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Between Faith and Science: The Role of Hadith in Challenging Covid-19 Protocols in Indonesia

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Abstract: This study aims to analyse how hadiths have been employed as means to delegitimize health protocol policies during the performance of prayer, including the use of masks, spacing of rows (saf), praying at home, and even mosque closures—a phenomenon that has received limited attention in hadith studies, particularly in the context of the Covid-19 pandemic. Adopting a constructivist approach, the study employs two levels of analysis: descriptive and critical, drawing data from social media platforms such as YouTube, Instagram, WhatsApp, and Facebook. The findings show substantial variation in the media type, source, and quality of the hadiths employed. The interpretations of the hadith largely fall into two categories: simplistic and literalist-translationist. Both modes of understanding are prone to specific cognitive patterns: (1) authoritarianism and irrationality, and (2) romanticization of the past coupled with religious egoism. Collectively, these results underscore a pronounced polarization between “hadith” and “science.”

Keywords: Covid-19; hadith; science; social media; health protocol

Abstrak: Penelitian ini bertujuan untuk menganalisis bagaimana hadis digunakan sebagai alat untuk mendelegitimasi kebijakan protokol kesehatan selama pelaksanaan shalat, termasuk penggunaan masker, jarak antar baris (saf), shalat di rumah, dan bahkan penutupan masjid—fenomena yang belum banyak mendapat perhatian dalam studi hadis, terutama dalam konteks pandemi Covid-19. Mengadopsi pendekatan konstruktivis, studi ini menggunakan dua tingkat analisis: deskriptif dan kritis, dengan data yang diambil dari platform media sosial seperti YouTube, Instagram, WhatsApp, dan Facebook. Temuan menunjukkan variasi yang signifikan dalam jenis media, sumber, dan kualitas hadis yang digunakan. Interpretasi hadis umumnya terbagi menjadi dua kategori: sederhana dan literalis-terjemahanis. Kedua mode pemahaman ini rentan terhadap pola kognitif tertentu: (1) otoritarianisme dan irasionalitas, dan (2) romantisasi masa lalu disertai dengan egoisme agama. Secara kolektif, hasil ini menyoroti polarisasi yang mencolok antara “hadis” dan “ilmu pengetahuan.”

Kata kunci: Covid-19; hadis; ilmu pengetahuan; media sosial; protokol kesehatan

INTRODUCTION

The Prophet’s hadith has often been adopted as an instrument to delegitimize the enforcement of health protocols during the Covid-19 outbreak. This phenomenon initially emerged within certain groups and subsequently expanded into a public discourse, especially on social media platforms. Among the health protocol measures most frequently contested were the requirement to wear masks in places of worship, the enforcement of

physical distancing during congregational prayers (*shalat jama'ah*), and even the temporary closure of mosques and prayer rooms (*musholla*) (Saenong et al., 2020). Within this context, the hadith has been established as a primary reference through any specific interpretative framework deemed relevant for criticising such policies. For instance, in the debate concerning the use of masks during prayer, the hadith most often cited included the prohibition of covering one's mouth while praying and the encouragement to align the prayer rows closely. These hadiths circulated extensively across multiple media platforms, including YouTube and online articles (Berislam Channel, 2020; Rodja, 2020; Saenong et al., 2020).

One prominent figure who promoted such a perspective was Yazid bin Abdul Qadir Jawas via his YouTube channel. He pointed out that the hadith prohibiting the covering of the mouth during prayer was narrated by Abu Dawud, Ibn Khuzaimah, Ibn Hibban, al-Hakim, and Ibn Majah, and had been classified as *hasan* by al-Albani. Therefore, Jawas argues that Muslims must rigorously adhere to textual evidence by specifically following the Prophet's instructions and avoiding his prohibitions. Within this framework, wearing a mask was interpreted as an act of concealing the mouth as described in the hadith's text (*matan*). Based on the hadith's *hasan* status, Jawas argued that it could provide a legitimate basis for refusing the use of masks (Rodja, 2020). A similar view was also advocated by Ihsan Tanjung. However, while Jawas emphasised a literal interpretation of the hadith, Tanjung instead associated mask usage with a Jewish conspiratorial agenda. For him, wearing masks prevented Muslims from spreading goodness through smiling, which he viewed as a meritorious act of worship (Berislam Channel, 2020).

The phenomenon of utilising hadith as a means of resistance to health protocols requires further scholarly examination. In general, existing studies on hadith and Covid-19 are predominantly normative and have inadequately examined their relationship with wider socio-political contexts. Such settings demonstrate that certain groups of Muslims employed hadith as an instrument of resistance driven by particular interests. To date, there is no exhaustive study that has directly examined the use of hadith as a means of opposing health protocols. The criticisms that have surfaced thus far are limited, both in terms of methodology and the depth of analysis. This study therefore occupies a distinctive position within the literature, particularly by foregrounding the role of digital media as the primary arena for disseminating resistance narratives. The nexus between hadith and digital platforms represents a critical factor with significant influence that cannot be overlooked (Agustina, 2020; Dewi & Huda, 2020; Firdaus, 2020; Qudsy et al., 2020; Qudsy & Sholahuddin, 2020; M. Sari & Wahid, 2020; Solahuddin et al., 2020; Suryadilaga, 2020; Syahid, 2020; Zulfikar, 2020; Mallick et al., 2022; Garcia-Ortega et al., 2022). Accordingly, this research seeks to address this gap and provide a more nuanced understanding of the interplay between hadith, health protocols, and digital media.

This study aims to accomplish two main objectives. Initially, it aims to identify the characteristics of the hadiths employed to delegitimize the enforcement of health protocols during the Covid-19 outbreak in Indonesia. To this end, it examines the hadiths commonly referenced in such debates by employing normative hadith scholarship, specifically in evaluating their authenticity—whether classified as *sahih*, *hasan*, *dha'if*, or even *maudhu'* (fabricated). Secondly, it explores the interpretive approaches adopted by certain Muslim groups in engaging with these hadiths, which in turn provide grounds for refusing health protocols in Indonesia. This analysis rests on the notion that the understanding of hadith should be situated within a socio-historical context, distinguishing the understanding of a

hadith from the hadith itself. Interpretation, therefore, is understood as a human construct, inevitably shaped by social realities and never entirely free from particular interests.

Importantly, the use of hadith to oppose health protocols was not the only religious discourse present in Indonesia during the pandemic. Concurrently, alternative discourses emerged that resonated with broader societal elements, emphasising interdisciplinarity and collaboration. Yet, despite being a minority, the resistant discourse continued to attract public attention, largely because of its rapid dissemination through social media. Within this dynamic, two main factors significantly bolstered its legitimacy: first, the Prophet's hadith, regarded as textually and materially authoritative; and second, the role of religious figures recognised as credible interpreters of these hadiths. Their wide networks of followers further operated as a strategic mechanism to validate, promote, and sustain this resistant discourse, allowing it to compete with other perspectives. Hence, a critical examination of this phenomenon is essential, especially in examining both the authoritative status of hadith and the ways in which its interpretations are constructed to produce specific discourses.

METHOD

To address the research questions, this study employs a qualitative, library-based approach. The data consist primarily of written texts, as well as oral materials that have been transcribed, such as religious sermons (*ceramah*) disseminated through digital platforms. The analysis draws on a constructivist perspective (Rusadi, 2015), which enables a critical examination of religious discourses produced by specific figures. This approach seeks to uncover the underlying motivations behind the construction of such discourses, map their characteristics, and analyse the ideological elements embedded within them. Consequently, hadiths that circulate in the public sphere cannot be accepted uncritically, even when deemed *sahih* according to hadith scholarship, as their use may still be driven by particular intentions. The constructivist framework thus requires analysis not only of the texts themselves but also of the context, aims, and interests of the actors advancing these discourses.

The research data are divided into two categories: primary and secondary. Primary data include hadith texts circulated on social media and invoked as grounds for rejecting health protocols, whether in written form or oral delivery later uploaded to digital platforms such as YouTube, Instagram, WhatsApp, and Facebook. Secondary data comprise supporting materials, including academic articles that discuss similar issues. Data were collected through documentation techniques, using keyword searches such as "Hadith and Covid-19 (*Hadis dan Covid-19*)," "Hadith and Masks (*Hadis dan Masker*)," and "Hadith on Tightening Prayer Rows during the Pandemic (*Hadis tentang Merapatkan Shaf Shalat Selama Pandemi*)." Once gathered, the data were classified into primary and secondary sources to ensure analytical focus and avoid digressions into unrelated topics.

Two complementary methods were used in analysing the data. First, a descriptive method was applied to identify the characteristics of the hadiths employed in resistance to health protocols, including tracing their sources, assessing their authenticity, and examining relevant aspects through hadith studies and content analysis. Second, a critical method was employed to explore how these hadiths were interpreted and mobilised as tools of resistance against health protocols. Finally, the findings from both analyses were synthesized through inductive reasoning and presented in the conclusion.

RESULTS AND DISCUSSION

Karakteristik Hadis yang Digunakan Mendelegitimasi Prokes

The Prophet's hadith, understood as encompassing all that is attributed to him, has consistently been subject to scholarly scrutiny (Al-'Asqalānī, n.d., p. I, 193; Al-Fayyūmī, n.d., p. I, 124; Al-Khamīsī, n.d., p. 91; Al-Khaṭīb, 1975, pp. 26–27, 1988, p. 20; Al-Qāsimī, n.d., p. 61; Al-Ṣāliḥ, 1977, pp. 3–5; Al-Sibā'ī, n.d., p. 65; Al-Ṭibī, 1997, p. II, 371; Al-Tirmasī, 2003, p. 9; Al-Zamakhshyārī, n.d., p. III, 188; Ash-Shiddieqy, 2009, pp. 3–4; Biqā'ī, n.d., p. 34; Ismail, 1991, p. 1; Manzūr, n.d., p. II, 133; Salīm, 2005, p. 13; Syuhbah, n.d., p. 15). The central concerns within hadith scholarship revolve around the *sanad* (the chain of transmission and its narrators) and the *matan* (the textual content). Accordingly, critical examination of both *sanad* and *matan* constitutes a fundamental practice in the hadith tradition. Historical records demonstrate that numerous scholars dedicated significant effort to the development of hadith criticism, engaging with both transmission and textual dimensions. These endeavours produced diverse methods and interpretive perspectives that enriched the discipline (Afwadzi, 2016, 2017; Mudin, 2019). The necessity of hadith criticism was further accentuated by the emergence of fabricated hadiths, often produced to serve political, economic, or other interests (Al-Da'ailij, 2000; Al-Idlībī, 1983; Fallātah, 1981).

During the COVID-19 pandemic, hadiths were frequently mobilised as tools to contest health protocols (*prokes*), with their distribution predominantly occurring across three types of social media platforms. First, YouTube functioned as a medium for audiovisual dissemination, where sermons containing hadith references were uploaded either by preachers or by external parties (Jawas, 2020). Second, web-based platforms, such as WordPress, Blogspot, and Facebook, enabled the spread of hadiths in written form, often supplemented with audiovisual content. Third, messaging applications, including WhatsApp, Facebook Messenger, and Instagram Direct Message (DM), originally designed for interpersonal communication, gradually evolved into arenas for the wider circulation of religious discourse. Despite differences in medium, the content of the disseminated hadiths tended to converge due to the interconnected nature of digital media. For instance, YouTube links were redistributed through messaging platforms, facilitating rapid and simultaneous dissemination of hadiths across multiple channels. In this manner, hadiths that challenged health protocols circulated through mechanisms resembling broadcasts, which were characterised by their swift and expansive distribution.

With regard to specific issues such as the use of masks during congregational prayer, the maintenance of physical distancing within prayer rows (*ṣaf*), and the recommendation to perform prayers at home during the pandemic, the transmitted hadiths may be classified into two categories according to their authenticity. The first comprises hadiths deemed valid, as they fulfil the criteria of *ṣaḥīḥ* or *ḥasan*. The second includes hadiths that do not meet these standards and are therefore not considered authoritative (Berislam Channel, 2020; Jawas, 2020; Rodja, 2020).

From the perspective of their sources, these hadiths may likewise be divided into two groups. The first consists of hadiths drawn from canonical collections, including *Ṣaḥīḥ al-Bukhārī*, *Ṣaḥīḥ Muslim*, *Sunan al-Tirmidhī*, *Sunan Abī Dāwūd*, *Sunan Ibn Mājah*, *Sunan al-Dārimī*, *Musnad Aḥmad*, and *Muwaṭṭa' Mālik*. These source-based hadiths predominantly address the prohibition of covering the mouth during prayer and the injunction to close the gaps in rows during congregational worship in mosques. One of the frequently cited hadiths in this debate is transmitted by Ibn Mājah through the chain of Ibn Ziyād, Ibn Rashīd, Ibn Zakwān, 'Aṭā', and ultimately Abū Hurayrah (Hadith no. 966):

عَنْ أَبِي هُرَيْرَةَ، قَالَ: نَهَى رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ أَنْ يُعْطِيَ الرَّجُلُ فَاةً فِي الصَّلَاةِ

From Abū Hurayrah, who said: The Messenger of Allah (peace be upon him) prohibited a man from covering his mouth during prayer.

Meanwhile, the hadith that commands the alignment and closing of prayer rows (*ṣufūf*) in congregational worship is narrated by Abū Dāwūd through the chain of Muslim ibn Ibrāhīm, Abān, Qatādah, and finally Anas ibn Mālik (Hadith no. 667):

عَنْ أَنَسِ بْنِ مَالِكٍ، عَنْ رَسُولِ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ: رُصُّوا صُفُوفَكُمْ وَقَارِبُوا بَيْنَئِهَا وَحَادُوا بِأَلْعُنَاقِ، فَوَالَّذِي نَفْسِي بِيَدِهِ إِنِّي لَأَرَى الشَّيْطَانَ يَدْخُلُ مِنْ خَلَلِ الصَّفِّ كَأَنَّهُا كَلْبٌ خَذَفٌ

From Anas ibn Mālik, from the Messenger of Allah (peace be upon him), who said: Line up your rows tightly, and be close together, and make your necks straight (in one line). I swear by Him in whose Hands is my soul, I see the Shaitān enter between the gaps in the rows as if he is a small black goat.

The second category comprises hadiths transmitted through secondary hadith compilations. These works contain narrations attributed to the Prophet but are not classified among the primary sources (*al-kutub al-aṣṭiyah*). Their classification largely depends on the quality of the narrations they preserve; collections containing a greater number of *ṣaḥīḥ* reports are generally accorded higher standing within the hierarchy of hadith authority. Hadiths cited from such secondary sources often underscore the significance of maintaining mosque attendance and ensuring their vitality—recommendations that reflect normative practices in ordinary circumstances outside the context of a pandemic. One of the frequently cited hadith, for example, stresses that those who regularly enliven the mosque will be safeguarded from illness. This report is recorded by al-Bayhaqī in *Shu‘ab al-Īmān* through the transmission chain of al-Ḥākim, Aḥmad al-Faḥī, Ṣāliḥ al-Ḥāfiẓ, Ibn Bakkār, Zāfir, ‘Abd Allāh ibn Abī Ṣāliḥ, and terminated with Anas ibn Mālik (Hadith no. 2686).

عَنْ أَنَسِ بْنِ مَالِكٍ، قَالَ: قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: إِذَا عَاهَا مِنَ السَّمَاءِ أَنْزَلَتْ صَرَفَتْ عَنْ عِمَارِ الْمَسَاجِدِ

When Allah, Mighty and Exalted, sends an ‘Āhah (calamity) from the sky upon earth, it is averted from the inhabitants of the Masjids.

Interpreting Hadith Delegitimizing Pandemic Health Protocols

An extensive review shows that the main issue regarding the adoption of hadith to undermine health protocols (*prokes*) does not stem from the hadiths themselves, but rather from the ways in which they are interpreted and disseminated to the public—although it must be acknowledged that the narrations employed vary in terms of their authenticity. This finding is based on the fact that the term “Covid-19” did not exist at the time when these hadiths first emerged during the Prophet’s era. The narratives emerged from specific historical contexts and were subsequently referenced during the Covid-19 pandemic; they entered an entirely different socio-historical framework. Thus, the current prominence of these hadiths in contemporary discourse is significantly dependent on the individual who invokes them and the manner in which they are interpreted in accordance with the interpreters’ aims. Within this framework, it is clear that hadith has been mobilised as a means to oppose government health policies—protocols that were initially established as a key initiative of the Indonesian state and broadly supported across diverse societal groups.

For instance, Yazid bin Abdul Qadir Jawas, in his interpretation, asserts that prayer (*ṣalāh*) constitutes a moment of direct communication with God, incorporating remembering (*dhikr*), Qur'anic recitation, and other forms of worship. Accordingly, he argues that prayer should be performed in the most optimal conditions possible. In his view, the use of masks during prayer disrupts both the devotion and the integrity of this sacred act. He further contends that since prayer generally lasts only five to ten minutes, worshippers can simply remove their masks during the ritual and put them back on afterward. From this reasoning, Jawas deems the hadith prohibiting the covering of the mouth during prayer sufficiently authentic to serve as a binding legal reference. Accordingly, he regards its application as obligatory. Moreover, he states that

"This hadith is considered hasan and was transmitted by Imam Abu Dawud and others. In such cases, our duty is to follow the textual evidence. Since the Prophet (peace be upon him) prohibited it, our response should be sami'na wa ata'na—we hear and we obey. Whatever he instructs, we put into practice. The Prophet specifically forbade covering the mouth, therefore we should refrain from doing so. This prohibition comes directly from him, and in prayer we stand before Allah the Almighty. By God's will, we will be granted health and protection from epidemics. As long as we remain committed to the Qur'an and Sunnah, God willing, Allah will safeguard us." (Jawas, 2020; Rodja, 2020).

Jawas's perspective on the use of masks aligns closely with his broader position on congregational prayer during the Covid-19 pandemic, particularly with regard to the practice of maintaining physical distance within mosque rows. He directed sharp criticism at those who refrained from attending the mosque out of concern for viral transmission. For him, genuine faith should not be overshadowed by fear. To avoid the mosque on the grounds of possibly contracting Covid-19 and facing death was, in his assessment, an act of cowardice (*jubn*), a disposition the Prophet Muhammad (peace be upon him) explicitly rejected in his supplications. In composing his argument, Jawas situates prayer within a theological framework that emphasises awareness of death. He states that prayer serves as a constant reminder of mortality, following the example of the Prophet. From this perspective, the contemplation of death should, paradoxically, strengthen a believer's resolve to perform prayer with utmost devotion, mindful that another opportunity may never arise. This line of reasoning underpins his rejection of fear as a legitimate ground for abstaining from mosque attendance. Jawas further maintains that Muslims who prepare for prayer are already in a state of ritual and physical cleanliness, having performed ablution and handwashing, while the mosque itself is expected to be preserved in a state of purity. Consequently, he concludes that fear of attending the mosque amid the pandemic cannot be religiously justified, since true faith ought to engender courage rather than anxiety. Extending this position, he affirms his conviction that God's protection is ever-present for those who sincerely believe. He further states that:

"...Believers should not be afraid. You need to recall the explanations of the earlier scholars when there was an epidemic; they went to the mosque, and had believed that Allah would protect those who went to the mosque from the plague... When Allah decrees a plague, He will protect and save those who enliven the mosque. Allah will shield the believers who attend the mosque from various kinds of disease. We ought not be fearful; indeed, the Prophet advised us to contemplate death during prayer..." (Jawas, 2020; Rodja, 2020).

Another issues addressed by Jawas regarding the implementation of health protocols refers to the distancing of rows (*saf*) during congregational prayer. In his view, the practice of maintaining distance within prayer rows represents a deviation from Islamic teachings, particularly from the Prophet's explicit command to align and close the rows. Referring to hadiths that caution against Satan filling the gaps in rows, Jawas dismissed the legitimacy of distanced rows during the pandemic. He further noted that the Prophet's Companions never engaged in distancing during prayer; rather, they consistently sought to perfect the alignment of rows.

This kind of argument illustrates Jawas's consistent approach to religious understanding, which favours a literal interpretation of hadith while disregarding the relevant socio-health context. Such a mode of reasoning is not limited to one scholar's perspective but has also gained broader circulation in the public sphere. Similar arguments have been reproduced across social media platforms, particularly through messaging applications such as WhatsApp. One widely circulated conversation, for example, asserted:

Draw lessons from Aceh and Madura if we want our country to be free from Corona... There is no need to seek external example to disrupt the transmission chain of Covid-19. Indonesia already has Aceh and Madura. Learn from Aceh and Madura. See how they dealt with the Covid-19 outbreak. They persisted in performing the five daily congregational prayers in the mosque. If congregational prayer in the mosque indeed resulted in several Covid-19 positive cases, then the populations of Aceh and Madura would have undoubtedly been the most impacted. However, their adherence to congregational prayer in the mosque has validated the promise of Allah the Exalted: disease will be kept away from those who maintain the sanctity of Allah's mosques.

Although such viral content is more accurately classified as a claim, it nevertheless falls within the sphere of religious understanding. This is because the widely circulated conversation incorporated several hadith that emphasise the virtues of enlivening the mosque. For instance, one of the cited statements asserted that individuals who regularly frequent and uphold the mosque would receive protection from illness. Furthermore, the viral post mentions that:

From the narrations above, it can be concluded that during an epidemic or when society faces the threat of a contagious virus, Muslims are encouraged to attend the mosque more often — not to abandon it. The only exception is for those who are ill with an infectious disease, who must not go to the mosque. Enlivening the mosque is not just about breaking the chain of COVID-19, but in fact COVID-19 cannot survive for long in Aceh and Madura. Data even shows that no one in Aceh or Madura has fallen victim to the virus. We cannot resist Allah's decree with our limited human reasoning, for we are only His creation. Go to the House of Allah, enliven it with the five daily congregational prayers and circles of knowledge. God willing, every guest will be protected by the Owner of the House! Please share this message, safeguard the mosques and the Muslim community. May it bring benefit. Wassalamu'alaikum (Peace be upon you).

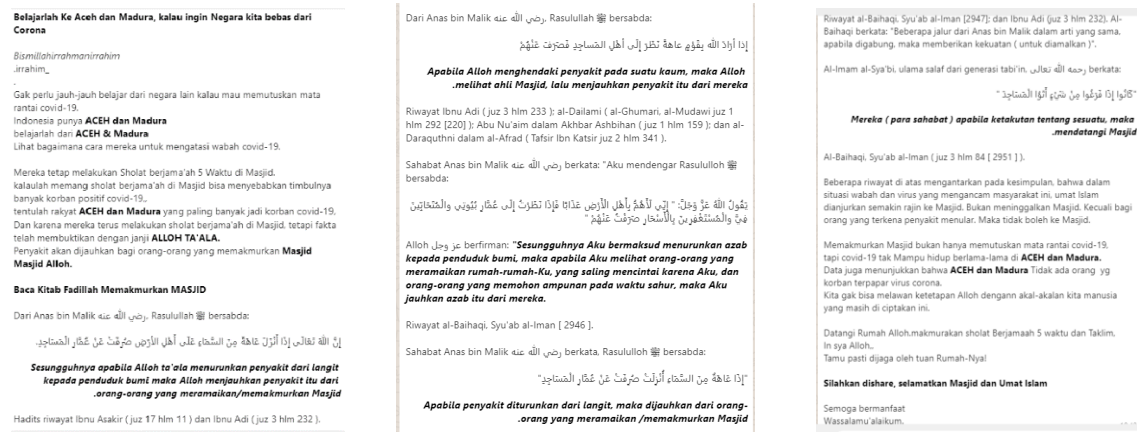


Figure 1. A Forwarded message urging mosque attendance amid the Covid-19 pandemic.

Hadith and Covid-19: From Acts of Resistance to the Reinforcement of Ideology

A careful analysis of how hadith are invoked to undermine health protocols in public worship reveals two interconnected interpretive patterns. The first may be described as *simplistic*. Ghuftron (2016, pp. 222–223) notes that within this mode of reasoning, religious argumentation often rests on four elements: efficiency, quantification, prediction, and control. When these elements are applied within a *normative–literalist* reading of religious texts, they produce an absolutist style of interpretation. Yet the hadith tradition itself is inherently complex. Its historical transmission involves critical concerns such as the reliability of *isnād* (chains of transmission), variations in wording, and even the possibility of fabrication. A simplistic approach disregards these nuances, as well as the socio-historical circumstances in which hadith emerged. Consequently, what reaches the public is often a reduced message that “this hadith applies directly to our current situation.” In reality, the same hadith, when interpreted by different scholars across time, has generated multiple, sometimes contradictory, understandings.

The second interpretive mode may be termed *literalist–translational*. This approach is also prominent in contesting the legitimacy of health protocols during communal religious practices. It is characterised by a strict adherence to the surface meaning of the text, overlooking alternative narrations on the same subject. In many cases, this amounts to little more than rendering or relying upon a translation, with minimal interpretive engagement. However, prophetic traditions frequently exist in multiple versions concerning a single issue, since most hadith were transmitted by meaning rather than verbatim, allowing for variation in expression. Ignoring this reality leads to partial and inconsistent interpretations, which are easily challenged by other hadith pointing in different directions—including those that support precautionary measures. For example, traditions that instruct believers to avoid lepers as one would flee from a lion, or that prohibit entry into regions affected by plague, underscore the need to situate individual hadith within a broader textual and historical framework.

In a broader framework, the interpretive modes discussed above can be situated within three typologies of religiosity. The *first* is authoritarian and irrational reasoning. This pattern is characterized by exclusivism toward alternative interpretations. The narrative tone and choice of diction implicitly convey an exclusive claim to truth, even if not explicitly asserted. A clear example appears in Jawas’s argument regarding the prohibition of masks during prayer, where only one option is presented: it is impermissible. Such exclusivist

reasoning exposes its irrational and emotional dimensions, as it disregards alternative readings of hadith—particularly those concerning the prohibition of covering the mouth during prayer. The irrationality lies in treating the text as an absolute and final directive, detached from its historical context, contemporary conditions, or potential dialogue with other fields of knowledge. In effect, the vast temporal distance between the Prophet's era and the realities of the modern pandemic is diminished.

The *second* is the romanticization of the past. Closely connected to the first typology, this perspective assumes that the past functions as an ideal model for thought, conduct, and problem-solving. As Adlin (2015, p. 160) observes, such romantic tendencies often arise from habitual reflection on revered figures and historical events regarded as exemplary. In the pandemic context, preachers opposing health protocols frequently draw on historical precedents as authoritative. They argue, for instance, that the ṭā'ūn plague in earlier centuries was far deadlier than Covid-19, yet no instructions were issued to suspend congregational worship, introduce physical distancing, or wear face coverings. Jawas himself invoked the example of the Prophet's Companions, who continued congregational prayer in mosques even during epidemics.

The *third* typology is religious egoism. This form is perhaps the most visible in the religious narratives that surfaced during the pandemic. Religious egoism may be defined as a withdrawal from social responsibility under the pretext of fidelity to religious texts, often coupled with a tendency to denounce those who choose otherwise. Such alternatives, however, may be grounded in both scientific reasoning and equally legitimate religious sources. This attitude risks manifesting as indifference to the well-being of others. Abdullah (2020a) describes religious egoism as a disposition that hardens into doctrine and ultimately culminates in fanaticism.

In the specific case of Covid-19, transmission occurs through multiple pathways, including direct physical contact, respiratory droplets, airborne particles, fomites, fecal-oral routes, blood, vertical transmission from mother to child, and zoonotic transfer from animals to humans. The infection primarily attacks the respiratory system, with symptoms ranging from mild to severe, and has resulted in widespread fatalities across many countries. Even asymptomatic individuals retain the capacity to transmit the virus. Given its high contagion rate, preventive measures such as mask use and physical distancing were recognized as effective, provided that standards regarding mask type and distancing were properly observed (Ali, 2020; Atmojo et al., 2020; Dwirusman, 2020; Firdayanti et al., 2020; Kresna & Ahyar, 2020; Pratiwi, 2020; Saenong et al., 2020; Siregar et al., 2020; Widyaningrum et al., 2020). These measures were further reinforced by recommendations to maintain healthy lifestyles, including regular exercise and nutritious diets (Abidah et al., 2020; Almuttaqi, 2020; Istriyani & Rahman, 2020; Kemenkes & Germas, 2020; Ministry of Health, 2020; Levani et al., 2021; Moudy & Syakurah, 2020; Munthe et al., 2020; Prastyawati & Fauziah, 2021; M. K. Sari, 2020; Sariguna et al., 2020; Supriatna, 2020; Syafrida & Hartati, 2020; Theopilus et al., 2020; Vermonte & Wicaksono, 2020; Wahidah et al., 2020; Yanti et al., 2020).

In Indonesia, such protocols were implemented in line with guidelines from the World Health Organization (WHO), widely regarded as the global authority in pandemic management. The WHO declared Covid-19 a pandemic on 8–9 March 2020, following China's earlier report on 7 January 2020 of a novel coronavirus, later termed SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2). This virus proved more transmissible than both SARS and MERS. Due to its rapid global spread, the WHO designated Covid-19

as a Public Health Emergency of International Concern (PHEIC) on 30 January 2020. The outbreak subsequently expanded to more than 150 countries, including Indonesia (Abidah et al., 2020; Almuttaqi, 2020; Bayu & Kamim, 2020; Ministry of Health, 2020; Khaedir, 2020; Moudy & Syakurah, 2020; Quayumi & Alimansur, 2020; Solichin & Khairunnisa, 2020; Supriatna, 2020; Susilo et al., 2020; Syafrida & Hartati, 2020; Vermonte & Wicaksono, 2020; Wahidah et al., 2020; Yanti et al., 2020).

The global scale and devastating impact of Covid-19 demand responses rooted in cross-community collaboration and multidimensional strategies. In this context, synergy between religious authorities and scientific experts becomes as a crucial necessity (Abdullah, 2020a; Alkaf, 2020; Arrobi & Nadzifah, 2020; Darmawan et al., 2020; Hadi, 2020; Khaedir, 2020; Maliki, 2020; Mushodiq & Imron, 2020; Notonegoro, 2020; Purnomo, 2020; Ruhana & Burhani, 2020; Syafrida & Hartati, 2020; Toresano, 2020; Yaqin, 2020). Such integrative efforts have, in fact, been relatively well established. Leading socio-religious organizations such as NU, Muhammadiyah, and MUI publicly supported government initiatives to curb the spread of Covid-19—demonstrating that religion and science can coexist without negating one another.

In practice, Muslims are encouraged to implement religious values through actions that align with expert recommendations, rather than relying exclusively on ritual observance or excessive religiosity (Abdullah, 2020a; Ghofur & Subahri, 2020; Hadi, 2020; Mushodiq & Imron, 2020). Nonetheless, field evidence shows that some groups disregarded health protocols or actively resisted them by appealing to prophetic traditions (hadith).

Based on the findings elaborated above, the dynamic illustrates a polarizing contest often framed as “hadith versus science.” On one side, hadith are approached within a theological framework—taken literally, rooted in belief, and often detached from social context (Mufidah, 2017; Mustaf, 2006; Toni Pransiska, 2017; Yusuf, 2017). On the other, science operates from a positivistic standpoint, based on empirical observation but at times dismissive of faith commitments (Biyanto, 2015; Butsi, 2019; Diamastuti, 2015; Hasbiansyah, 2000; Irwan, 2018; Muslim, 2016; Nugroho, 2016; Pratama & Mutia, 2020; Simarmata, 2018; Sulaiman, 2018; Syukur, 2008).

Regarding this issue, Amin Abdullah argues that the divergent responses to health measures highlight an underlying tension between the “logic of religion” and the “logic of science.” This is evident in the persistence of groups rejecting health protocols, particularly those affecting worship, often condemning compliance as a sign of weak faith or fear of Covid-19. Conversely, other groups advocate for lockdowns, drawing legitimacy from prophetic traditions on the management of plague (Abdullah, 2020b, pp. 264–265).

CONCLUSION

The findings of this study demonstrate that hadiths are frequently mobilized as tools to delegitimize the implementation of health protocols, with their circulation evident across multiple social media platforms such as YouTube, websites, and messaging applications including WhatsApp, Facebook Messenger, and Instagram. In most cases, these hadiths were disseminated through broadcasting mechanisms, enabling simultaneous distribution across various platforms.

In contexts such as the use of masks during congregational prayer, physical distancing within mosque rows, or the practice of praying at home during the pandemic, the cited hadiths fall into two categories of authenticity: (1) acceptable, meeting the criteria of *ṣaḥīḥ* or *ḥasan*, and (2) unacceptable, failing to reach the standards required for use as a

legal basis. In terms of sources, these hadiths likewise divide into two groups: (1) those drawn directly from primary hadith collections, and (2) those taken from secondary works, such as *Shu'ab al-Īmān* by al-Bayhaqī.

Regarding interpretation, the hadiths employed to either affirm or oppose health protocols generally fall into two hermeneutical patterns. The first is a *simplistic* approach, which neglects the methodological complexities of hadith studies and reduces interpretation to the perception that “this hadith is directly relevant to our situation.” The second is a *literalist–translationist* approach, which relies primarily on textual rendering without accounting for the variations among narrations on similar themes. Such readings tend to remain at the level of translation rather than critical engagement.

These modes of interpretation generate three cognitive pitfalls: (1) authoritarian and irrational reasoning, which excludes alternative views and treats texts as absolute; (2) romanticization of the past, which idealizes historical precedent as the sole framework for addressing contemporary problems; and (3) religious egoism, which withdraws from social responsibility under the guise of scriptural fidelity, often discrediting others’ choices, whether grounded in science or in alternative religious interpretations. Taken together, these findings highlight the persistence of a polarized contest between “hadith” and “science.”

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