sup> Ibid

<sup>10</sup><https://www.allianz.co.id/explore/detail/yuk-pahami-lebih-jelas-arti-pandemi-pada-covid-19/101490>

of viruses that can cause disease in animals or humans. In humans' infections spread from the common cold to more severe illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).<sup>11</sup>As of June 19, 2020, it was confirmed, 42,762 were positive corona in Indonesia, 16,798 were declared cured, and 2,339 died.<sup>12</sup>To get around the danger of this coronavirus, the Government regulates the way of life of the people to limit the spread of the virus, including in the case of conducting worship in churches in Indonesia.

However, the spread of corona has seen efforts made so that worship is not carried out in the churches every Sunday, including other routine activities. And different Church Organizations.

Leadership is about overcoming change, setting direction, aligning people, motivating and inspiring - keeping people moving in the right direction, even though the main obstacles to change often arise when related to human needs, values, and emotions (Kotter 1999).

When religion is connected with the activities of the people, then there is what is called worship. Worship is an essential thing in every religion. However, with the coronavirus at present, worship activities are disrupted, and then it can disturb religious activities as well. Because of that virus, every people are not allowed to gather with many people though not a few in each religion has worship rituals that are done directly and simultaneously by involving many people in one place of worship.

To support programs implemented by the Government in tackling the Covid-19 pandemic among the community, an understanding of various aspects is needed, one of which is the church leader. In this case, the church leader should be able to guide each of his people in the face of the Covid-19 pandemic. So that will foster awareness in every people to keep abiding by the rules that have been set.

The health protocol must be implemented during the pandemic (Buana, 2020), including those who worship in the church. All worship activities must be able to pay attention to and implement all Covid-19 countermeasures. All people must be able to maintain personal hygiene and health in the church.

The Health Protocol for Covid-19 countermeasures consists of a prevention phase, a detection phase, and a response phase (Sunni, 2020). The role of the community in each phase is needed to avoid more transmission. The Government has issued guidelines for preparedness in dealing with the spread of Covid-19. Efforts that can be made in the prevention phase by each individual include: Wearing a mask, Wearing gloves, Using hand sanitizers/disinfectants, Washing hands with soap, avoiding touching the face, Avoiding shaking of tags, Avoiding meetings or long queues, Avoiding touching objects/surfaces objects in public areas, avoiding riding public transportation, keeping a distance of at least two meters from others when

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<sup>11</sup>Jakarta, CNBC Indonesia. [cnbcindonesia.com](https://www.cnbcindonesia.com), 6 April, 2020

<sup>12</sup>Cn.m.wikipedia.org, Template Covid -19 Pandemi data.

outside the home, and if showing symptoms of the disease immediately notify the people around (Ministry of Health RI, 2020).

In the conditions and situations mentioned above, the church is institutional and organism<sup>13</sup> Must respond appropriately, quickly, and wisely so that every church member, i.e., the congregation actively participates and proactively implements the appeal and Government Regulation. Thus, the church as a fellowship of believers who appear to be partly responsible for the survival of the life of the nation and state in every country, especially in Indonesia. The church has responded wisely to the Government's appeal and orders by way of worship at home. Paulus Lie said that the church must be diligent and actively speak out as a partner for the Government in realizing a just and prosperous society.<sup>14</sup>

Furthermore, as reported by pgi.or.id., the Alliance of Churches in Indonesia (PGI) urges Church leaders to develop forms of worship that can reach people in their homes. It can be through social media tools and digital technology development so that there are alternatives for people to continue worshipping from their respective homes. If there is a church that continues to worship in the church building, of course, all health requirements, social distance, etc. in accordance with the health protocol, the church must prepare adequately, properly, and for the congregation and the public interest.

The above research findings are clear that to break the chain of transmission of the coronavirus must be done jointly form all parties, understanding, and participation of church leaders also have an important part in breaking the chain of transmission of this virus, in addition to the role of Christians in obeying health protocols in worship, it is also crucial in stopping the transmission of Covid-19.

## CONCLUSION

From the results of this study, it can be concluded that Christian leaders in every local church, have an influence and at the same time, a great responsibility to be involved in stopping transmission of the coronavirus, understanding, and obedience of leaders and Christians towards government regulations is an absolute thing that must be done as citizens. Church leaders must be an example for their people in implementing health protocols.

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<sup>13</sup> Louis Berkhof, *Teologi Sistematis*, Volume 5: *Doktrin Gereja* (Surabaya: LR II, 1999), 29-30.

<sup>14</sup> Paulus Lie, *Mereformasi Gereja* (Yogyakarta: Penerbit Andi, 2010), 194-195.



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