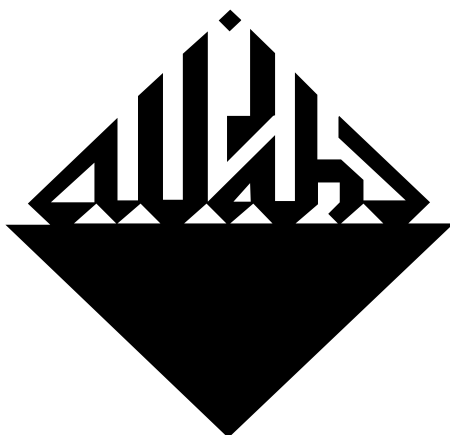


STUDIA ISLAMIKA

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PARTISANSHIP, RELIGION, AND SOCIAL CLASS:
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OF THE COVID-19 PANDEMIC

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ISLAMIST MOVEMENT ORGANIZATIONS:
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Mujiburrahman

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Burhanuddin Muhtadi & Seth Soderborg

Partisanship, Religion, and Social Class: Attitudes and Behaviors in the Early Stages of the Covid-19 Pandemic

Abstract: *This article investigates differences in health precautions taken during the pandemic and the degree to which individuals had faith in the government's response to Covid-19 in the early stages of the pandemic. Using a sample designed to be nationally representative as well as representative of three lockdown zones, we find that local social-distancing policies, social class, religion, and political partisanship all influenced how Indonesians experienced the pandemic and their perceptions of the government's response. We found that fear levels and pandemic behavior are associated with religion as well as economic status. Fear levels are much higher among lowest-paid Indonesians and among Muslims outside of the capital city Jakarta, while non-Muslims reported greater levels of precaution-taking measures. Though among Islamic parties' voters, the difference is less pronounced, there are notable partisan differences as stronger predictors of attitude and behavior during the pandemic where there have been conflicts between local and national health authorities.*

Keywords: Covid-19, Policy Conflict, Partisanship, Islamic Mass Organizations, Health Precautions.

Abstrak: Artikel ini menyelidiki perbedaan sikap dan perilaku warga dalam merespon protokol kesehatan di masa awal pandemi dan sejauh mana kepercayaan individu terhadap pemerintah dalam menangani Covid-19. Menggunakan sampel yang bersifat representatif secara nasional serta mewakili masing-masing dari tiga zona pemberlakuan lockdown, kami menemukan bahwa kebijakan pembatasan aktivitas di luar rumah, kelas sosial, agama, dan sikap partisan memengaruhi bagaimana sikap warga menghadapi pandemi dan persepsi atas kebijakan pemerintah. Kami menemukan bahwa tingkat kekhawatiran terhadap Covid-19 dan perilaku pandemi berhubungan dengan agama dan status ekonomi. Tingkat ketakutan jauh lebih tinggi di kalangan warga berpendapatan rendah dan di kalangan Muslim yang tinggal di luar DKI Jakarta, sementara non-Muslim mengaku lebih patuh dalam menjalankan protokol kesehatan. Meskipun perbedaan di kalangan pemilih partai Islam tidak terlalu mencolok, sikap partisan akan muncul sebagai prediktor yang lebih kuat dalam menjelaskan sikap dan perilaku warga selama pandemi jika terjadi konflik antara otoritas kesehatan tingkat nasional dan lokal.

Kata kunci: Covid-19, Konflik Kebijakan, Sikap Partisan, Organisasi Massa Islam, Protocol Kesehatan.

ملخص: تبحث هذه المقالة في اختلاف مواقف وسلوك المواطنين في الاستجابة للبروتوكولات الصحية في الأيام الأولى للوباء ومدى ثقة الأفراد نحو الحكومة في التعامل مع جائحة كورونا. باستخدام عينة تمثيلية على مستوى الجمهورية وتمثل كل منطقة من مناطق الإغلاق الثلاث، وجدنا أن السياسات المتعلقة بالحد من الأنشطة خارج المنزل والطبقة الاجتماعية والدين والمواقف الحزبية تؤثر على كيفية استجابة المواطنين للوباء وتصوراتهم للسياسات الحكومية. وجدنا أن مستوى القلق بشأن جائحة كورونا والسلوك الوبائي كان مرتبطاً بالدين والوضع الاقتصادي. مستوى القلق أعلى بكثير بين السكان ذوي الدخل المنخفض وبين المسلمين الذين يعيشون خارج ولاية العاصمة جاكرتا، بينما يدعي غير المسلمين أنهم أكثر امتثالاً في تنفيذ البروتوكولات الصحية. وعلى الرغم من أن الاختلاف بين ناخبي الأحزاب الإسلامية ليس واضحاً جداً، إلا أن المواقف الحزبية ستظهر كمؤشر أقوى في شرح مواقف وسلوك المواطنين أثناء الجائحة إذا كان هناك تعارض بين السلطات الصحية الوطنية والإقليمية.

الكلمات المفتاحية: كوفيد -19، جائحة كورونا، صراعات السياسة، مواقف حزبية؛ المنظمات الإسلامية؛ البروتوكول الصحي.

Since the outbreak of the Covid-19 pandemic, most of the developed and developing countries, including Indonesia, have advised or mandated restrictive measures such as self-quarantine at home, social distancing, wearing face masks, and hand washing in an effort to contain the pandemic's spread, reduce the strain on their national health systems, and lower the death toll (Galasso et al. 2020). However, those restrictive measures also incur economic and psychological tolls on the public as well (Brooks et al. 2020). The effectiveness of these public health policies ultimately depends on widespread public compliance (Galasso et al. 2020). It is believed that numerous factors influence citizens' attitudes and compliance with health precautions and government policies regarding Covid-19. Two types of factors are especially likely to affect compliance: socioeconomic factors and social attitudes, including both political beliefs and religious beliefs. In addition, government policies during that period often appeared to be frequently inconsistent and contradictory between the central and local authorities. Under what conditions does public opinion and perception differ regarding public health directives? When do individuals respond positively to public health orders by taking the necessary precautions, and when do they disregard altogether these recommendations?

Literature suggests that political partisanship influences people's adherence to health protocol recommendations during a pandemic (Gadarian, Goodman, and Pepinsky 2020; Pereira, Medeiros, and Bertholin 2020). Responses to government policies addressing Covid-19 can vary depending on partisan sentiment by pro-government supporters camp and anti-government opposition camp. The same is true in Indonesia. Although there is widespread agreement that the central government provided an inadequate response to the Covid-19 pandemic in the early stages (Mietzner 2020), many government supporters have defended what government critics dubbed as half-hearted, lackadaisical, and confusing policies to respond to the pandemic threat facing the country. Differences in mitigation strategies among governors also revealed the highly partisan nature of public health responses. In late March 2020, policy disagreements arose between the national and provincial governments (Soderborg and Muhtadi 2021). The central government is thought to be concealing the number of Covid-19 cases. In response, Jakarta

governor Anies Baswedan—a prominent opposition figure—ordered a lockdown in late March 2020, as explained in the following section of this article. The national health ministry, however, denied Jakarta's request to impose the lockdown. How do people respond and make sense of the novel public health crisis such as Covid-19 in this policy-conflicted environment?

In addition to political polarization, it is believed that religious beliefs and practices influence people's responses to a pandemic. Prior research indicates that religion can promote healthier behaviors and better health outcomes (Davis et al. 1994; Wilson 2000). Koenig (2000) found that religious beliefs can have a significant impact on how people perceive their personal health and health care behaviors. Nevertheless, other studies suggest that certain religious beliefs may inhibit health care utilization and health care behaviors, resulting in poor health outcomes. At times, religious beliefs and practices can conflict with medical professionals' recommendations, affecting an individual's well-being and causing conflicts and misunderstandings, as well as a lack of adherence to treatment (Gall et al. 2005; Powe 1995). Religious beliefs were especially likely to matter in Indonesia's early Covid-19 response because limiting movement related to the Eid al-Fitri holiday was a controversial early policy.

Nonetheless, journalistic reports frequently suggest that religious groups may be a barrier to combating the spread of Covid-19. The Tablighi Jamaat movement in Malaysia organized a large religious event in Selangor, Malaysia, on February 27-March 1, involving 16,000 attendees, resulting in at least 673 Malaysians and dozens of foreigners contracting Covid-19 (Aljazeera, 18 March 2020). Similarly, many religious groups in Indonesia have reportedly violated the Covid-19 preventive health protocols, such as holding religious gatherings with large crowds and continuing to attend houses of worship despite repeated government calls to stay at home and avoid the crowds (Kuipers, Mujani, and Pepinsky 2021; Hasyim 2020). Burhani (2020) and Muhtada (2020) argue that members of religious organizations tend to hold a fatalistic and deterministic worldview to begin with, believing that the pandemic is an act of God and that little can be done to stop it. According to this line of reasoning, fear of something other than God, such as Covid-19, indicates a lack of faith in God. However, such qualitative studies and media reports have

relied on anecdotal evidence and are unable to measure the extent to which religion influences the attitudes of its followers in response to a pandemic.

In addition to political and religious attitudes, socioeconomic position likely affected individuals' response to the early days of the pandemic (Riou et al. 2021; Papageorge et al. 2021). Potential lost income and the differences in who is able to work from home mean that mitigation interventions will have different consequences for people in different sectors of the labor market, and these differences will correlate strongly to income (Reeves and Rothwell 2020). Workers whose livelihoods depend on in-person interactions, like street vendors and small retailers, may have been affected by lockdowns far more intensely than office workers with some ability to work from home. These differences might manifest in both attitudes and behaviors.

To determine the extent to which political, religious, and socioeconomic factors influence the attitudes and behaviors of citizens regarding health protocol recommendations and the level of trust in the government's response to Covid-19 in the early stages of the Covid-19 pandemic, we divided our sampling frame into three groups based on the timing and level of Covid-19 prevention lockdowns. Group 1 is the "early lockdown" group, in this case, the Jakarta Special Capital Region, the first area within the country which implemented lockdown. Group 2 is the "late lockdown group"—the cities and provinces that implemented a lockdown after Jakarta. Group 3 is the "no-lockdown" group—all areas that never implemented a lockdown. The survey obtained a representative sample from each of these three zones.

Our findings from a nationally representative telephone panel survey of 2000 adult Indonesians conducted from 19 to 22 May 2020 indicate that local social-distancing policies, social class, religion, and political partisanship all affected how Indonesians experienced the Covid-19 pandemic and their beliefs and perceptions about the government's response. In particular, we found that fear levels are much higher among the lowest-paid Indonesians. They reported higher rates of life disruption and greater health precautions. Most respondents report taking health precautions, though there were notable partisan differences. We also noticed important differences in fear levels and

behavior are associated with religion—outside of Jakarta, Muslims reported consistently higher levels of fear, while non-Muslims reported greater levels of precaution-taking. The “work from home” population is relatively small. Higher-income workers are the most likely to report *not* staying at home more, a result driven by their continued employment. Evaluations of provincial and presidential pandemic response were generally favorable, with some partisan differences. The health ministry scored poorly. Where there have been conflicts between local and national health authorities, partisanship was a much stronger predictor of respondents’ evaluations. In the future, greater compliance may be achieved by giving popular governors more freedom to set restrictive local lockdown policies.

Social-Distancing Policy Timing

Lockdowns, or “large-scale social-distancing” (Indonesian: PSBB), came in three waves. Jakarta’s first-in-the-nation lockdown followed a confrontation between its governor and the national health ministry.

In the early stages of the virus outbreak, most of the Covid-19 disease burden fell on Jakarta and its neighboring suburbs. In late March 2020, the provincial government of Jakarta began implementing a quarantine protocol, but the moves were blocked by the national health ministry. The backstory of this simmering conflict is due to Anies Baswedan, the governor of Jakarta, is widely perceived as the major opposition figure after being sacked by President Jokowi as his Minister of Education in Jokowi’s first term administration and Anies’ contentiously polarized Jakarta election victory over the Palace’s preferred candidate Basuki Tjahaja Purnama or commonly known Ahok (Mietzner and Muhtadi 2018; Mietzner, Muhtadi, and Halida 2018).

Originally, they were blocked because the health ministry stated that the virus was not present in Indonesia (Mietzner 2020; Soderborg and Muhtadi 2021). After a series of positive tests, mostly found in metro Jakarta, the health ministry reversed its position and nominally allowed lockdowns in areas that were granted permission from the health ministry. Lockdown permission is also contingent upon minimum Covid-19 caseload levels that were difficult to meet in areas without high testing capacity.

Over the final week of March and first week of April 2020, Jakarta’s attempts to implement a lockdown were repeatedly delayed

by the national health ministry. A back and forth between the Jakarta provincial government and national health ministry between April 1 and implementation of the lockdown on April 10 was described as “technical” by national government offices, which also induced outrage among activists, and elicited unusually quiet responses from the Jakarta governor, who pursued his case through formal request letters (Bernie 2020; Ombudsman RI 2020; Setiawan 2020).

Over subsequent weeks, the health ministry denied numerous lockdown requests. The result of the policy conflict is a pandemic response landscape marked by very different policy responses in areas that were and were not able to receive lockdown permissions.

Jakarta implemented a province-wide lockdown on April 10. Following Jakarta, most Jakarta suburbs had implemented lockdowns by April 18 (Kompas.com 2020). The following week, the province of West Sumatra and major cities in West Java, East Java, Central Java, and South Sulawesi announced lockdowns. The whole of West Java province and a handful of major cities in East Java and Borneo implemented their lockdowns the following week. The remainder of the country, including most people in rural areas and secondary cities, the entire population of Medan city and Bali province, and nearly all of the country’s eastern islands, were never placed under any kind of lockdown. Many localities in these areas have discouraged large social gatherings but have not engaged in extensive restrictions of movement.

Lockdown policy thus produced three distinct zones. Jakarta is the lone member of our “early lockdown” zone. The wave of lockdowns that began on April 18th produced the second, or “late lockdown” zone. The remainder of the country’s districts—which did not implement social distancing policies—constitute the third zone, which we call the “no lockdown zone.” Our survey was both nationally representative and representative of each lockdown zone.

Method

In the early stages of the Covid-19 pandemic, many regions applied extensive social restrictions, resulting in challenging environment to figure out quickly the public attitudes and behaviors towards Covid-19 by relying on face-to-face surveys with respondents. Therefore, surveys by using telephone contacts to respondents are the most likely and feasible method to be implemented during that

period. We conducted a national telephone survey from May 19th to 22nd 2020. The respondents were chosen from the collection of a prominent and independent polling institute Indikator's face-to-face survey samples since March 2018 to March 2020 in 34 provinces in Indonesia. They are Indonesian voters aged 17 years and above, or already married when the survey was conducted. From the Indikator surveys, we selected only those respondents who had a telephone or cellphone contacts which comprises about 70 percent of the total population.

Stratified random sampling was used to select 8477 respondents from this subset contacts database. This sample was then divided into 34 provinces, rural-urban categories, and gender. The sample size from each stratum (province, rural-urban, and gender intersections) was allocated proportionally; that is, the samples were drawn in proportion to the population size of each stratum. Then, at random, respondents from each stratum were selected to be interviewed by phone. The sample was validated further by comparing demographic data from the Indonesian Central Bureau of Statistics; the measures compared included province, gender, rural-urban, age group, ethnicity, and religion. We applied weighting to the data if the sample differed significantly from the population. Of the 8477 potential respondents, 2000 respondents were successfully interviewed by telephone. Because the purpose of this study was to determine the differences between the three zones mentioned above (the "early lockdown" zone, the "late lockdown zone," and the "no-lockdown" zone), we obtained a representative sample from each of these three zones.

What variables matter when it comes to the main drivers of health-precaution behavior during Covid-19 pandemic in Indonesia?

In trying to answer the main thesis of this article laid out in the subtitle above, we will run analysis on various important variables such as demographics of respondents' social class, location, political partisanship, religious piety as well as Islamic organizational affiliation. Exploring the relationship between health behavior and socio-demographic background of respondents as well as their Islamic organizational affiliation can lead to us understanding whether there are differences in behavior and attitude between areas based on its lockdown zones along with evaluation and trust level toward national

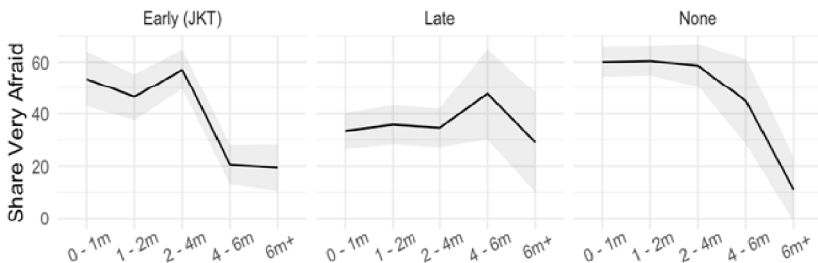
government policies on Covid-19 *vis-à-vis* their evaluation of local government policies when it comes to lockdown policies by respective authority level or simply called lockdown politics. More importantly, this analysis will also try to shed a light on whether and how income pay level and political partisanship factor also contributes to difference in assessment and attitude of respondents when it comes to fear level and adherence to health-precaution behaviors during pandemic.

Better-paid Indonesians did not experience the same pandemic

Higher-income respondents report less fear and fewer work disruptions; lower-income respondents are already being furloughed or losing their jobs.

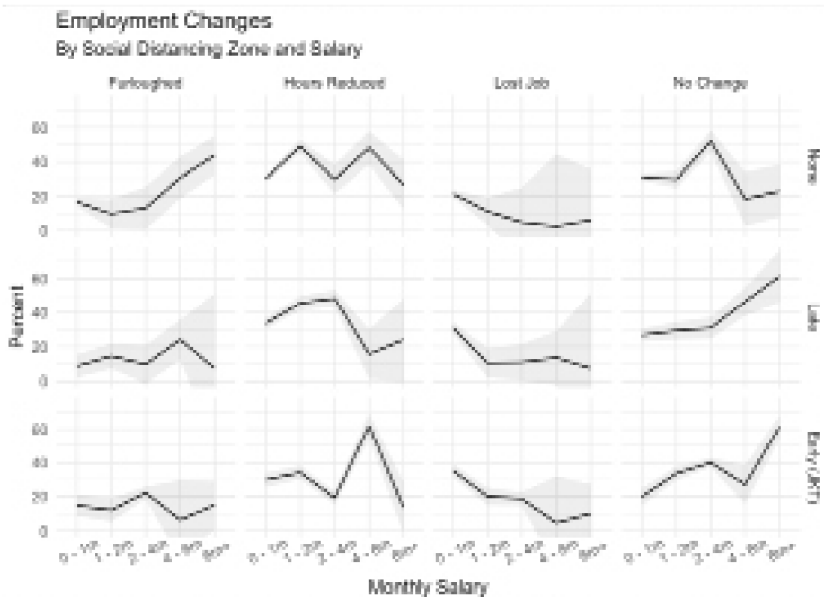
As the pandemic has spread, evidence has accumulated that income is a key predictor of both health and financial outcomes related to the disease (Chamie et al. 2020). Lower-income people around the world are reporting greater rates of job loss, less capacity to absorb those losses. They are also more likely to contract the virus. We find similar trends in Indonesia.

Our data show that income and fear of the virus are strongly negatively correlated overall, with the differences most apparent in Jakarta and the no-distancing zone. The share of respondents reporting they were “very afraid” of the virus was more than twice as high in Jakarta’s two lowest income bands as it was in the province’s two highest income bands. Outside of areas that implemented social distancing, the gap is of nearly fifty percentage points. The results remain consistent with this income-based fear gap when using the share reporting only that they were “afraid,” and when reporting the share reporting that they are “not afraid.” The data suggests that the poor are worried about the consequences of being sick and the prospect of lost income from not being able to work. Thus, for the poor, Covid-19 is interpreted not only from a health perspective, but also from an economic standpoint.



Just as fear is concentrated among lower earners, so, too, is job loss. Among the lowest earners surveyed in Jakarta, the rate of job loss had already reached 35 percent by May 22 2020. In all three lockdown zones, the lowest earners report the highest rates of job loss. Current or feared loss of income is likely a key driver of fear. The poorest workers face two dangers from the pandemic and government interventions to stop it. They face the prospect of losing jobs while having minimal savings on which to rely. In addition, they have the least access to higher quality healthcare. Where high earners may be able to pay for additional hospital services, the poor must rely on the BPJS Kesehatan (Healthcare and Social Security Agency) system. For them, the pandemic is a two-pronged existential crisis.

Job loss is not the only economic hardship recorded in the data. Hours reductions hover around 40 percent of respondents in the middle-income bands across zones. Nearly two-thirds of respondents in Jakarta’s 4 – 6 million IDR monthly income tier, which covers most of that city’s clerical workers, reports hours’ reductions. Furloughs have affected a bit more than 15 percent of respondents across zones and across most income bands. But the highest earners in non-distancing areas report furlough rates of 40 percent. Most of these respondents are white-collar employees of private companies.



One group of people is surviving the virus in better financial shape, at least as of the end of May: higher earners in Jakarta and the late lockdown zone. A bit more than half of these respondents reported no change to their employment status or working hours. Note, however, that even in this better-off group, less than one-half of respondents reported *no* disruption.

Of all the income bands, this one should contain the highest share of people able to work remotely. There are, however, ample signs that they are among the most likely to continue going to work at a location outside their home. In an economy like that of Indonesia, even office workers are, for the most part, unable to work remotely.

Taken together, the data show large disruptions to employment in every lockdown zone and in every income band. The most serious disruptions are occurring among the lowest-income workers. These workers are, of course, the least able to absorb the financial loss. Not surprisingly, rates of fear are twice as high among those who have been furloughed or lost their jobs as among those who have not lost their jobs or merely had their hours reduced.

Most people are being affected by the virus, and most people are afraid of it. Higher earners are affected less and feel less afraid. In Indonesia, as everywhere else, the economic and psychological effects of the pandemic fall hardest on the poor.

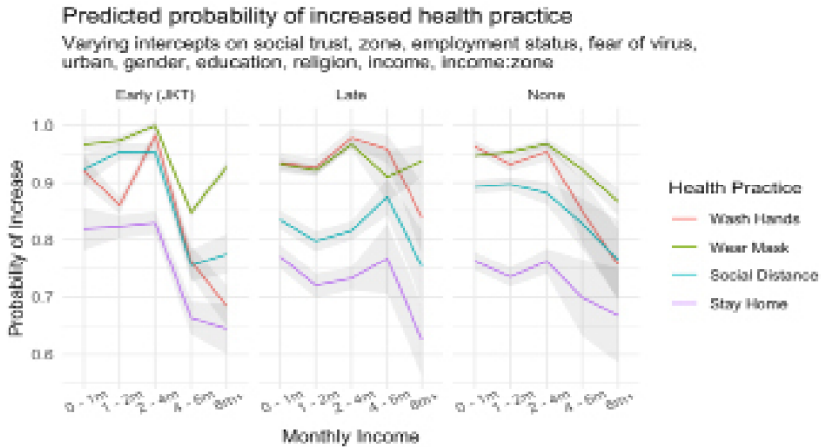
Behavioral Changes

Most people are changing their behavior in response to the coronavirus; higher earners are changing their behavior less.

In order to understand who was taking precautions in response to the pandemic, we asked whether respondents had changed their behavior in any of four ways: were they now washing their hands more frequently? Were they wearing a mask? Did they engage in social distancing when outside of the house? Did they stay at home more often? These questions were meant to capture behaviors that have been encouraged by public health authorities since the pandemic began. They are also behaviors that in some countries have become sites of partisan contestation (Gadarian, Goodman, and Pepinsky 2020).

Here, we assess the probability that respondents report an increase in each of the four health behaviors, modeling that

probability as a function of demographics, partisanship, and social trust.



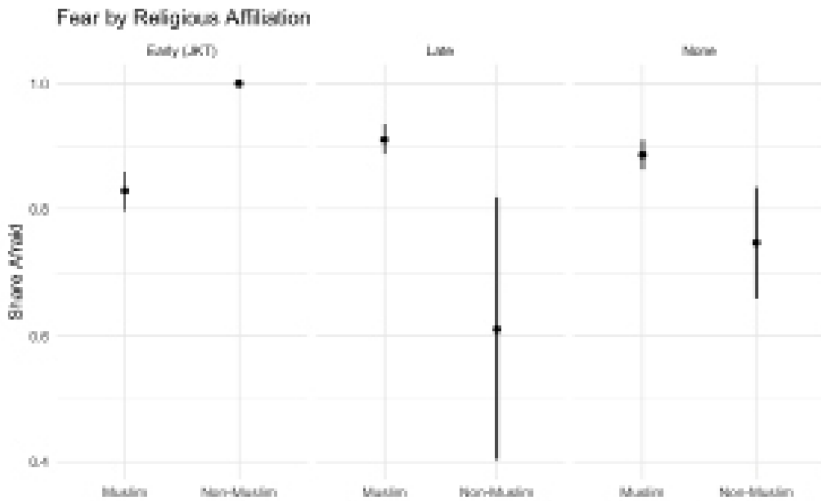
The data indicate that most respondents were washing their hands more, wearing a mask more, trying to social distance when out of the home, and staying home more as a result of the pandemic. However, the highest earners reported lower rates of changed behavior, with the most dramatic income-related differences on rates of staying home. This is partly due to the strong relationship higher incomes and continued employed without furlough. Respondents who kept their jobs—even with reduced hours—were far less likely to report staying at home more. However, the model shown above accounts for employment status—only part of higher earners' greater-than-average mobility can be explained by their continued employment.

Most Indonesians were more diligent about disease spread-reducing practices in late May than they had been before. But after accounting for observable differences between respondents, higher earners appear to have taken fewer precautions than others. As of late May, the lives of the poor had been changed by the pandemic far more than the lives of the better-off.

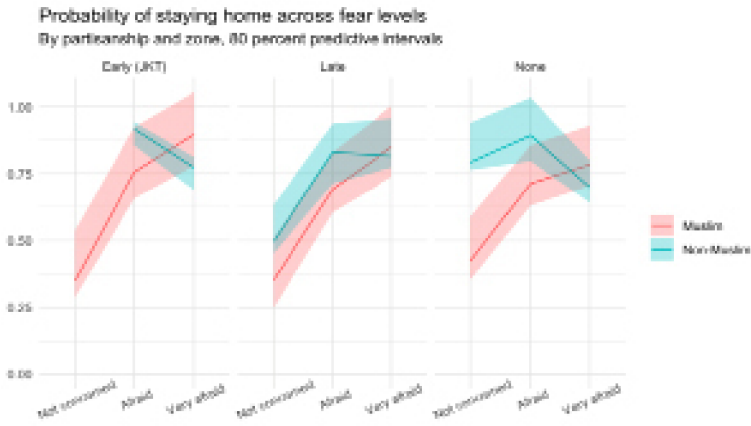
Religious Differences

Outside of Jakarta, Muslim respondents reported higher levels of fear and greater levels of precaution-taking. Within Jakarta, the pattern was reversed. Controlling for fear levels and demographics, however, non-Muslims were more likely to stay home than Muslims.

One of the most striking differences in the sample is the relationship between religion and fear of the virus. This difference has important implications for behavior, as we found that across demographics, higher levels of fear were associated with greater levels of precaution-taking. In Jakarta, *all* non-Muslim respondents reported high levels of fear of the virus. Outside of Jakarta, Muslim respondents consistently reported higher levels of infection fears than non-Muslims in the same areas.



Since differences between religious groups in Indonesia are also correlated strongly with income, the urban-rural divide, education, and location—all of which are, as we show in this paper, correlated with fear of the virus and precaution-taking—we check whether religious differences in precaution-taking remain when we compare respondents of similar classes. To do this, we specify a hierarchical model in which the costliest precaution, staying home, is predicted by respondents' fear levels interacted with their sample zone and religion, their political preferences interacted with their sample zone, their income interacted with their sample zone, and fixed effects for levels of social trust, whether they lost their job, their urban/rural status, gender, and education. The predicted probabilities from the model show that at the same level of fear and adjusting for covariates, respondents at high fear levels were equally likely to stay home, while at lower fear levels, non-Muslims were moderately more likely than Muslims to stay at home.



These differences indicate that in the early days of the pandemic, religion had a moderate impact on the likelihood that people feared the virus and would take precautions. How it impacted fear and precaution-taking, however, varied in important ways across religion and location. In Jakarta, the early epicenter and site of the most intense political fight over pandemic policy, non-Muslims were more afraid of getting sick than were Muslims. Everywhere else, Muslims reported greater fear of the virus than non-Muslims. Yet among people with the same levels of fear of the virus, the behavior of non-Muslims was somewhat more precautionary, with non-Muslims more likely to stay home than Muslims who reported similar levels of virus fear.

These results suggest that future pandemic response efforts should make sure to watch for differences in how religious communities are responding to a virus, as the differences could, over time, contribute to the concentration of infections within a specific community.

Trust in Government Responses

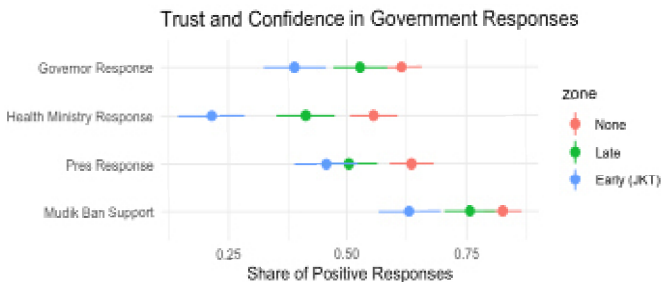
Most respondents approve of the president's response to the pandemic; evaluations of the health ministry's response are low. Provincial evaluations seem to reflect partisanship. Most respondents supported the Eid holiday travel ban.

Trust is essential in democracy because it serves as the “creator of collective power,” allowing state institutions to make decisions without resorting to violence or constantly seeking citizens’ approval for each decision (Neyazi, Muhtadi, and Paul 2022). When there is a high level of trust in the government at both the national and regional levels, it would be helpful to respond to a pandemic. If the general public

does not have faith in the actions taken by the government, then the policy or response taken by the government will not be very effective. We asked respondents to rate the president, their governor, and the national health ministry's responses to the pandemic. We also asked whether they supported a ban on Eid holiday travel (*mudik*).

We expected evaluations to vary across lockdown zones. In particular, because of the local-national conflict over lockdown policy, we expected that evaluations of the national government would be lower in Jakarta and the late social distancing areas, while evaluations of the provincial government would be higher. But we already knew that, due to Jakarta's strong connections to the opposition, evaluations of the president and national health ministry were likely to be lower in Jakarta than elsewhere. For this reason, we were most interested in between-zone variation in evaluations of the governor *relative* to their evaluations of the president and national health ministry.

In all zones, the president's response is consistently rated more favorably than the response of the governor and national health ministry. And in all zones, the health ministry's response is consistently rated worse than that of the governor or president.

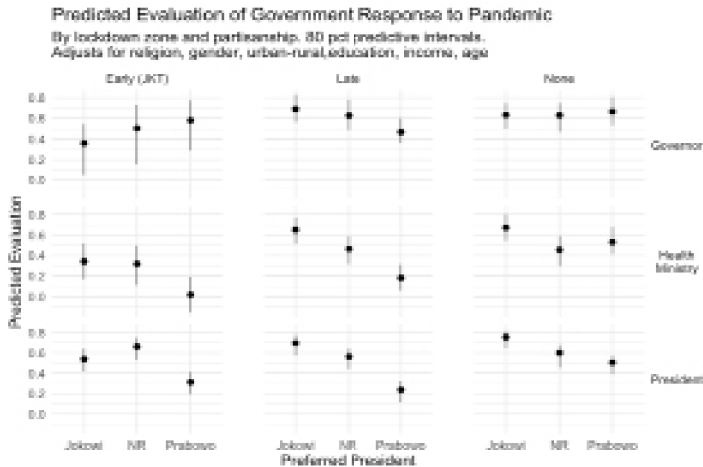


The gap between evaluations of the governor's response and health ministry's response is largest in Jakarta, large but smaller in the late zone, and smallest in the no-distancing zone. This is consistent with our expectation that the local-national conflict would lead to diverging evaluations of local and national pandemic.

Why do evaluations of the national health ministry and governor's respective responses diverge so much in Jakarta? One reason is, simply, that the conflict was most intense and best-publicized in Jakarta. Although other provinces were affected, in national media the conflict was framed as one principally between Jakarta governor Anies Baswedan and health minister Terawan Putranto. The gap also raises an intriguing

additional possibility: political partisanship may be driving some of the gap. Jakarta’s governor is a major opposition leader and potential 2024 presidential candidate.

To measure the impact of partisanship on evaluations of government pandemic response, we estimated a hierarchical model that predicted respondents’ evaluation of government’s pandemic response as a function of lockdown zone, partisanship, and a set of demographic controls (Gelman and Hill 2007).



In most of Indonesia, a reported vote for the opposition predicts lower evaluations of each government level—as in the late lockdown zone—or is weakly predictive of evaluations, as in the no-lockdown zone. Only in Jakarta, where a fight over lockdown policy coincided with an important partisan divide, does support for the opposition lead to *increased* evaluations of the local government’s response.

These patterns are not simply consequences of model specifications. Uncontrolled comparisons from the raw data align with the trends shown above. In Jakarta and the late social distancing areas, evaluations of the health ministry are far more correlated with evaluations of the governor’s response than elsewhere. In addition, in Jakarta, evaluations of the health ministry are negatively correlated with support for the opposition, and support for the opposition is mildly correlated with a higher evaluation of the provincial government’s response. Elsewhere, support for the opposition is negatively correlated with evaluation of the provincial government, but not strongly associated with any particular evaluation of the provincial government.

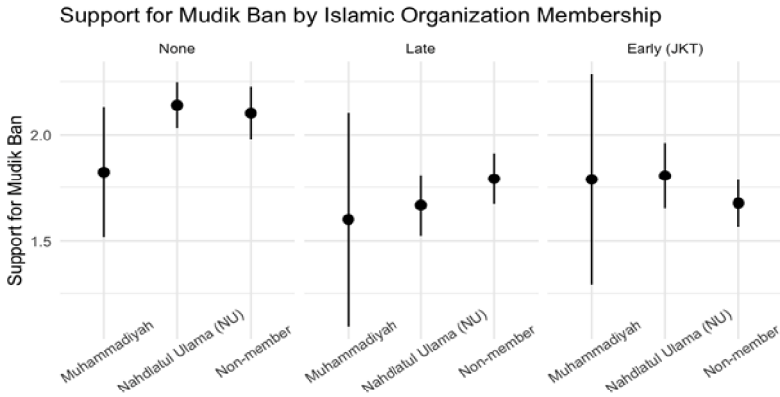
In our data, we treat people who declined to answer the partisanship question as a distinct category, and above, we graphed it as an intermediate category between the two partisan positions. Another option would be to treat non-responders as an analytically distinct category. We believe, however, that there are compelling reasons to treat decliners as an intermediate partisan category—especially in a post-election survey. Pre-election studies indicate that respondents who declined to answer the partisanship question were more likely to support the opposition. Post-election surveys consistently record higher support for the winner than the winner actually received, lower support for the loser than received, and higher “declined to answer” rates than pre-election surveys. This is consistent with the common finding of winner bias in post-election surveys.

Since turnout remains extremely high in Indonesia, we think it is unlikely that the respondents who declined to answer were disproportionately non-voters. In the current context of winner bias (and Prabowo Subianto’s subsequent entry into President Joko Widodo/Jokowi’s cabinet), we suggest interpreting a stated Jokowi vote as a moderately strong signal of government support, a non-response as a moderate lean towards the opposition, and a stated Prabowo vote as a strong signal of opposition support. Note, however, that our models do *not* rely on a linearity assumption derived from this interpretation of partisan signaling. Although we believe it is useful to think of stated Prabowo votes as the strongest end of a partisan spectrum, our models do not rely on the assumption that this interpretation is correct.

Support for the *Mudik* Ban and Religious Affiliation

One of the most consequential interventions in the early pandemic was the government’s decision to ban travel around the Eid holiday. In normal years, tens of millions of Indonesians travel to their home villages for the holiday. In 2020, with the pandemic still beginning and no vaccine available, the prospect of millions of travelers mingling with rural relatives meant the possibility of an exponential increase in infections. The *mudik* ban was controversial, and because it directly implicated religious tradition, support for it could be influenced by both religiosity and by membership in religious organizations.

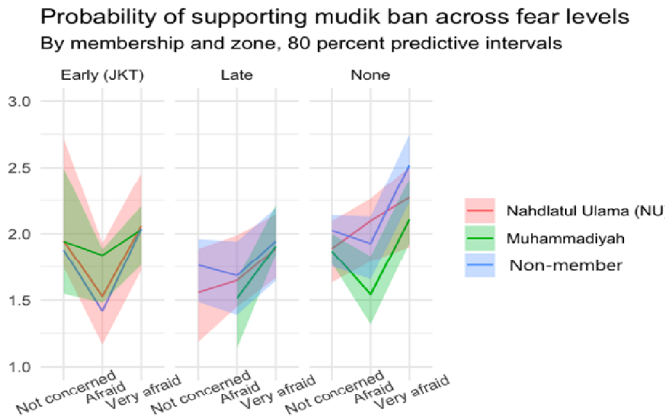
We find that across zones and religious organizations with large membership, there were differences in support for the *mudik* ban.



In Jakarta and the late-lockdown areas, the *mudik* ban had roughly similar support across Islamic organization members and non-members. Outside of the lockdown areas, NU members and respondents who were not members of any Islamic organization were much more supportive of the ban on Eid travel than were Muhammadiyah members. Notably, the largest differences were not within zones, but across them. Regardless of membership, respondents in the no-lockdown zones were far more supportive of banning Eid travel than their counterparts in zones that had locked down. This is consistent with two dynamics. First, given that most no-lockdown zones are in provinces outside of the large population centers where the early pandemic was especially acute, this may reflect a desire to prevent transmission into the no-lockdown zones. Second, it is an early sign of exhaustion with health policies. Respondents in Jakarta and the late lockdown zones had already been in lockdown—many likely wished that they could get out and see their relatives. Regional differences outweigh religious differences here.

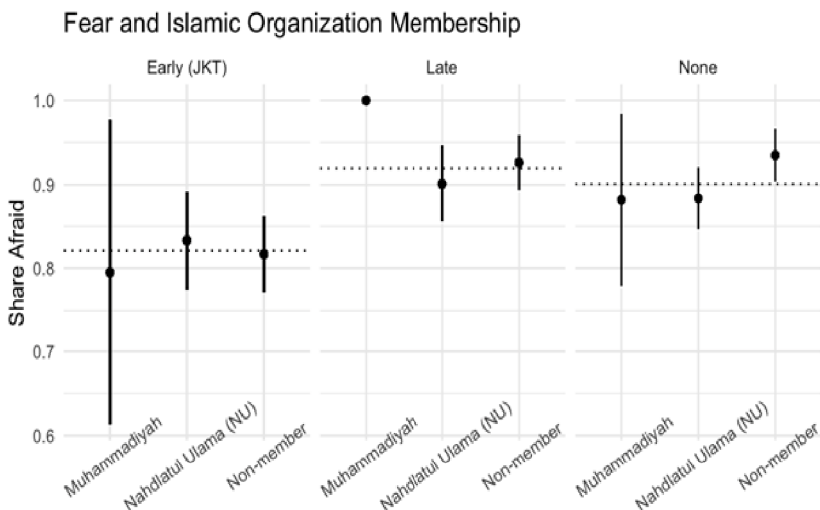
When used in a model that also accounts for demographic characteristics, we see mild differences between group members based on fear levels, though the sample is ultimately not large enough to guarantee that the differences are real. In particular, we see Muhammadiyah members being more supportive of the *mudik* ban in Jakarta than NU members and people who are not members of any religious organization. We see lower support from

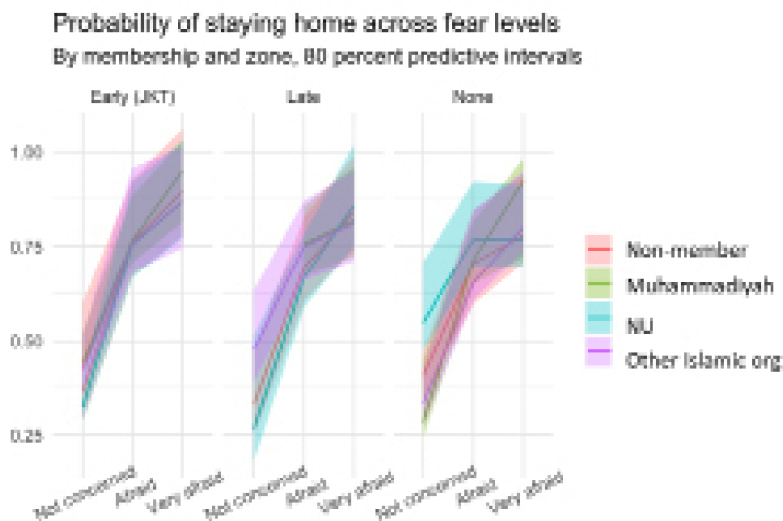
Muhammadiyah members than others, though, in the no-lockdown zone.



Overall, we see only moderate differences between people based on religious organization membership. Notably, these differences themselves vary depending on location. These findings suggest a useful corrective to approaches that take membership in the vast religious organizations as a having a single implication. The relationship of NU and Muhammadiyah to the governments implementing these policies were very different in different locales. Some of those differences may be reflected in the varying responses of organization members across place.

Religious organization membership did not become a locus for anti-compliance beliefs.





In most locations, organization members were roughly as afraid as the general population. Muhammadiyah members in the late lockdown zone all expressed fear—this is partly an artifact of small sample size. Across fear levels and locations, and accounting for demographic differences, organization members look similar—fear, more than membership, drives the decision to take health precautions.

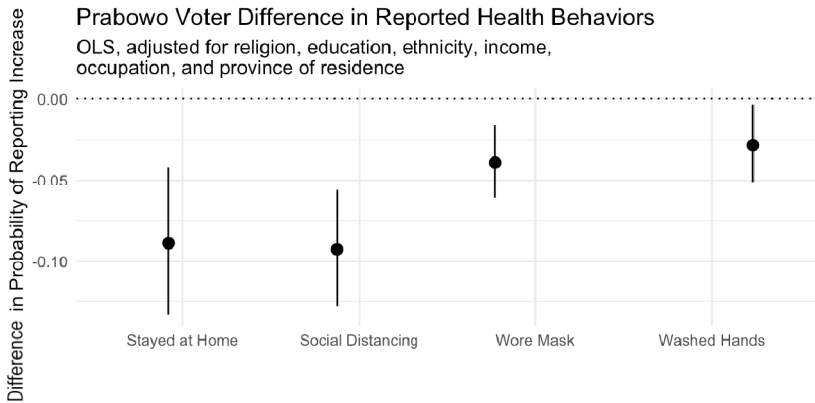
Partisanship and Health Responses

Self-identified Prabowo supporters report lower rates of health vigilance after accounting for covariates. However, substantial variation in rates of health vigilance by lockdown zone suggests that partisan alignment with local governments might be the important component.

In countries like the United States, personal health behaviors like mask-wearing have become politically salient. A new study by Pepinsky, Goodman, and Gadarian (2020) shows that in the US as of April 2020, many personal health behaviors—not just mask-wearing—are predicted by partisanship. Might such partisan dynamics also be at play in Indonesia? Evidence presented above on partisan differences in government evaluation and class differences in health response suggest that it might. In particular, the local-national conflict in Jakarta might be an important component of any observed relationship.

We find that Prabowo support (which we interpret as a strong signal of opposition partisanship) is associated with lower rates

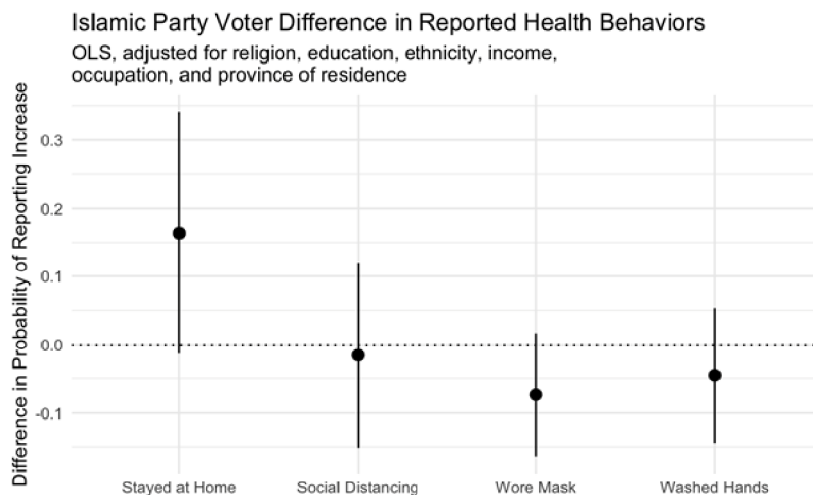
of protective health behavior compliance, after adjustments for demographics.



Nationwide, self-reported Prabowo supporters were less likely to report an increase in staying at home, less likely to socially distance themselves when outside, less likely to wear masks, and less likely to wash their hands more than others of the same religion, ethnicity and income tier living in the same province. Note that this difference occurs in the context of fairly broad compliance—most Prabowo supporters, like most Indonesians, reported greater health vigilance. This is consistent with findings elsewhere in the world that in polarized contexts, partisanship matters not only for voters' evaluations of government responses to the Covid-19 pandemic, but also for voters' own decisions about health behaviors (Fleming-Wood, Margalit, and Schaffner 2020; Gadarian, Goodman, and Pepinsky 2020).

Islamic Party Voters

The dramatically lower rates of health precaution-taking among Prabowo supporters raised the question of whether Islamic parties might become a locus of anti-precaution sentiment. To check whether Islamic party affiliation might affect precaution-taking, we run an identical model pooling respondents who support the four Islamic parties—PKS, PKB, PAN, and PPP. We find that overall, Islamic party voters are a bit more likely to report staying home and a bit less likely to report wearing masks, but do not strongly depart from national averages.



We find no significant differences between Islamic party supporters on the basis of the political coalition of the Islamic party. We note, though, that while the response profile of PAN, PKS, and PPP voters were similar, with higher rates of mask-wearing and hand-washing than the national average and slightly lower levels of social distancing, we failed to get any PKB voters in this sample, a fact attributable in part to the limitations of phone-based surveys. The absence of PKB voters makes the conclusions we can draw about the implications of Islamic parties more limited. We can, however, conclude that they did not become important focal points in anti-precaution behavior.

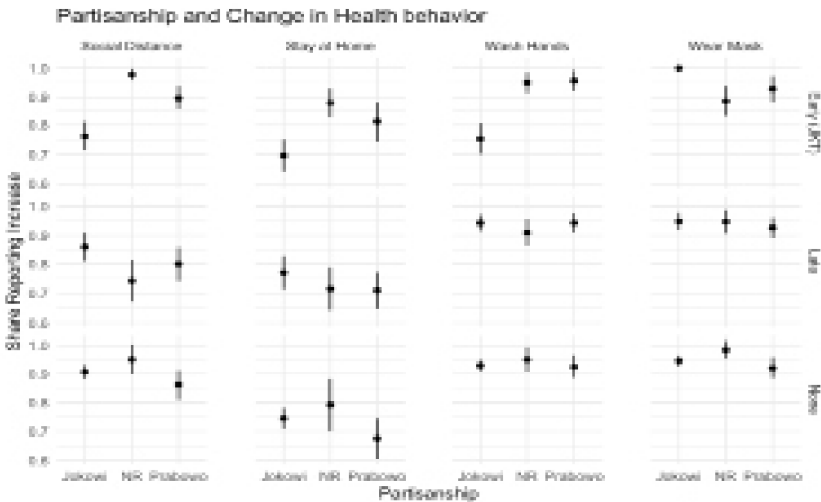
Interpreting Partisan Differences in Health Behaviors

Although our results are consistent with partisanship, and, in particular, support for the opposition leading to lower rates of precautionary behavioral changes, we caution against an interpretation of the results as indicating that Prabowo supporters, opposition supporters, or conservatives in Indonesia are responding to the outbreak less cautiously. Partisanship in Indonesia is correlated with place of residence, income, education, and ethnicity. The results above suggest that if two individuals from the *same* demographic categories differ on partisanship, the Prabowo supporter is moderately less likely to have reported an increase in the four health-cautious behaviors.

We raise this point because within larger demographic substrata, it is not straightforwardly correct to say that Prabowo supporters report

higher rates of health behavior change than Jokowi supporters. What we see in the raw responses is a situation in which compliance is weakly lower than average on most personal health measures among Prabowo supporters *outside* of Jakarta, but much higher than average among Prabowo supporters *within* Jakarta.

The graph below shows the raw survey responses broken down by question, zone, and self-reported partisanship. Prabowo voters in Jakarta report higher compliance on all health behaviors except mask-wearing, which *all* Jakarta respondents who said they had supported Jokowi reported they were doing more frequently.



Post-control comparisons of Prabowo voters' compliance show Prabowo voters to be less likely to report taking greater precautions. The population averages shown here suggest lockdown zone affects the direction of partisan differences. Most importantly, it suggests a pattern similar to that seen in the government evaluation data: partisanship matters more in Jakarta, and the direction of its effect varies depending on whether the respondent lives in Jakarta or elsewhere.

Partisanship appears to affect both evaluations of the government's response and personal decision-making about health responses to the pandemic. The direction of the effect, however, depends on the level of government most strongly associated with pandemic response measures. In Jakarta, especially in the early stage of pandemic where partisanship maps onto a local-national dispute over pandemic response in which the local government is more aggressive, opposition

support is a consistent predictor of greater health vigilance, with and without adjustment for demographic covariates. In the rest of the country, where the local-national conflict was less intense, partisanship is a less-powerful predictor. To the extent it is predictive, it is associated with lower rates of health vigilance. In the no-lockdown zone, where opposition support is most strongly predictive of lower vigilance, the national government is the primary driver of health policy.

Our data suggests that partisanship is an important driver of individual responses to the pandemic. However, whether partisanship leads to more or less health vigilance at the individual level may depend on which part of the government is leading the pandemic policy response. Our data are consistent with a situation in which partisans of the current national government would be most likely to follow health guidance from the national government, while partisans of the current local government would be most likely to follow health guidance from that local government. These differences would matter most when pandemic response itself is politicized along partisan lines.

Pandemic response policy aimed at increasing health vigilance might be more effective in areas with high support for the political opposition if they are run through the local government, rather than seen as coming from a less-trusted national government. If there are important policy disagreements between opposition governors in areas with high opposition support and national health authorities, compliance with whatever policy the local authorities choose may be maximized by giving the governors a freer hand to set local policy.

Conclusion

This paper explored the ways in which experiences of the Covid-19 pandemic varied according to social class, religious groups, place of residence, and the increasingly important social identity of political partisanship. Using a sample designed to be nationally representative as well as representative of each of the three lockdown zones, we found important differences in pandemic experiences according social class and partisanship. We found lower rates of between-zone difference than expected. Patterns of economic disruption and health precautions varied less than expected across lockdown zones. Evaluations of the government's responses were, unsurprisingly, quite varied across zones.

First, we found that fear and employment disruption are closely related to income. Better paid respondents were less afraid and had experienced fewer disruptions. In Indonesia, as in much of the world, it appears that low-earners will bear the brunt of the economic fallout from the pandemic.

Second, we found that personal health behaviors vary by income. Better-paid Indonesians have changed their behavior less. Some of this result is driven by the lower rates of job disruption in higher income strata. Notably, rates of working from home appear to be negligible—a sign that the high-income economy approach to the pandemic may not be plausible in this and other lower-income countries.

Third, with regard to religious differences, we found that outside of Jakarta, Muslims consistently reported higher levels of fear, while non-Muslims reported greater levels of precautionary behavior. This is largely attributable to religious differences in perceptions of the threat and the likelihood of taking preventative measures.

Fourth, we found that trust in the government's response varies according to lockdown politics. Where conflicts between local and national authorities led to disputes over lockdown policies, the health ministry is trusted much less than the governor. We found it notable that opinions of the national health ministry's response tended to be low, while agreement with the decision to ban Eid-related travel was generally high.

Fifth, we found that partisanship conditioned both government evaluation and personal health behavior, and that the dynamics of the relationship may depend on whether there is conflict over pandemic policy. Nationally, opposition supporters reported lower trust in the government's pandemic response and lower rates of health precautions. In Jakarta, where the local government is led by the opposition and was far more aggressive in its response to the virus, opposition supporters gave the local government's pandemic response higher ratings and were more likely than others to report taking health precautions.

It is interesting to compare the partisan sorting on health precautions that occurred in Indonesia to that of the United States (US), Brazil, and the United Kingdom, all considered as large democracies. In Great Britain, the pandemic response policy mirrored that of the central government, whereas in Brazil and the US, the pandemic response policy was left to state authorities. In the US and Brazil, the central government, led by President Donald Trump and President

Jair Bolsonaro, tended to reject the narratives of pandemic's severity and resisted heavy-handed response by the federal government in implementing social restrictions. In contrast, the British government was typically more responsive in its pandemic response. Consequently, partisan sorting are more prevalent in the US and Brazil than in the United Kingdom. Studies show that supporters of Trump and Bolsonaro tended to disregard health protocols (e.g. Gadarian, Goodman, and Pepinsky 2020; Ramos et al. 2020). However, state-by-state variation in the US was more pronounced than in Brazil. The states governed by the Democratic Party (Trump's opposition) implemented more stringent lockdown policies, whereas the federal government resisted lockdowns.

In this regard, Indonesia differs from the three major democracies above (Soderborg and Muhtadi 2021). The US was characterized by strong partisan sorting at the national level and substantial variation at the state level. In Brazil, the partisan division between Bolsonaro supporters and his opponents was more evident and pronounced at the national level but not at the regional level. Central and regional partisan sorting appeared to be weak in the United Kingdom. In Indonesia, the opposite was true: there was almost no partisan sorting at the national level, but there was partisan sorting at the regional level. This is possible due to differences in regional policies concerning the pandemic. In Jakarta, for instance, the PSBB was implemented at the earliest pandemic period, whereas other regions implemented the policy later or waited until national policies came into effect—an event that occurred after the study period.

These patterns suggest that unless they are caused by partisan conflicts between local and central government authorities, policy differences will not automatically result in partisan separation on health behaviors. In many of the regions where Prabowo won the 2019 presidential election, there was no partisan sorting because local governments were not embroiled in policy conflicts with the federal government. In West Java, which is a stronghold base for Prabowo, there was no partisan sorting because Governor Ridwan Kamil was not opposed to the central government. Consequently, partisan attitudes might influence behavior during a pandemic. However, if it is not accompanied by partisan conflict between the regional and central governments, this partisan attitude will not suddenly transform into a pronounced difference in partisan behavior.

Finally, we found that religious organization membership did have a complex relationship with support for the policy that most implicated religion—the ban on *mudik* travel. After adjusting for demographic differences, Muhammadiyah members looked different from other respondents. But even this response was not uniform nationwide. In Jakarta, Muhammadiyah members were more supportive of the ban on *mudik* travel while in the no-lockdown zone, they were less supportive. This was the case despite Jakartans being much less supportive of the ban than respondents who had not experienced the lockdown. The most important implication of this finding is that religious organization membership matters, but how it matters varies across the country.

Overall, our findings suggest that most people in Indonesia are taking personal health precautions, the poor are already experiencing the worst effects of the pandemic, better-off people are taking fewer precautions than everyone else, many people were dissatisfied with the national health ministry's pandemic response, Muhammadiyah members were out of step with others in their zone, and partisanship matters for personal health behaviors. Partisanship seems to matter most of all when local and national governments on opposite sides of the partisan divide come into conflict over pandemic policy.

In conclusion, as explained in the previous sections, Indonesians' level of compliance with Covid-19-related health protocols was very high in the early days of the pandemic. This was true for Muslims as well as non-Muslims. Membership in Islamic mass-based organizations was not a strong predictor of anti-compliance sentiment. Consistent with this, organization members were just as terrified of the Covid-19 virus as the general public. Similarly, constituents of Islamic parties—PKS, PKB, PAN, and PPP—did not differ significantly from constituents of nationalist-pluralist parties in terms of obedience to the four preventive measures (remaining at home, avoiding social contact, wearing a face mask, and frequent hand-washing). The consistency of religious organization members and party members with the attitudes and behaviors of the general public mean that Islamic constituencies did not become major focal points for anti-precautionary behavior. This finding is consistent with a representative study in Malaysia, which found that the majority of Muslims in the country were as obedient to health protocols as non-Muslims (Azlan et al. 2020). According to a cross-sectional survey conducted in three countries (Voo et al. 2022),

respondents in Malaysia and Singapore, including Muslim citizens in these two countries, were far more supportive of digital contact tracing and monitoring devices than those in Hong Kong.

Narratives from the early days of the pandemic that put religious groups in the spotlight for the spread of Covid-19 and portrayed them as important violators of public health regulations (Majumdar 2022) should not be exaggerated. At least in Indonesia, Malaysia, and Singapore, empirical evidence does not support the inference that religious groups opposed health precautions. In fact, they were equally terrified of Covid-19 as others. Our study does not confirm anecdotal evidence that Muslims were not afraid of the Covid-19 virus and, more so than others, believed that “God is their shield” such that they violated social distancing rules when attending religious gatherings. Not only are narratives and policies that blame religious groups inconsistent with reality, but they are also ineffective in preventing the future emergence of pandemics. It is preferable for all parties to establish a partnership between the government, the healthcare system, and religious organizations in order to determine how religion and faith can also be employed in promoting health precautionary measures and resources (Tan et al. 2022) in response to Covid-19 and future communicable diseases.

Endnotes

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Appendix: Survey Questions

Section 1: Socio-Demographics

1. How old are you right now?
2. What is your **latest education**?
 1. Never went to school
 2. Didn't finish elementary/similar level
 3. Elementary/similar level
 4. Didn't finish middle school/similar level
 5. Middle school/similar level
 6. Didn't finish high school/similar level
 7. High school/similar level
 8. Didn't finish college/still a university student
 9. D3/diploma
 10. Finished college/higher
3. What is your **main occupation** for the past week?
 4. Farmer
 5. Animal breeder
 6. Fisherman
 7. Blue collar labor/housemaid
 8. Automotive service
 9. Chauffeur/motorcycle driver
 10. Security
 11. Freelancer
 12. Foodstall owner
 13. Trader
 14. Small time entrepreneur
 15. Businessman/big contractor
 16. Village/urban ward apparatus
 17. Employee/Private companies
 18. Civil Servant (PNS)
 19. Teacher/University lecturer
 20. Professional (lawyer/doctor/etc.)
 21. Pensioner
 22. Still in school/college
 23. Housewife
 24. Still unemployed
 25. Others, specify:
4. In monthly average, how much is your gross **household** income?

5. Under 200 thousands
6. 200—399 thousands
7. 400—599 thousands
8. 600—799 thousands
9. 800—999 thousands
10. 1 millions—1.199 millions
11. 1.2—1.399 millions
12. 1.4—1.599 millions
13. 1.6—1.799 millions
14. 1.8—1.999 millions
15. 2—3.999 millions
16. 4—5.999 millions
17. 6—7.999 millions
18. 8—9.999 millions
19. 10—15 millions

Section 2: Religious Affiliations

1. What is your religion?
 2. Islam
 3. Catholic
 4. Protestant
 5. Hindu
 6. Buddha
 7. Confucian
 8. Other:
2. **(ONLY MUSLIM RESPONDENTS)** There are an extensive list of religious-social organisations in Indonesia, such as NU, Muhammadiyah, etc. Could you tell me which, if any, of these organisations do you feel that you belong to?
 3. Nahdlatul Ulama (NU)
 4. Muhammadiyah
 5. Islamic Unity (Persis)
 6. Dewan Dakwah Islamiyah Indonesia
 7. Al-Wasliyah
 8. Al-Irsyad
 9. Nahdhatul Wathan
 10. Persatuan Tarbiyah Islamiyah (Perti)
 11. Syiah

12. Lembaga Dakwah Islam Indonesia (LDII)
13. Ahmadiyah
14. Mathla'ul Anwar
15. Al-Khairiyah
16. Al-Khairat
17. Darul Dakwah wal Irsyad (DDI)
18. Others, specify:
19. Not part of any Islamic organization

3. Would you consider yourself a member of any of the below?

ORGANIZATION	Active member	Non-active member	Non-member	DK/NA
A. Nahdlatul Ulama (NU)	1	2	3	8
B. Muhammadiyah	1	2	3	8

Section 3: Evaluations of the Government's Pandemic Responses

1. With respect to the coronavirus, how would you rate the national government's response?
 2. Very bad
 3. Bad
 4. So so
 5. Good
 6. Very good
2. With respect to the coronavirus, how would you rate the provincial government's response?
 3. Very bad
 4. Bad
 5. So so
 6. Good
 7. Very good
3. With respect to the coronavirus, how would you rate the regency/city government's response?
 4. Very bad
 5. Bad
 6. So so
 7. Good
 8. Very good
4. With respect to the coronavirus, do you believe that President Joko Widodo (Jokowi) is doing a good job?

5. Strongly distrust
 6. Distrust
 7. So so
 8. Quite trust
 9. Strongly trust
5. With respect to the coronavirus, do you believe that Health Minister Terawan Agus Putranto is doing a good job?
6. Strongly distrust
 7. Distrust
 8. So so
 9. Quite trust
 10. Strongly trust
11. With respect to the coronavirus, how would you rate the that governor [NAME] is doing a good job?
1. Strongly distrust
 2. Distrust
 3. So so
 4. Quite trust
 5. Strongly trust
7. Do you agree with the decision of the government to ban *mudik* this year?
8. Strongly agree
 9. Quite agree
 10. Quite disagree
 11. Strongly disagree
8. We will mention several institutions. Please specify the level of trust you have with the institution or media: do you strongly trust, quite trust, distrust, or distrust at all?

Name of Institution	Strongly trust	Quite trust	Distrust	Distrust at all	DK/ NA
A. President	1	2	3	4	8
B. Central Government	1	2	3	4	8
C. Provincial Government	1	2	3	4	8
D. Regency/City Government	1	2	3	4	8

Section 4: Fears about Covid-19, Health Practice, and Economic Impact

1. How worried would you say you are about the coronavirus?

2. Very worried
 3. Somewhat worried
 4. So so
 5. Not too worried
 6. Not worried at all
2. Do you believe that you would receive adequate care if you became infected with the coronavirus?
 3. Certainly yes
 4. Probably yes
 5. Probably not
 6. Definitely not
 3. Since the coronavirus began, have you engaged in more frequent hand-washing?
 4. Yes
 5. No, not really
 4. Since the coronavirus began, have you tried to maintain your distance from other people?
 5. Yes
 6. No, not really
 5. Since the coronavirus began, have you tried to wear a face mask in public?
 6. Yes
 7. No, not really
 6. Since the coronavirus began, have you tried to stay at home more?
 7. Yes
 8. No, not really
 7. Since the coronavirus began, have you lost your job or had reduced work?
 8. Yes, I lost my job
 9. No, but I was laid off temporarily
 10. No, but the work is reduced
 11. No, working as usual

Section 5: Political Partisanship

1. Which candidate did you vote for in the last April 17th 2019 Presidential election?
 2. Joko Widodo (Jokowi) - KH. Ma'ruf Amin
 3. Prabowo Subianto - Sandiaga Salahuddin Uno

8. Confidential/No response
9. Not voting
2. There are people who feel close to certain political parties for a long period of time, even though they may one day choose a different party. What about you, is there a political party that you feel close to?
 3. Yes
 4. No
 8. Confidential/No response
9. If Yes, to which political party do you feel closer to? (ONLY ONE RESPONSE)
 10. PKB
 11. Gerindra
 12. PDI-P
 13. Golkar
 14. NasDem
 15. Garuda
 16. Berkarya
 17. PKS
 18. Perindo
 19. PPP
 20. PSI
 21. PAN
 22. Hanura
 23. Demokrat
 19. PBB
 20. PKPI
 21. Others:
 88. No Answer/confidential

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S*tudia Islamika*, published three times a year since 1994, is a bilingual (English and Arabic), peer-reviewed journal, and specializes in Indonesian Islamic studies in particular and Southeast Asian Islamic studies in general. The aim is to provide readers with a better understanding of Indonesia and Southeast Asia's Muslim history and present developments through the publication of articles, research reports, and book reviews.

The journal invites scholars and experts working in all disciplines in the humanities and social sciences pertaining to Islam or Muslim societies. Articles should be original, research-based, unpublished and not under review for possible publication in other journals. All submitted papers are subject to review of the editors, editorial board, and blind reviewers. Submissions that violate our guidelines on formatting or length will be rejected without review.

Articles should be written in American English between approximately 10.000-15.000 words including text, all tables and figures, notes, references, and appendices intended for publication. All submission must include 150 words abstract and 5 keywords. Quotations, passages, and words in local or foreign languages should

be translated into English. *Studia Islamika* accepts only electronic submissions. All manuscripts should be sent in Ms. Word to: <http://journal.uinjkt.ac.id/index.php/studia-islamika>.

All notes must appear in the text as citations. A citation usually requires only the last name of the author(s), year of publication, and (sometimes) page numbers. For example: (Hefner 2009a, 45; Geertz 1966, 114). Explanatory footnotes may be included but should not be used for simple citations. All works cited must appear in the reference list at the end of the article. In matter of bibliographical style, *Studia Islamika* follows the American Political Science Association (APSA) manual style, such as below:

1. Hefner, Robert. 2009a. "Introduction: The Political Cultures of Islamic Education in Southeast Asia," in *Making Modern Muslims: The Politics of Islamic Education in Southeast Asia*, ed. Robert Hefner, Honolulu: University of Hawai'i Press.
2. Booth, Anne. 1988. "Living Standards and the Distribution of Income in Colonial Indonesia: A Review of the Evidence." *Journal of Southeast Asian Studies* 19(2): 310–34.
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5. Utriza, Ayang. 2008. "Mencari Model Kerukunan Antaragama." *Kompas*. March 19: 59.
6. Ms. *Undhang-Undhang Banten*, L.Or.5598, Leiden University.
7. Interview with K.H. Sahal Mahfudz, Kajen, Pati, June 11th, 2007.

Arabic romanization should be written as follows:

Letters: ' , *b*, *t*, *th*, *j*, *h*, *kh*, *d*, *dh*, *r*, *z*, *s*, *sh*, *ṣ*, *d*, *ṭ*, *z*, ' , *gh*, *f*, *q*, *l*, *m*, *n*, *h*, *w*, *y*. Short vowels: *a*, *i*, *u*. long vowels: *ā*, *ī*, *ū*. Diphthongs: *aw*, *ay*. *lā marbūṭā*: *t*. Article: *al-*. For detail information on Arabic Romanization, please refer the transliteration system of the Library of Congress (LC) Guidelines.

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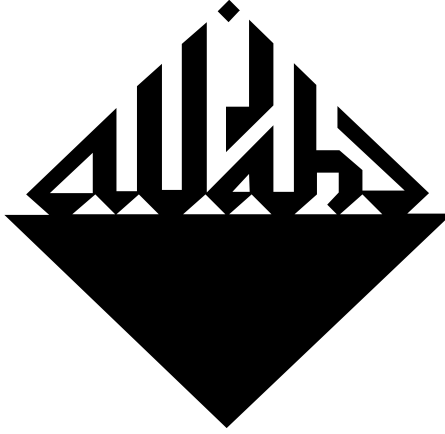
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فى تطوير مؤسسة الرعاىة الصبىة ببانتين
يولى ياسين
