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## Of Germs and God: Vaccine Refusal among Indonesian Muslims and the Shifting Authority of the MUI's Fatwas<sup>1</sup>

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### ABSTRACT

What could possibly explain Indonesian Muslims' refusal of vaccination, despite the existence of Islamic religious edicts—or *fatwa*—that support the medical practice?

Looking at *fatwas* on vaccination issued by the Indonesian Ulama Council (MUI) and Indonesian Muslims' refusal to follow them, this paper examines how and why the MUI's religious authority over public health issues is being undermined. This paper argues that the reasons behind the undermining of authority include the state's move toward democratization, the growth of puritanism in scripture reading, the Islamization of science, and the spread of new media technologies in Indonesia. These societal changes have provided more access to diverse kinds of Islamic authorities and increased lay Muslims' participation in defining acts of piety, leading to a fragmentation of Islamic authority in Indonesia.

This paper also argues that despite the MUI's long-established Islamic authority in Indonesia, its religious authority should not be seen as stagnant, totalizing, and monopolizing. Rather, its authority is contested and shaped by the social, political, and cultural changes in Indonesian society and the agentive acts of its followers.

**Keywords:** *fatwa, vaccination, authority, MUI, Islam, Indonesia*

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## **Introduction**

*Saya tahu [vaksin] dibutuhkan, tetapi ada rasa tidak menerima,  
kalau anak saya disuntik pakai zat yang ada babinnya.*

(I know vaccination is needed, but there is a slight feeling of unacceptance,  
if my son gets injected with a substance containing pork in it.)

—Chaerul Mufti, a father from Payakumbuh, West Sumatra, as interviewed by VOA Indonesia,  
2018

In 2017, the Ministry of Health of Indonesia initiated a national mass vaccination campaign against measles and rubella targeting children across Indonesia. This campaign was not held without a reason: fewer and fewer children in Indonesia were getting vaccinated against measles and rubella, leading to an almost 10% drop of measles-rubella vaccination coverage in Indonesia from 2012 to 2017 (Ministry of Health of Indonesia, 2018). The vaccination campaign was carried out by sending healthcare workers to mass vaccinate children in schools and village-based health facilities (Ministry of Health of Indonesia, 2017). Often, some villages were so remote that the healthcare workers had to travel long distances—on rocky roads, through murky rivers—to carry out the campaign.

Despite its massiveness, this vaccination campaign did not go completely as planned, as it was met with cases of parents’ refusing to let their children be vaccinated. The refusal was based on various reasons, from fear that the vaccine would lead to adverse effects on children to skepticism about profit-seeking pharmaceutical companies. One of the most common refusals came from some Muslim communities that believe that the measles-rubella vaccine contains an enzyme extracted from a pig, making it impure—or haram—according to Islamic dietary rules and therefore sinful.

In response to such cases of vaccine refusal among Muslim communities, the Indonesian Ulama<sup>2</sup> Council (MUI), lobbied by the Ministry of Health, issued a fatwa—or a religious edict—in 2018 regarding the measles-rubella vaccine.<sup>3</sup> Up to now (2020) in Indonesia, there is only one

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<sup>2</sup> The word “*ulama*” refers to Muslim scholars or clerics who are trained in Islamic sciences. According to The Oxford Dictionary of Islam (n.a.), the word literally translates to “men of knowledge.”

<sup>3</sup> See MUI’s Fatwa No. 33/2018 on The Use of MR (Measles-Rubella) Vaccine Produced by SII (Serum Institute of India) for Immunization.

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type of measles-rubella vaccine available in the country, produced by the Serum Institute of India. In this fatwa, the MUI produced on two important decisions. The first was that the measles-rubella vaccine is haram in Islamic dietary law due to the contamination of porcine substances in its manufacturing process. Nonetheless, the MUI went on to declare in the same fatwa that due to medical urgency and the lack of availability of an Islamically lawful—or *halal*—vaccine in Indonesia, use of this this measles-rubella vaccine is permitted—or *mubah*—until a halal version of the vaccine is invented. While many Muslims have followed this fatwa, others chose not to follow the MUI's decision on the permissibility of the vaccine, refusing to vaccinate themselves and their children. The main reason behind their refusal, interestingly, was based on the very religious authority they themselves doubted: they refused vaccination because the MUI clearly stated in its fatwa that the vaccine was haram.

This paper aims to answer the question of a seemingly self-contradictory phenomenon: why vaccine-hesitant Muslims in Indonesia accepted the MUI's decision that the vaccine is haram, but at the same time refused to comply with its decision that the vaccine was allowed under urgent conditions despite its being haram. This paper argues that people's partial incompliance with the MUI's fatwas is caused by an undermining of the MUI's authority and an increase in Indonesian Muslims' agency in interpreting Islam. These factors include the Indonesian state's move toward democratization, the growth of Islamic puritanism in science and scripture reading, and the spread of new media technologies.

This paper further argues that rather than the MUI's religious authority being seen as totalizing, inherent, and ascribed, it should be understood as being fragmented, challengeable, and achieved. Such “fragmentation of sacred authority” (Eickelman and Piscatori, 1996: 70) is made possible by changes happening in the society: in the Indonesian context, mainly the state's move toward democratization, the growth of Islamic revivalism, and the spread of new media technologies. These socio-political changes have opened a possibility for greater diversity of people to interpret Islam, challenging the “traditional” Islamic authority and its monopoly over interpreting the religion (Soares and Osella, 2009: 4). Instead of being docile agents (Mahmood, 2001) who passively receive, Muslims who follow the MUI's decision are also active agents who make sense of their religious decisions by taking into account their complex cultural, religious, and political environments.

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The first step in understanding the phenomenon of Indonesian Muslims' partial compliance to vaccination fatwas is comprehending the workings of fatwas, along with their characteristics and roles in Indonesia. In the next section, I discuss how fatwa is seen in an anthropological perspective and within the framework of religious authority.

### **Anthropological Study of Fatwa and Authority in Indonesia**

A fatwa is a considered sharia legal opinion issued by an authoritative religious leader, called a *mufiti* (Messick, 2018: 167). The word is derived from the Arabic word *fatā*, meaning “young, new, beauty, similarity, and explanation” (Zulian, 2018: 44). Fatwas can cover a broad range of topics in a Muslim's life and “have been essential to the functioning of historical Muslim communities across time and place, and while heavily modified in modern media and institutional contexts, remain so to the present” (Messick, 2018: 167). An Islamic legal scholar, Wael B. Hallaq, has described fatwa as a bridge between the complicated world of Islamic legal formulations and the domain of public understanding (Zulian, 2018: 39). Some fatwas touch upon topics that are personal and close to everyday life, such as religious rituals, cultural practices, and family matters. Fatwas can also concern issues on a broader scale, such as heretical groups, terrorism, and public health.

Despite fatwa's being a part of Islamic jurisprudence, its decisions are not always derived exclusively from Islamic authorities. In fact, fatwa is an interdiscursive text that hybridizes and reworks voices from many different authorities, including secular ones. Menchik's (2013) studies on Indonesian fatwas regarding family planning have shown that fatwas rework modern medical authorities, government policies, and Islamic morality in reaching their final decision, suggesting that “secular authority and secular forms of knowledge have influenced but not displaced religious authority and religious forms of knowledge” (Menchik, 2014: 359).

The nature of fatwa is essentially non-binding, informative, and optional (Zulian, 2018), meaning that it has no intrinsic authority to force Muslims who ask for a fatwa to follow it. Nonetheless, although ideally non-binding, fatwas can in practice exercise greater authority than expected within a society. In his work on Egyptian fatwa councils and family law courts, for example, Agrama shows that despite the fact that judgments of Personal Status Court are legally binding and those of fatwas not, fatwas exercise far greater authority and the judgments are looked on with great suspicion (2010: 5). This phenomenon suggests that the authority of a fatwa does not

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derive only from its built-in textuality and authorship; rather, it is also greatly affected by extrinsic factors such as its dissemination, the political regime under which it fatwa circulates, or Muslims' familiarity with and trust in a fatwa issuer. Quoting Messick,

Authority in a text depended on a combination of attributes both ascribed and achieved: there were the built-in features of textual ancestry and authorship as well as an acquired reputation and record of dissemination. The fates of such texts were diverse, ranging from an enduring general prominence ... to a purely ephemeral authority and the all-but-forgotten status of the superseded (1993: 16).

Conventionally, a fatwa takes the specific discursive form of an answer to a question (Messick, 2018) and is issued by an individual *mufti*. However, starting in the 20<sup>th</sup> century, the production of Islamic legal expertise has increasingly become a collective process (Caeiro, 2011: 82; Kaptein, 2004: 120; Skovgaard-Petersen, 2015: 284). This shift of practice is seen as “an acknowledgement of the complexity of the modern world, where no single individual is able to master all the relevant branches of knowledge” (Caeiro, 2011: 82). In his typology of fatwa, Skovgaard-Petersen categorizes such fatwa as “the collective fatwa.” It is “a fatwa given not by an individual [*mufti*], but by a group of [*muftis*] who have reached a consensus (*ijmā'*) on the issue” (2015: 284). The MUI is an example of a non-state collective fatwa-issuing body (Ibid.).

Although the term “fatwa” has been part of the English language since the 17<sup>th</sup> century, its use has become more common only since 1989, the year the controversial author Salman Rushdie was condemned to death by a fatwa issued by Ayatollah Khomeini of Iran (Agrama, 2010: 3).<sup>4</sup> As Agrama points out, the academic literature shows a steady growth of references to fatwa in the 1990s and a massive increase after 2001 (Ibid.). Between 2001 and 2005 alone, there were almost twice as many studies of fatwa than it was during the entire decade of the 1990s (Ibid.).

The study of fatwa has been undertaken mainly by Islamic studies scholars, legal scholars, and political scientists. The number of anthropologists who study fatwa, however, remains low. This overlooking of fatwa—an Islamic legal document—as an anthropological subject might have several reasons, including social science's “traditional” division of labor that has left legal documents to legal scholars and political scientists (see Hull, 2012: 252), and because

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<sup>4</sup> Salman Rushdie is the author of the controversial novel *The Satanic Verses*. Its publication caused an uproar in the Muslim world. On February 14, 1989, Ayatollah Ruhollah Khomeini of Iran issued a fatwa on Teheran radio sentencing the death of Rushdie and all who contributed to the publication of his book (Chakravorty, 1995).

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anthropologists' tendency to "produce and use documents in much the way their subjects of study do" (Riles, 2006: 79 in Hull, 2012: 252), making fatwa too ordinary to be an anthropological problem.

Approaching fatwa through a linguistic anthropological perspective, Messick has studied the linguistic characteristics of fatwas and their roles in the calligraphic state in Yemen (1996) and the circulation of fatwas through the media of Yemeni radio (1996). The more recent work of Agrama (2010), with the focus on Al-Azhar's Fatwa Council in Egypt, studies fatwa as a form of "ethical care of the self" and challenges the argument that ethical agency is principally opposed with authority. He later developed his study on the Fatwa Council in his book *Questioning Secularism: Islam, Sovereignty, and the Rule of Law in Modern Egypt* (2012), in which he discusses the meaning of secularism and the ambiguities in the concept.

In Indonesia, the study of fatwas began to develop only in the 1990s. During that time, the study of fatwas revolved mostly around the MUI—which was then a part of the New Order government. There are actually numerous significant fatwa-issuing bodies in the country other than the MUI, such as Muhammadiyah's Majelis Tarjih, Nahdlatul Ulama's Lajnah Bahstul Masail, and Persatuan Islam (PERSIS). For the purpose of this paper, however, I will focus only on the MUI-related studies. Mudhzar (1990) might be the first scholar to do extensive research on the MUI fatwas. In his dissertation, he suggests that although the majority of the MUI fatwas issued during the New Order were driven by the state's interest, the MUI was trying hard to maintain its independence as an Islamic organization, even though in many cases it was difficult to resist the government's influence (Mudzhar, 1990: 255). Although published after the New Order, Hosen's work (2004) is also useful to understand "the method of handing down fatwas, the sources of fatwas, the relationship between fatwas at national and local levels, and the topics of fatwas" (Hosen, 2004: 149) during the New Order Indonesia.

After the New Order era, the study of fatwas in Indonesia have begun to diversify in topic, although the MUI and its fatwas are still the heavily-discussed topics within the study. Some scholars focus on the comparison between different fatwa-issuing bodies in Indonesia—including the MUI—in the way they respond to social change (Hooker, 2003) or distinctively choose their methods in crafting their fatwas (Zulian, 2018). Some other scholars have instead chosen to focus on individual fatwa cases, for example the controversy of the MUI fatwas regarding anti-secularism, anti-liberalism, and anti-pluralism (Gillespie, 2007; Sirry, 2013; Zulian, 2018), fatwas

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on anti-pornography and pornoaction and the MUI's attempt to moralize the state (Saat, 2005), and the ability of the MUI's fatwas to perpetuate religious violence against minority religious groups in Indonesia (Hasyim, 2011; Hicks, 2014; Olle, 2009).

The study of the MUI, however, has thus far focused heavily on the issues of politics, religious morality, and religious violence. Despite the fact that public health has been the MUI's focus since its early years, very little attention has been paid to the relationship between the MUI fatwas and public health issues. Menchik (2013), with his work on the co-evolution of the sacred and secular in the family planning policies in Islamic law, might be one of a very few scholars who has focused on the entanglement of fatwas and public health issues in Indonesia. I argue that understanding this entanglement would be useful to comprehend the way "religious" institutions become involved in the realm of the "secular" in Indonesian society.

In addition, studies of the MUI and its fatwas have focused mainly on their totalizing and impeccable authority over their followers. Institute for Policy Analysis of Conflict (2018), for example, noted that after the MUI issued a fatwa declaring that the words of Ahok's—a controversial politician—had been blasphemous, an alliance called the National Movement to Defend the MUI Fatwa (Gerakan Nasional Pengawal Fatwa-MUI, GNPF-MUI) was born. Discussing the MUI's 2005 fatwa declaring Ahmadiyah religious group as deviating from Islam, Hasyim notes that "almost no Muslim groups, including the so-called progressive Muslim [organizations] such as NU and Muhammadiyah, refused this fatwa" (Hasyim, 2011: 12). In his article on the violence against Ahmadiyah by Islamic militant groups, Olle (2009) has also documented the power MUI has in imposing conformity in Indonesian Islam. Touching upon the MUI's 2000 fatwa that declares a flavoring product from Ajinomoto haram, Ichwan explains that the majority of Indonesians supported the MUI in this instance (Ichwan, 2013: 70). While useful to describe the authoritative magnitude of the MUI fatwas among Indonesia Muslims, these studies also suggest that the MUI and its fatwas are almost always obeyed and defended by its followers. In fact, however, that is not always the case. As much as the MUI's fatwas are followed by Indonesian Muslims, they are not always totally authoritative. Saat (2016), for example, even goes so far as arguing that the MUI is internally fragmented and weak by showing the MUI's failure to influence the government to moralize the state through the its anti-pornography and anti-pornoaction stance.

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Soares and Osella argue that “some recent studies over-privilege the coherence and disciplinary power of Islam” (2009: 12). In fact, as Eickelman and Piscatori (1996: 69) describe, there is no one group in a Muslim society that monopolizes the “management of the sacred.” They further explain,

Kings, presidents, military officers, bureaucrats (dealing specifically with religious issues and otherwise), *‘ulama*, Sufi *shaykhs*, and nontraditionally educated intellectuals are all competitors for sacred authority. To complicate the matters further, several or all may exercise authority simultaneously—one individual’s sacred authority is not exclusive of another’s (Eickelman and Piscatori, 1996: 68).

In addition, approaching Islamic authority without paying much attention to the receiving end risks ignoring the fact that Muslim people, too, engage actively in navigating their positions and decisions. As Soares and Osella further argues, “people lead their everyday lives in complex cultural, religious, and political environments, evaluating and responding to different competing local and political environments” (Soares and Osella, 2009: 11). Maintaining the view that a religious authority has totalizing, absolute control over its followers would ignore the fact that its followers have the agency to “move in and out of formal or informal religious groups, often shifting their allegiances” (Ibid.) according to various reasons and contexts in their society.

In this paper, I resonate with Soares and Osella’s argument that “struggle, ambivalence, incoherence, and failure must also receive attention in the study of everyday religiosity” (Soares and Osella, 2009: 11). Instead of only seeing the MUI as a whole, totalizing power, the incoherence and the agency of the followers should also be taken into account in the study of Islamic authority. Such everyday practice of Muslims should be seen as “a space characterized by friction, contestation, uncertainty, and subversion ... as a recuperative site of humanist possibility” (Fadil and Fernando, 2018: 74).

In the next section, I specifically discuss the institution that is highlighted in this paper, the MUI, and its authority in Indonesia. While the MUI might seem like a very powerful and authoritative religious authority in the country, I suggest that its authority has actually been waxing and waning following the change of political climate.



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## **The MUI's Authority and the Indonesian State**

The MUI was an *ulama* council established in 1975 during the New Order regime at the initiative of President Soeharto's government (Sirry, 2013: 101). This council is headed by a board of directors that is now led by Ma'ruf Amin, who is also Indonesia's vice president. The MUI is represented by scholars from both traditionalist and modernist Islamic streams in Indonesia. Most members come from large Islamic organizations, like Nahdlatul Ulama, Muhammadiyah, and PERSIS—although there are members who are “unaffiliated” *ulamas* (Hosen, 2004: 153). As an Islamic organization, the MUI's role is purely advisory, meaning that it is prohibited from launching practical programs, such as building schools or hospitals (Hosen, 2004). The advice it issues assumes various forms, with fatwa being one of the most important jurisprudential products.<sup>5</sup> Today, the MUI has more than 150 regional branches at provincial and district levels, and—since 2010—also at the village level (Lindsey, 2012: 261).

Although the MUI describes itself as a religious non-governmental organization, its relationship with the government has been ambiguous. The government, for example, provides the MUI with an annual budget, making the MUI financially dependent on the state (Lindsey, 2012: 262). Conversely, the state has also depended on the MUI to provide religious and political support for its policies (Ibid.). Due to its unclear position vis-à-vis the Indonesian state, several scholars refer to the MUI as a semi-governmental organization (Ricklefs, 2012: 284) or a “quango,” a quasi-autonomous non-governmental organization (Lindsey, 2012: 255), rather than a statutory body or a non-governmental organization (Saat, 2016: 258).

Structurally, the MUI comprises twelve commissions<sup>6</sup> that each deal with different issues, one of which is the Fatwa Commission. This commission—said to be the most important of all twelve (Lindsey, 2012: 260)—is made up of a mixture of academics and *ulamas* who represent a broad range of expertise in Islamic disciplines, such as Islamic law, the Qur'an, the Hadith<sup>7</sup>, and

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<sup>5</sup> Other advice issued by the MUI is in the forms of *tazkirah* (admonition), *pernyataan sikap* (statement of position), *himbauan* (appeal), *sumbangan pemikiran* (contribution to thought), and *amanat* (instruction) (Saat, 2016: 551).

<sup>6</sup> The twelve commissions in the MUI comprise the Fatwa Commission, the Islamic Brotherhood Forum Commission, the Da'wa and Social Development Commission, the Education and Caderization Commission, the Empowerment of the Economy of the Ummah Commission, the Information and Communication Commission, the Law and Legislation Commission, the Women, Youth, and Family Commission, the Inter-religious Harmony Commission, the Study and Research Commission, the Foreign Relations and International Cooperation Commission, and Islamic Art and Cultural Development Commission (Lindsey, 2012: 260).

<sup>7</sup> *Hadith*, according to The Oxford Dictionary of Islam (n.a.), is the sayings of the Prophet or the “report of the words and deeds of Muhammad and other early Muslims.” Hadith is “considered an authoritative source of revelation, second only to the Qur'an.” (Ibid.)

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Islamic theology (Hosen, 2004: 157). This diversity of background allows the commission to address complex and modern situations, and “marks a break with the narrowness of the schools of Islamic law” (Hosen, 2004: 157 – 158). In 1975, the Fatwa Commission in had only seven members. Today, the number has grown to 48, seven of whom are women. The total number, however, can fluctuate due to death and substitutions (Hosen, 2004: 155).

Since its establishment in 1975, the MUI has issued hundreds of fatwas that cover various topics, including religious ritual, food, minority religious groups, art and culture, and—the focus of this paper—public health. These fatwas, however, are not all issued under similar conditions, as the MUI has existed through a series of governmental regime changes. Different political regimes under which the MUI has operated have affected its fatwas a great deal, especially in terms of fatwa topics and their authority. As Mudzhar argues, “the [fatwas] of the [MUI] have been products of certain sociocultural and sociopolitical settings in which government policy is a part” (1990: 260).

From 1975 to 1998, under the authoritarian New Order, the MUI was almost completely coopted by the state. Despite being a religious organization, the MUI's sole ideology was Pancasila—Indonesia's national ideology—rather than Islam. In fact, the New Order government's reason for establishing the MUI were heavily motivated by the state's interest. The first was to put dissenting Islamic factions in one forum and neutralize any potential Islamic opposition (Sirry, 2013: 102). The second was to support certain state policies, especially on national development, through fatwas (Choiruzzad, 2013: 135). Paraphrasing Hooker, Hosen states that from 1975 to the early 1990s, the MUI's main function was to justify and provide religious support to government policies and programs (2004: 154). In most cases, the MUI “acted under pressure to justify the government's policies and programs from the religious point of view, and only in a few cases could it stand firmly in opposition to the government's policies” (Truna, 1992: 75).

One of the earliest fatwas issued by the MUI on public health concerned family planning. In 1971, a fatwa dispensed by the MUI's predecessors—comprised of 11 leading *ulama* in the country—prohibited the contraceptive method called the intrauterine device (IUD) “on the grounds that insertion involved the sight of a woman's genitals by an unrelated man” (Menchik, 2014: 369). Later, in 1979, the MUI issued a fatwa on vasectomy and tubectomy, declaring the processes unlawful, or haram, in Islamic law because permanent sterilization was not endorsed in Islam. The

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MUI's decisions on the IUD and vasectomy, however, underwent a drastic change in 1983 due to the New Order regime's pressure to shift its policies that were unsupportive of the state's family planning project (Menchik, 2014). In the 1983 fatwa, the MUI allowed the use of the IUD and relaxed its decision on vasectomy and tubectomy.

The effect of this fatwa was evident. In 1981, before the issuance of the fatwa, there were only 2 million IUD users. However, in 1984—a year after the family planning fatwa was issued to the public—the number escalated to 3.9 million users. Although this increase should not be credited entirely to the fatwa of the MUI, the fatwa did encourage the New Order government to pursue the program more ambitiously (Mudzhar. 1990: 237). From the success of this family planning fatwa, it can be inferred that the authority and impact of fatwa from the MUI during the New Order regime depended on the combination of the MUI's own religious authority, the political back-up from the authoritarian New Order government, and the fatwa's prioritizing the state's development projects.

Another condition that gave the MUI's fatwas their authority during the New Order was the government's crackdown on Islamic movements. Under the regime, Islamic movements were depoliticized through various means, from merging Islamic parties into a single party to conducting bloody crackdowns against "radical" Muslim groups (Choiruzzad, 2013: 135). This way, Islam movements and Muslim groups were discouraged from being challengers in the political arena (Ibid.) and the fatwas from the state-endorsed MUI became a significant source of religious advice. In addition, opposition against the MUI's fatwas on the state's development program were rarely seen because during the authoritarian New Order, the circulation of information—especially that related to government programs—was centrally harnessed by the state. Through a strict control on information, the New Order regime allowed no space for alternative discourses—religious or non-religious—about the state's program to circulate because such discourses might pose a threat to the state.

The downfall of the authoritarian New Order regime in 1998 was succeeded by the period of Reformation that brought about more freedom of expression and articulation of public opinion. This regime change also fundamentally affected the MUI. No longer coopted by the authoritarian New Order regime, MUI members became more assertive in voicing their opinions (Saat, 2016: 548). The regime transition also gave the MUI a chance to reflect on its role during the New Order and to redefine its future direction (Ichwan, 2005: 46). Some of the major changes in the MUI

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since the end of the New Order have been its shift from being state-oriented to being community-oriented (Hasyim, 2011: 6; Ichwan, 2005: 71), and in its basic ideological orientation from Pancasila to Islam (Hasyim, 2011: 6). This turn to Islamic ideology is shown by how the fatwas issued by the MUI during the post-New Order regimes have become more Islamic leaning and conservative (Saat, 2016: 548).

Now that the MUI is no longer coopted by the government, there have been changes that undermine its authority. In several cases, the Indonesian state has tried to restrict the MUI's movement, for example by confining its role to the religious sphere (Saat, 2016: 566). Even more recently, in the Reformation era, diverse religious expression and freedom of expression are not as repressed as they were during the New Order. Now the MUI has to compete with other Islamic organizations—especially established ones—such as Nahdlatul Ulama and Muhammadiyah, as well as liberal voices in the society, that keep checking the MUI's influence (Ibid.). Furthermore, internal fragmentation due to personal and ideological differences within the MUI has also negatively influenced the society's trust in the *ulama* council.

Arguably, these internal differences have affected [the] MUI's image and diminished the public trust in it. The public questions [the] MUI members' true intentions and their competence in managing Islamic affairs (Ibid.).

Nonetheless, the MUI's separation from the state's cooptation does not completely strip it of its authority in the Indonesian state. To this day, for example, the MUI is the only body with authority over state discourse on halal. It is the only council that is authorized to conduct certification processes and issue its halal logo to companies. This case is unique since, despite the MUI's monopoly on halal certification, no strong legal basis exists for it to be the only halal certifying body in the country (Ichwan, 2013: 72). It has its own Institute for the Study of Food, Medicine, and Cosmetics (Lembaga Pengkajian Pangan Obat-obatan dan Kosmetika MUI; the LPPOM-MUI), a semiautonomous institute dealing specifically with halal certification (Fenwick, 2018: 13 and Ichwan, 2013: 71). This institute comprises two sub-institutions: food scientists dealing with laboratory assessment of food, drinks, drugs, cosmetics, and other products; and shariah experts (Ichwan, 2013: 71). This monopoly over notions of halal in the country has made the MUI highly trusted by many Muslims when it comes to Islamic consumption, including the “consumption” of vaccines.

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In conclusion, the MUI's relationship with the state has not always been the same. Changes of regime have shifted the position of the MUI vis-à-vis the Indonesian state, leading to the changing of the MUI's authority as well. Since the MUI's establishment and operation have been closely tied to the government, its relationship with the state also impacts its authority dynamics.

The shifting relationship between the MUI and the Indonesian state is only one of many factors contributing to the strengthening and undermining of the MUI's authority. I argue that many non-state, society-driven factors also play a role in the authority dynamics of the MUI. In presenting my argument, I follow the case of fatwas concerning vaccination. With the dual reaction to these fatwas of both compliance and open resistance, I think these fatwas show best how fatwas in general are perceived among Indonesian Muslims in the post-New Order regime. In the next section, I talk about how the narratives of vaccination and vaccine refusal become Islamized and gradually seen as a problem that needs Islamic intervention—namely the MUI's fatwa issuance—to solve.

### **The Islamization of Vaccination Refusal Narratives in Indonesia**

Vaccination is considered an effective means of disease prevention worldwide. Nonetheless, many people from various parts of the world are still hesitant to participate in vaccination programs. In 2019, the World Health Organization (WHO) listed vaccine hesitancy—described as “the reluctance or refusal to vaccinate despite the availability of vaccines”—as one of the ten threats toward global health (WHO, 2019).

In Indonesia, society's resistance to vaccination is by no means a new phenomenon. However, although the fear and skepticism about vaccination has persisted through the history, the rationale behind the fear is ever-changing, following the social, cultural, and political contexts at a given period. The reasons that people are vaccine-hesitant are also complex and context-specific, varying across time, place, and different kinds of vaccines (Dubé et al., 2014: 6649). In this section, I discuss how the narratives of vaccination refusal in Indonesia became Islamized—especially after the New Order regime—following the democratization and more freedom of Islamic expression in the society. Such Islamized narratives of vaccination refusal have become the main reason for MUI's issuance of fatwas on vaccination.

During the colonial period, about the 18<sup>th</sup> and 19<sup>th</sup> centuries, smallpox became an epidemic in the present-day Indonesian archipelago. Smallpox is a highly contagious disease characterized

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by two stages: an acute febrile stage followed by an eruptive stage characterized by rash, pimples, and finally pustules (Boomgaard, 2003: 591 Neelakantan, 2010: 61). In many parts of the archipelago, the disease was assumed to be caused by “an—often female—demon, god, or evil spirit,” in regions with both Islamic and non-Islamic traditions (Boomgaard, 2003: 600).<sup>8</sup>

Smallpox vaccination was finally introduced to Java through the Dutch establishments in 1804 (Boomgaard, 2003). Nonetheless, the vaccination program was met with resistance from the people of the archipelago. Some resistance was based on bad experiences with vaccination, for example when someone who had just been vaccinated died or the vaccine did not work (Boomgaard, 2003: 609). The most common reason, however, was related to people's skepticism toward the Dutch colonizers. The fact that vaccination was brought by the Dutch made many people in the archipelago think that “the vaccination was an attempt by the Dutch to put a magical mark on Indonesian children in order to make them join the Dutch colonial army when they grew up” (Boomgaard, 2003: 608). In order to avoid vaccination, villagers often fled to the mountains and the forests whenever the vaccinators were on their way (Boomgaard, 1993: 87). The negative view was shared by local religious and political leaders, who believed that “vaccination made the recipient weak and cowardly” (Boomgaard, 2003: 608). Indigenous medical practitioners also posed similar resistance, out of a sense of competition. The vaccination services offered by the Dutch were all cost-free, posing a threat to indigenous practitioners who expected to be paid (Boomgaard, 2003: 608; Neelakantan, 2010: 66). Notions of smallpox as a gift of a god or caused by spirits also contributed to the resistance against vaccination, as people assumed that attempts to prevent the disease were misguided (Neelakantan, 2010: 66).

Nonetheless, by 1940, smallpox was reported to be virtually eliminated from the Dutch East Indies (Neelakantan, 2010: 68). When the Pacific War broke, however, primary vaccination and revaccination programs became seriously interrupted, leading to the return of smallpox to Indonesia (Boomgaard, 2003: 606; Neelakantan, 2010: 68). After Indonesia's independence in 1945—a period under Soekarno's presidency—smallpox eradication was still the highlight of vaccination programs. Not much known about vaccine-refusing movements during this political

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<sup>8</sup> There were also old traditions and myths in which smallpox was believed to be the gift from the deities. Among one tribe in North Borneo, it was believed that smallpox was caused by the spirit of smallpox, called Bisagit, who made a contract with the creator-god, Kinaringan, after they fought over their respective jurisdictions (Fenner, 1987: 37; Neelakantan, 2010: 63): In the Balinese tradition, it was believed that a deity called Dewa Majapahit brought smallpox to Bali, and to avoid getting it was a refusal of the deity's gift (Fenner, 1987: 36).

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regime. In 1964 - 1965, Indonesia experienced political unrest due to regime change from the Old Order under President Soekarno to the New Order under President Soeharto. During this period, regular vaccination programs were disturbed (Pols, 2018: 223), causing the incidence of smallpox to quadruple (Fenner, 1987: 40).

During the authoritarian New Order era, the government was ambitious about enabling every individual to live a healthy life (Leimena, 1989: 264). Certain health policies were developed in order to achieve that objective, such as bringing services nearer to the people by establishing new health centers. Posyandu—Pos Pelayanan Terpadu (Integrated Health Service Post)—was established under the New Order regime in 1984 (Ibid.). Run by community volunteers, Posyandu aimed to provide basic maternal and child health services, such as family planning, sanitation, general health care, baby weighing in some areas, and immunization (Jung, 2016: 482; Leimena, 1989: 266; Streatfield, Singarimbun, and Diamond, 1990: 449). In addition to Posyandu, the vaccinators—known locally as *jurim* (*juru imunisasi*, or immunization expert) or *mantri cacar* (smallpox vaccinators)—were expected to travel widely within their subdistricts and provide less formal immunization sessions outside of Posyandu (Streatfield, Singarimbun, and Diamond, 1990: 449), for example at a village chief's house.

Despite the more systematic vaccination program during the New Order, several cases of non-vaccination still occur. As reported by Foster, there were cases in which children's immunization cards were screened by healthcare workers and returned to the mothers, but the mothers left the clinic with the child without receiving the vaccination (Foster, 1989: 629). Some non-vaccination cases were related to local belief and superstition. In South Sulawesi, the belief that smallpox was referred to as *Masagal* or the “king's disease” made people better disposed to being patients (Neelakantan, 2010: 80). Health care workers' avoidance of vaccinating some children also became the reason for non-vaccination. These reasons include, among others,

History of measles—didn't need the vaccine ... Had only two children who needed measles vaccine ... Didn't want to open a 10-dose vial of vaccine ... Child had a cold and a fever ... First contact, didn't want the child to suffer with three injections (Foster, 1989: 629 – 630).

Other than such sporadic skepticism about vaccines, I found no reports of large scale or open resistance to vaccination programs during the New Order regime. One possible explanation is that the government's repressive and authoritarian nature did not allow people to openly

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challenge government decisions and programs. In addition, the centralization and cooptation of the media during the New Order did not allow any circulation of government-opposing views. Thus, alternative narratives to the government's public health programs were absent.

The downfall of the New Order era in 1998 resulted in a period of extraordinary political change in Indonesia (Ricklefs, 2012: 261). Indonesia in the post-New Order is characterized by democratization, decentralization in many aspects, and more freedom of speech and Islamic expression. The shift from authoritarianism to decentralized democracy and the rise of Islam, however, has not only affected the political sphere in Indonesia. It has had a greater effect on the civil realm, including people's narratives about public health and vaccination. Unlike in the New Order era when all information was centralized, during the Reformation era the state no longer monopolizes information about public health. Especially within the Muslim community in Indonesia, many vaccine skeptics have become more assertive and freer in voicing their opinions opposing vaccination programs with discourses associated to Islamic beliefs.

The skepticism about vaccination in Muslim communities in Indonesia comes in various narratives. Some people believe that vaccination has adverse effects that are concealed from the public, causing paralysis and even death. Some also believe that pharmaceutical companies are merely seeking a profit, especially after cases of fake vaccines booming in the country in 2016. Some even refuse vaccination because they believe it is an ill-willed conspiracy by Jewish people and Zionists<sup>9</sup> to weaken Muslim children. However, the most common narrative of Islam-related vaccine refusal in Indonesia is people's doubt about the lawfulness of vaccine in Islamic dietary rules. The belief that the process of making vaccines is not halal—that they contain substances extracted from a pig or a human being—has led to many Muslim's refusal to vaccinate themselves or their children. Such refusal is shared with many other Muslim majority countries, such as Malaysia and Pakistan.

In Indonesia, the concern about halal-ness was by no means novel: it was a feature of religious life under Islamic law in Indonesia long before the MUI was established (Fenwick, 2018: 12). Fenwick explains that, for example, methods of lawful animal slaughter have been a subject

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<sup>9</sup> Muslims' suspicion of Zionism and Judaism has been prevalent in Indonesian society. According to Burhanuddin, the demonization of Jews is widespread among Islamic communities in Indonesia, although such antisemitism is neither exclusive to Islam nor Islamic in origin (Burhanuddin, 2007: 69). The demonization occurs not only because several Qur'anic verses and Islamic traditions stress hatred toward Jews, but also because "Jews are often conflated with Zionism and Israel" (Ibid.).



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of commentary from at least the 1930s (Fenwick, 2018: 12 - 13). In the mid-1970s, reacting to mechanization and industrialization in the New Order's economy, the public was concerned whether animals slaughtered with a machine was halal. This concern was answered by the MUI's 1976 fatwa declaring that meat produced by mechanized slaughtering systems was halal to consume.<sup>10</sup>

The worries about the lawfulness of animal slaughtering methods, however, concerned only the tangible aspect of halal-ness. The attention to substances in consumer products that are invisible to the naked eye began in the late 1980s. During that time, concern about halal-ness of consumer products in Indonesia emerged after a student bulletin—published by the agriculture student senate at Universitas Brawijaya in Malang—reported a research by Tri Susanto, a professor of food sciences, stating that 34 food and beverage products contained impure substances, including lard (Nugroho, 2016). Since then, Indonesian Muslims' awareness of Islamically unlawful—or haram—substances that are invisible to the naked eye has heightened considerably. Such substances include those bearing traces of porcine residues or alcohol, such as gelatin, glycerin, emulsifiers, enzymes, flavors, and flavorings (Fischer, 2012: 18). Later in the 2000s, the concern started to reach vaccines.

Although some of the anti-vaccination discourses might sound unrealistic, asking whether they are right or wrong may not be fruitful in understanding the Muslims' society resistance toward vaccination. In fact, these halal-haram rumors are more than just wrong, made-up information; rather, they may say a lot about some Muslim communities' worldview, fears, and concerns. Kroeger argues,

rumors are more than wrong or incomplete information passed along by speakers; they are, instead, reflections of beliefs and views about how the world works, collectively constructed explanations for circumstances or events that may be, for various reasons, difficult to explain (2003: 244).

Kroeger further explains the issues about the body often “reflect fears about the vulnerability of the body, the need to be vigilant about protecting it, and the potential for misuses and abuses of one's body by hostile forces” (Ibid.). Therefore, the rumors and skepticism about vaccination in the Muslim community may be seen as an expression of concern about protecting

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<sup>10</sup> According to Mudzhar, the idea behind the issuance of this fatwa is very clear: to support the state's programs in meeting the challenges of a modern economy (1990: 204).

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the inviolability of the individual body, in a literal sense, and the sanctity of the community or body politic of Muslims, in a metaphorical sense (Ibid.).

### **On Compliance and Resistance: Muslims' Responses to the MUI's Fatwas on Vaccination**

Vaccine refusals from some Muslim communities in Indonesia have led the MUI to issue various fatwas regarding vaccination as a religious intervention to a public health issue. In fact, vaccination may be the public health issue about which the MUI has issued most fatwas. The MUI, for example, has issued fatwas on polio vaccinations in 2002 and 2005, meningitis vaccination in 2009 and 2010, immunization in 2016, and—the most recent one—measles-rubella vaccination in 2018.

In this section, I discuss two of the most controversial and media-covered vaccination fatwas issued by the MUI: a fatwa on meningitis vaccination and a fatwa on measles-rubella vaccination. From the two case examples, I suggest that the issuance of a fatwa by a religious authority alone is not enough a reason to erase vaccine-refusing Muslims' skepticism toward vaccines. The addressees of the MUI fatwa, in fact, are not passive recipients of the fatwa. They, too, have agency in navigating their piety through acts of trusting and refusing statements made in an MUI fatwa.

#### *Meningitis Vaccine Fatwa*

Meningococcal meningitis is a serious infection of the thin lining that surrounds the brain and spinal cord that is caused by *Neisseria meningitidis* bacteria (WHO, n.a.). This disease has been observed worldwide, but the highest burden of the disease is in the meningitis belt of sub-Saharan Africa that stretches from Senegal to Ethiopia (Ibid.). The spread of this disease is facilitated during mass gatherings, such as during jamborees or the hajj pilgrimage (Ibid.). Meningitis outbreaks have happened a few times during the Islamic pilgrimage seasons—one in the 1987 hajj season and another in the 1992 umrah season, although the latter outbreak is not known to spread beyond Saudi Arabia (Khan, 2003). In the 1987 incident, 90 Indonesians were diagnosed with meningitis and 40 died from the disease (Swamurti, 2009). For that very reason, meningitis vaccination is now required for the Saudi Arabian visa, along with vaccines for tuberculosis, polio, influenza, and yellow fever (Mudallal, 2014).

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Since 2002, meningitis vaccination has been made obligatory by the Saudi Arabian government for Indonesian Muslims who wish to go on hajj. Later in 2006, the Saudi Arabian government made this vaccination obligatory not only for hajj pilgrims, but also for umrah pilgrims and foreign workers who wish to enter Saudi Arabia. In order to fulfill the need for meningitis vaccine supplies, Indonesia used to import the vaccine brand Mencevax ACW153Y, produced by Glaxo Smith Kline, a Belgian pharmaceutical company.

In April 2009, however, a controversy broke regarding the halal-ness of this imported meningitis vaccine. This concern was first raised by Sodikun, the chairperson of the MUI local branch of South Sumatera. He stated that joint research by the MUI South Sumatera and Universitas Sriwijaya found that the meningitis vaccine contained an enzyme extracted from a pig. This finding became a concerning issue for many Muslims. Mass media started to cover the controversy surrounding the permissibility of the vaccine. Some local Islamic leaders in the country also showed strong disagreement with the use of meningitis vaccination. Kanti Prayogo, an *ulama* from a satellite town near Jakarta called Bekasi, said that meningitis vaccination of Indonesian hajj pilgrims should be discontinued if a halal substitute is unavailable

What becomes a problem now is that the use of pig enzyme and it has been going on for years, can it still be called an urgency? There should be an immediate action to change to halal ingredients, or, if it's not invented yet, there is no need for vaccination (Kanti Prayogo, a local ulama from Bekasi, in an interview with *Kompas.com* on June 9, 2009).

This view was shared by a politician from an Islamic party, Ahmad Syaikhu, who complained that it had been years since the vaccine was used but no effort to invent halal vaccine seemed to be made (*Kompas.com*, 2009). He further said that the government should take this matter seriously since it was a pressing and sensitive issue for the Muslim community.

Responding to the impurity of the vaccine, some other Muslims even went as far as associating it to a deliberate act of an ill-intentioned anti-Islam actor. An event organized by “hardline” Islamic mass organizations was held in Jakarta in June 2009 to discuss the matter of vaccination (*Solopos.com*, 2009). Irfanda, the chairperson of Forum Penegak Syariat Islam—one of the mass organization attending the event—believed that a group of people deliberately spreading the meningitis virus to the hajj pilgrims and made them sick so that Muslims would be forced to get vaccinated with an impure vaccine.

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The main goal of this is to make the deeds of the hajj pilgrims unaccepted by God (*tidak mabrur*) and when they come back home, they don't become Islam fighters ... This, indeed, is a very evil conspiracy (Irfanda, in an interview with *Solopos.com* on June 26, 2009).

Responding to the controversy and vaccine refusal from Muslim communities, in July 2009 the central MUI finally issued its first national fatwa regarding the use of the meningitis vaccine.<sup>11</sup> In this fatwa, the MUI referred to religious and non-religious sources. The Islamic textual sources include three Qur'anic verses—all stating that the consumption of pork is haram in Islamic law—and some sayings of the Prophet (*hadiths*) stating that Allah created diseases along with their cures. Other religious sources used in the fatwa were consensus among *ulamas* (*ijma'*) deciding that all parts of a pig are impure, and a summary of Islamic learning (*fiqh*), along with opinions of authoritative *ulamas* allowing the use of impure substances in conditions of necessity.

It should be noted, however, that all Islamic textual sources do not have the same degree of authority; rather, they come in a hierarchy. The Qur'an and the *sunnah* (Prophetic tradition and practices)—in the form of *hadiths*—are the two primary and transmitted sources of Islamic law (Alwazna, 2016: 251). The Qur'an is considered the most sacred and important source of Islamic law, while the *sunnah* is the second primary source (Ibid.). If an answer to an issue cannot be found in the Qur'an or in *hadiths*, legal reasoning methods—or *ijtihad*—are used. The legal reasoning methods include consensus (*ijma'*); analogy (*qiyas*); preference (*istihsan*); and public interest (*istislah*) (Alwazna, 2016).

As for the non-religious sources, the MUI cited the explanations from Glaxo Smith Kline and a medical doctor, Anna P. Roswiem, that the manufacturing process of the vaccine involved a medium derived from an enzyme extracted from the pancreas of a pig and glycerol from pig lard. The MUI also considered statements from the Embassy of Saudi Arabia and the Grand Mufti of Saudi Arabia in 2009 about the obligatory medical requirements for entering Saudi Arabia, including vaccination against meningitis.

Considering all the sources above, the MUI declared the meningitis vaccine impure—or haram—in Islamic dietary rules because its manufacturing processes involved contact with porcine substances. However, the MUI further stated in the fatwa that the use of this vaccine was at the moment *mubah*—or allowed—under an urgent situation (*li-hajah*). This decision was valid as long

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<sup>11</sup> See the MUI's Fatwa No. 5/2009 about The Use of Meningitis Vaccine for Hajj and Umrah Pilgrims.

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as no halal meningitis vaccine was yet invented, or as long as the government of Saudi Arabia still required the vaccination for hajj and umrah pilgrims.

Despite the MUI's allowing the use of the meningitis vaccine, however, some hajj pilgrims maintained mistrust of and rejected the meningitis vaccination. The reason for their skepticism, interestingly, came from MUI's fatwa that declared the meningitis vaccine haram but also contained another part which they refused to believe. Three people from Surakarta and two from Jepara—both small towns in Central Java—ended up not going on hajj (Primartyanto and Wiyana, 2009). This decision was taken due to their rejection of getting the required meningitis vaccination. These five people refused to get vaccinated for meningitis because they doubted the halal-ness of the vaccine. Many other cases of vaccine refusal despite the MUI's fatwa came from would-be hajj pilgrims from Medan, the capital city of North Sumatera. According to the chairman of the MUI's local branch of North Sumatera Abdullah Syah, the main reason for the refusal was that the pilgrims wanted to get vaccinated only with halal vaccines. He further said that it was only natural for the potential hajj pilgrims to refuse being vaccinated with substances that were “not clean” as going on a hajj pilgrimage should be “done with a clean body and free of haram substances” (Kompas.com, 2010).

Such concern about the halal-ness of vaccines in Indonesia did more than mobilize the state to seek an alternative. It also created competition among pharmaceutical companies to develop halal vaccines (Kumon, 2014). By 2010, two new vaccine brands had entered the Indonesian market: one from Novartis in Italy, and the other from Zhejiang Tianyuan Bio Pharmaceutical in China. The MUI later issued a follow-up fatwa in 2010 declaring the two new vaccine brands halal.<sup>12</sup> This fatwa automatically annulled the former one by deciding that Muslims should not use the old meningitis vaccine anymore since halal substitutes had been found.

The issuance of the 2010 fatwa led to the Ministry of Health's replacing all meningitis vaccines with the halal brands. It was only after the issuance of a fatwa regarding a halal meningitis vaccine that the cases of meningitis vaccine refusal from Muslim communities became almost non-existent. The cases of hajj pilgrims who do not get vaccinated today is no longer related to refusal of an impure vaccine; it is due to technical errors such as carelessness on the part of local hajj coordinators.

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<sup>12</sup> See the MUI's Fatwa No. 6/2010 about The Use of Meningitis Vaccine for Hajj and Umrah Pilgrims.

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*Measles-Rubella (MR) Vaccine Fatwa*

Measles is a highly contagious viral disease that remains the cause of death among children globally despite the availability of a vaccine (WHO, n.a.). According to the WHO, the virus is transmitted via droplets from the nose, mouth, or throat of infected persons. The initial symptoms include high fever, runny nose, bloodshot eyes, and little white spots on the inside of the mouth. Several days later, a rash would develop on the face and upper neck, and gradually spreads downwards (Ibid.). This disease can be prevented through a measles-only vaccine, or a combination vaccine for measles-rubella (MR), measles-mumps-rubella (MMR), or measles-mumps-rubella-varicella (MMRV) (Ibid.).

Recently, the national measles vaccination coverage in Indonesia has dropped from 99,3% in 2012 to 89,8% in 2017—almost 10% in the course of only five years (Ministry of Health, 2018). For this very reason, the Ministry of Health decided to enhance the routine vaccination program with a national mass vaccination campaign, in which doctors and medical personnel visit an area and do a mass vaccination, mostly in schools.<sup>13</sup>

Prior to the mass vaccination campaign, Indonesia had long used a locally produced measles vaccine—which is halal—as a part of its childhood vaccination scheme, but the coverage was patchy (Rochmyaningsih, 2018: 628). However, after the WHO led a plan to eliminate measles and rubella globally by 2020, Indonesia switched to an imported, combined measles-rubella vaccine produced by the Serum Institute of Indonesia (SII) in Mumbai, India (Ibid.).

Since the vaccine switch, controversies about its halal-ness erupted among Muslim communities in Indonesia. As a result of the controversy, the campaign was met with refusals from Muslim communities. They have some mistrust about whether the vaccine actually works, but their main doubt revolves mostly around the halal-ness of the ingredients. Some Muslim parents have not let their children get vaccinated, even though the measles-rubella vaccination is a national program.

I clearly refuse [vaccination]. Because, the reason is, vaccination can't prove its function and goals. Second, vaccination is not the program of those who want to make people healthy. Ironically, due to vaccination, many people

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<sup>13</sup> The campaign was divided into two phases: the First Phase—conducted in August and September 2017—covered Java, and the Second Phase—conducted in August and September 2018—covered Sumatra, Kalimantan, Sulawesi, Bali, Nusa Tenggara, Maluku, and Papua. The goal of this vaccination campaign was to raise the vaccination coverage to at least 95%, targeting 67 million children aged 9 months to 15 years (Rochmyaningsih, 2018: 628).

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happen to experience harm (*kemudharatan*) (Kusoy, a father of an elementary schooler, in an interview with CNN Indonesia on August 1, 2017).

I have zero tolerance towards pork. I will not insert to my child's body anything that has to do with porcine substances. Many say that it's a matter of urgency, but what kind of urgency? Halal-haram should be the main consideration as a Muslim (Mega, a mother and a dentist, in an interview with BBC Indonesia on September 18, 2017).

The refusal of vaccination also comes from Islamic schools. Eight Islamic schools in Yogyakarta—a famous university city in Java Island—refused for the measles-rubella vaccination campaign to be undertaken in their institutions because the teachers doubted the halal-ness of the vaccine used (Tempo.co, 2017). They were worried that the vaccine contained impure and forbidden substances, such as lard (Ibid.). Some of the teachers also refused the vaccination campaign because they believed that children were born with a natural immune system—hence not needing vaccination—and that foreign pharmaceutical companies were using this opportunity to gain profit (Ibid.). One school in a small town of Banyumas also refused the campaign because the teachers were afraid the students would become paralyzed as an adverse side-effect of the vaccination (Susanto, 2017).

Despite the refusal from some Muslim communities, the mass vaccination program in Java reached the 95% coverage target, with measles and rubella cases dropping more than 90% (Rochmyaningsih, 2018: 629). Nonetheless, unlike this first success in Java, the second phase of the campaign—covering the rest of the country—ran into widespread refusal. Just before the second phase started, the MUI local branch of the Riau Islands raised a concern that the vaccines had not been certified halal by the MUI (Rochmyaningsih, 2018: 629). The MUI of Riau issued a letter addressed to the governor of the Riau Islands in July 2018, requesting that the vaccination campaign be postponed until a halal certificate was issued by the MUI. This stance toward vaccination was followed by Aceh, whose governor also ordered for the vaccination campaign to be temporarily halted until its halal-ness was made clear (Serambinews, 2018).

It was in August 2018 that the MUI—motivated by the widespread refusal of many Muslim communities and a request from the Ministry of Health—finally issued a fatwa regarding the measles-rubella vaccine that is used in Indonesia.<sup>14</sup> In reaching its decision, the fatwa refers to

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<sup>14</sup> See the MUI's Fatwa No. 33/2018 on The Use of MR (Measles Rubella) Vaccine Produced by SSI (Serum Institute of India) for Immunization.

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several religious authoritative sources. It cites, for example, three Qur’anic verses on the prohibition of consuming pork and two verses on the permissibility of consuming haram substances under urgent conditions—mentioned specifically in one verse is hunger. This fatwa also cites eight *hadiths*, mostly regarding the Prophet’s sayings about disease prevention and curative efforts, including those saying that Allah did not create diseases without cures. In addition, the fatwa cites some *fiqhs*, many of which speak of how necessity and a state of urgency remove restrictions.

In addition to Islamic authoritative sources, this fatwa also cites non-religious sources. For example, it cites a study on the vaccine conducted in the LPPOM-MUI’s laboratory, stating that the production process for the vaccine involves substances extracted from a pig—such as gelatin from pig skin and trypsin enzyme extracted from a pig’s pancreas—and another substance that possibly has contact with porcine substances called lactalbumin hydrolysate. In addition, the fatwa considers medical explanations from health professionals—such as medical associations, the Ministry of Health, university researchers, and the WHO—that measles and rubella are deadly diseases that need to be eradicated through immunization programs, and that so far no halal measles-rubella vaccines are available.

Considering all the sources mentioned, the MUI decided that the measles-rubella vaccine produced by SSI is haram—or impure—because its production involves substances extracted from a pig. However, the MUI explains further in the fatwa that although the vaccine is haram, its use is *mubah*—or permitted—for three reasons: first, there is a state of urgency (*dlarurat syar’iyyah*); second, there are currently no halal and pure measles-rubella vaccines available; and third, competent and trusted experts provided a statement about the danger of not getting vaccinated and about the lack of halal vaccines. The MUI’s inclination toward the permissibility of the vaccine was also made clear in a joint press conference—together with the Ministry of Health as the vaccination campaign initiator and fatwa requester—in September 2018. Amir Ma’ruf, the former MUI chairperson, explained the following:

Just recently, in 2018, we have declared its “halal-ness” (*kehalalannya*). It’s not exactly “halal-ness”, but “permissibility” (*kebolehannya*), because it’s urgent (*darurat*). Because there are no halal vaccines yet, so we decided that the state of urgency should make it permissible ... The state of urgency makes permissible something that is originally prohibited; even things that are not halal become



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permissible (Amir Ma'ruf, former chairman of the MUI, as reported by CNN Indonesia, September 19, 2018).

However, despite the MUI fatwa's allowing the use of the haram measles-rubella vaccine, the cases in which Muslims refuse to get their children vaccinated remain prevalent. Ironically, the issuance of the fatwa has caused the measles-rubella immunization rate to plummet (Rochmyaningsih, 2018: 629). The MUI fatwa's decision that the vaccine is haram received more attention by many Muslims than its decision that the haram vaccine is nonetheless permissible to be used. The issuance of this fatwa, for example, strengthened the decision made by the MUI local branch in Riau Islands. After the issuance of the MUI's national fatwa, a spokesperson of the Riau Islands MUI said that it would still warn Muslims not to get vaccinated because now it had been made clear by the central MUI that the measles-rubella vaccine contains porcine residues. He further said that measles-rubella vaccination was not yet needed in Riau Islands because there were no incidents in the area, making it not urgent to be undertaken. In contrast to the success of Java, vaccination coverage of children on other islands had reached only 68% by the end of September 2018 (Ibid.). In some regions, it was even worse: just 8% in Aceh, for example, a province ruled by sharia law (Ibid.).

With these two examples of vaccination, I have argued that the MUI fatwas on vaccination are not always completely and absolutely followed by all Muslims. In fact, some Muslims have shown a unique case of partial incompliance to the fatwas: by accepting the MUI's fatwa decision on a vaccine's haram-ness, and at the same time rejecting its very decision about the vaccine's permissibility. In the next sections, I discuss the reasons that the authority of the MUI's fatwa can be fragmented. I argue that there are three main causes of this phenomenon: the rise of a more fundamental scripture reading, the rising popularity of an "Islamized science," and the introduction of a new and democratized media to Indonesian society.

### **The Words of God and the Words of Men**

Islamization and the "conservative turn" that happened after the fall of the New Order regime have brought about various changes in the face of Islam in Indonesia. As mentioned earlier, the changes have—among other things—Islamized the anti-vaccination narrative among Indonesian Muslims. Another important change from the turn is the way some Muslims perceive Islamic authority. Fundamentalist Muslims envision the "reviving and returning to the

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fundamental teachings and precepts of the Islamic faith” as a response to challenges of modernity (Zulian, 2018). Promoting a puritanical stance in understanding Islamic teachings, this group tends to reject local religious traditions and syncretized religious rituals (Ibid.). It also follows the credo of returning to the Qur’an and Prophetic tradition as the most authentic source of Islamic law (Zulian, 2018) and insist on a literal reading of the Qur’an (van Bruinessen, 2013: 7).

In the tradition of Islamic textual authority, the Qur’an is seen as the authoritative original and primary source in Islamic jurisprudence (Hasan, 1999; Messick, 1996: 16). The scholarly consensus about the Qur’an is underpinned by the Qur’an’s own insistence that it be considered a book of divine origin (Madigan, 2000: 4). Since it is considered as being derived from a divine source—as the direct words of God Himself—the Qur’an is seen as unquestionable, infallible, and ultimately reliable (Messick, 1996; Kuipers, 2013: 405). The belief that the Qur’an is derived from a divine source makes its authority as given and fixed: as Bakhtin suggests, “we encounter [authoritative discourse] with its authority already fused to it already acknowledged in the past...” (Bakhtin & Holquist, 1981: 343 in Kuipers, 2013: 404).

In the Qur’an, there are commands that are expressed in clear words. These commands are known as textual commands, or *nass* (Messick, 1996: 34). They usually concern obligatory and forbidden acts in general, for example the commands to do alms, pilgrimage, or fasting during Ramadan—a holy month in Islam—and the prohibition of adultery, drinking wine, theft, and idol-worship (Hasan, 1999: 494). The prohibition of pork consumption is one of these textual commands clearly stated in the Qur’an.

In the presence of clear Qur’anic verses, interpretations among the MUI and Muslim communities in Indonesia—especially fundamentalists—do not differ much. In fact, such decisive texts in the Qur’an are understood to convey truth: texts of this type are defined by scholars as “carrying only one meaning” (al-Juwayni, n.d.: 46 in Messick, 1996: 34). Despite minor variations across cultures about halal and haram matters, the presence of clear Qur’anic verses that define what is forbidden and what is allowed to be consumed in the Islamic diet has, in general, minimized dissent among Muslim communities. The prohibition of consuming porcine substances, therefore, is a universal agreement among Muslim communities: since it is mentioned in the Qur’an, the prohibition of porcine substances is considered the words of God that are infallible.

Nonetheless, not all Islamic rules and laws are clearly stated in the Qur’an. While rules such as those about halal and haram substances can easily and clearly be found in the Qur’an,

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notions of urgency related to using a haram vaccine are nowhere to be found in the Qur'an. There are, indeed, Qur'anic verses about dire and urgent circumstances when pork is allowed to be consumed, such as when someone forced by life-threatening hunger to do so. In a response to a question about the permissibility of the haram measles-rubella vaccine, Abdul Somad—a famous Indonesian preacher known for attracting lay people with his unique rhetoric and humor—tried to use the following Qur'anic analogy in his question and answer session posted in a YouTube channel:

If there are only two choices—death or pork—then we should not choose death. Choose pork. The meeting of two *mudharats* [harm], which one should we choose? The lightest *mudharat* ... If you entered a forest, would you choose death of hunger or eating pork? Take the pork ... But after you got bananas, leave the pork (Abdul Somad, 2017, published by Ngaji Ngelmu YouTube channel on November 2, 2017).

In the Qur'an, however, there are no clearly stated explanations about of what conditions are considered compelling enough for a haram substance to be used, aside from hunger—for example, under a pandemic or other disease outbreak. In the absence of a clear Qur'anic source regarding the matter, the decision about a forcing condition is open to human interpretation, making it highly debatable. As Messick explains, “the transition from the unity and authenticity of the Word of God to the multiplicity and disputed quality of the words of men is perhaps the central dynamic problem of Muslim thought” (Messick, 1989: 28 - 29). As a group that aims to purify Islam and promote literal reading of Islamic scriptures, conservative Muslims refuse to give up God's clear command to avoid pork for a human-interpreted permissibility of consuming a haram substance. Messick clearly explains this delineation of God's words and humans' words:

Purist from all eras, including many contemporary “fundamentalists,” have made a distinction between the divine shari'a, defined as God's comprehensive and perfect design for His community, and a humanly produced shari'a...a necessarily flawed attempt to understand and implement that design (Messick, 1996: 17).

It is clear that the MUI fatwa's decisions about the permissibility of a haram vaccine and a state of urgency are made through human interpretation. The MUI vaccination fatwas have decided that the use of haram vaccines is permitted out of urgency by considering various religious, medical, and political sources. This decision is based on the consideration that diseases such as meningitis, measles, and rubella can be highly contagious and can cause death if vaccination, as

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the only medical preventive method known to be effective against these diseases, is not undertaken. However, since this decision about the permissibility of the vaccine is interpreted by humans, it is seen by some Muslims—especially the conservatives—as flawed compared to the prohibition made clear in the Qur'an. Vaccine-hesitant Muslims see a priority in keeping the body pure from haram substances such as those contained in the vaccine—no matter the reason—because it is written in the Qur'an, making it infallible and unquestionable.

Now, if our bodies are healthy, why do we consume haram... prevention is different from cure...prevention is not an emergency (Rudy, a father, on a Facebook comment about measles-rubella vaccine dated September 12, 2018).

God did not create a cure from things that are haram ... be patient, God willing there will be a way that is blessed by Him. Don't let anything haram enter our children's bodies (Akhmad, on a Facebook comment about measles-rubella vaccine dated September 12, 2018).

Some vaccine-skeptical Muslims do not agree with the MUI's decision on the urgency of vaccination because they believe that lawful alternatives exist for the prevention and cure of diseases, such as eating healthy food to boost immunity.

We are currently still waiting for the answer from Saudi Arabia regarding the [meningitis] vaccine urgency. I personally prefer that the pilgrims boost their immunity by consuming vitamins, fruits, or any other halal goods (Kanti, a local preacher in Bekasi, as interviewed by Kompas.com on June 6, 2009)

Other Muslims choose to let their children get the disease and then recover to “naturally” gain immunity instead of getting them vaccinated with haram vaccines. For vaccine-skeptical Muslims, the availability of these alternatives means that vaccination is not an urgent matter of life and death, and therefore not an emergency response or priority. The two Facebook comments below are taken from a discussion post regarding the MUI's fatwa declaring that measles-rubella vaccine is haram, but at the same time lawful.

Please go ahead for those who have the heart to give HARAM vaccine to their children. NOT with me. My children have had measles, and they recovered (Mega, a mother and a dentist, on a Facebook comment about measles-rubella vaccine dated August 20, 2018).

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By Allah's will, me too, I have never vaccinated my children and they had measles at the same time, all praise be to Allah, by Allah's will, they recovered (Ryka, a mother, on a Facebook comment about measles-rubella vaccine dated August 20, 2018).

In short, understanding the perceived order of authority in Islamic jurisprudence helps explain the reason behind the partial compliance some Indonesian Muslims show towards the MUI. As Eickelman and Piscatori argue, some Muslims hold the belief that the “existing authorities—political rulers and their allies, the *‘ulama*—have failed in their guidance of Muslims and that each Muslim has the right to direct access to and interpretation of scripture” (1996: 70). The belief that sacred texts are directly apprehensible by believers poses a challenge to exclusivist ideas of Islamic authority, further supporting the fragmentation of sacred authority (Eickelman and Piscatori, 1996: 70). This fragmentation of sacred authority results in a greater diversity of people who speak about Islam and the undermining of *ulama*'s monopoly, forcing them to compete with other Muslims (Soares and Osella, 2009: 4). While the quality of pork as haram is considered the undisputable and infallible words of God, notions of the necessity and permissibility of vaccines is another problem. Unlike the problem of pork, the state of urgency under which vaccination is permitted must be decided by humans as interpreters. As the words of men, such interpretation is fallible and, therefore, debatable.

### **Islamized Indonesia, Islamized Science**

In the previous section, I have discussed how the availability of alternatives to vaccination contribute to the undermining of the MUI's fatwa decisions, specifically on the permissibility and urgency of vaccination. In this section, I delve deeper into one of the alternatives: the “Islamized” medical science that has currently gained popularity among some Muslims in Indonesia. I discuss how the emergence of Islamized medical science—such as “Prophetic treatments”—among Indonesian Muslims has given them a lawful alternative to haram vaccines. This phenomenon then fosters Muslims' skepticism toward vaccination as the only preventive measures against diseases, making the MUI's decision on the vaccine's urgency invalid.

As discussed in previous sections, the period after the fall of the New Order regime was marked by the prominence of Islam in the public sphere. Islamization remains apparent in various dimensions of the Indonesian society, including in politics and government, media and popular

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culture (Rakhmani, 2014; Sunarwoto, 2013), business and economy (Choiruzzad, 2013; Rudnycky, 2009), and educational institutions (Hasan, 2009; Ricklefs, 2009). This Islamization trend is also prevalent in science and knowledge (Ricklefs, 2009). In the 1970s, modernist Muslims in Indonesia “depicted Islam as fundamentally rational and expressed the view that it should be understood in ways consistent with science” (Ricklefs, 2012: 306). However, by the late 20<sup>th</sup> and early 21<sup>st</sup> centuries, it became more common to think the other way around: that science can be understood in ways consistent with Islam (Ibid.). One important example of this attempt to Islamize knowledge is the emergence of integrated Islamic schools—also known as *sekolah Islam terpadu*—in Indonesia which adopt the national curriculum and systematically enrich the subjects—both general and religious—with Islamic values (Hasan, 2009: ii). Such Islamization of knowledge is seen to be a response to the growing dissatisfaction with the current knowledge system that is considered to be incapable of meeting current needs, especially regarding the advancement of sciences and technology (Ibid.). According to Hasan,

The discourse of combining science with an Islamic approach has increasingly been articulated in tandem with the efflorescence of Islamist ideology that is highly assertive in its attempt to call for the implementation of various “Islamic visions” in educational, social, economic and political arenas (Hasan, 2009: 6).

Such Islamization of knowledge can also be observed in the realm of medical sciences in Indonesia. There are many recorded attempts in which Muslims have tried to establish Islamic ways in preventive and curative methods. For example, there were efforts to define an Islamic school of psychology and psychiatry, as opposed to Western psychological paradigms which are seen as atheistic (Ricklefs, 2012: 306). Many Indonesian Muslim scholars have claimed that the Qur’an and the ways of God are the sources of all knowledge and technology, and that the Qur’an offers scientifically demonstrable medical benefits (Ricklefs, 2012: 307). For example, in 2007, a medical scholar from a state university in Surabaya—the capital city of East Java—said in his inaugural speech as professor that “carrying out religious obligations reduced the risk of heart attack” and there was “a mystery of the heart that was still beyond science to understand” (Ibid.). Later in 2008, the Islamic medication study center at a state university in Yogyakarta hosted a training on prophetic medicine, urging people to return to the treatments taught by Prophet

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Muhammad in dealing with illnesses (Ricklefs, 2012: 208). These include “the use of honey, cumin, Zamzam water, fruit vinegar, dates, bloodletting, and Qur’anic readings” (Ibid.).

Lately, among some Muslim communities in Indonesia, the methods of Prophetic medicine—also commonly called *thibbun nabawi*—have resurfaced and gained popularity. *Thibbun nabawi* refers to collections of the Prophet’s sayings related to health matters, such as “dietary recommendations and restrictions, general health and hygiene, first aid measures, and treatment of minor ailments” compiled by *hadith* narrators and Islamic scholars (Nagamia, 2010: 33).<sup>15</sup> *Thibbun nabawi*, for example, often suggests the use of household and herbal remedies—like honey and black seeds (*Nigella sativa*)—as a cure for various diseases, as well as keeping away from areas impacted by epidemics or contagion (Nagamia, 2010: 35). This method also endorses the use of “ritual prayers, supplication, talismans, and the recitation of Qur’anic verses to invoke blessings on persons afflicted with illness” (Ibid.). In Indonesia, some practitioners of *thibbun nabawi* believe that this method is the solution to keep the Muslim community away from the sins of idolatry, ambiguity (*subhat*), and haram-ness found in some modern medical practices (Hidayatullah.com, 2014).

The popularity of this method among Muslims in Indonesia is suggested by the emergence of various *thibbun nabawi* clinics in Indonesia that offer services such as cupping, *ruqyah* (incantation), and herbal treatments. There are also numerous *thibbun nabawi* training centers that teach people how to be practitioners of the method. Although many of the clinics are rather small and home-based, some practices are integrated into larger medical institutions. Recently, in 2019, an Islamic private hospital in Semarang—the capital city of Central Java—established a special *thibbun nabawi* clinic as a response to Muslims’ demand for alternative treatment (Republika.co.id, 2019). Interestingly, instead of having the clinic run by the hospital’s medical services management, this clinic is run by a mosque committee. In addition, the clinic’s permit

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<sup>15</sup> Considering the thickness of some Prophetic medicine compilation books, Rahman argues that the method “cannot have been the work of Prophet Muhammad” alone (1987: 41-42). Quoting Ibn Khaldun in his work, Rahman further argues that some of the Prophet’s sayings containing Prophetic medicine are “actually the ancient Bedouin Arab medicine that was based on long experience but not on systematic experimentation” (1987: 41).

He then raises an important question about the causes of the growth of the so-called Prophetic medicine within the Islamic populace, and offers three possibilities: first, Islamic orthodoxy wanted to challenge the medical authority of a “pagan Galen” on behalf of the Prophet’s authority; second, certain theological authorities attempted to make available a kind of “medicine handbook” that benefitted many average educated Muslims; third, the method was an attempt to spiritualize medicine and bring it forward as a central Islamic concern; and fourth, theologians were anxious to wrest medicine from medical figures—like Ibn Sina—so they “Islamized” medicine by establishing an independent philosophy (1987: 42).

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came not from the Ministry of Health, but rather from an association of alternative treatment practitioners (Ibid.).

While many Muslims believe that *thibbun nabawi* is a method that goes hand in hand with modern medicine, others believe that it is an alternative to modern medicine that is often unfitting to Islamic rules. Many Muslims, for example, see *thibbun nabawi* as a better and lawful alternative to using haram vaccines. Ummu Salamah—a famous proponent of anti-vaccination in Indonesia—says that vaccination is impure and dangerous, and that Islam has offered its own solutions related to public health, such as “natural immunization” using herbs and cupping, that should be followed by Muslims. Another commonly practiced method of “Prophetic immunization” is called *tahnik*, or the practice of rubbing a child’s palate with a date that has been previously chewed (Gil’adi, 1988: 175). As told by Mariska, a mother of four from Bekasi, West Java, she never got her children vaccinated. She relied on the use of Prophetic treatments such as dates, honey, and black seeds to enhance her children’s immune systems (Maulana, et al., 2017). Questioning the halalness of vaccine, Heri, a father from Balikpapan—a seaport city of East Kalimantan—refused vaccination of his daughter and said that he trusted *thibbun nabawi* more.

This method exists in the Qur’an and there are many *hadiths* that explain both the preventive and curative methods. Just like babies, breast milk and honey are enough for them (Heri, a father, in an interview with Koran Kaltim on August 7, 2018).

The spread of such Islamized medical science has given many vaccine-skeptical Muslims a lawful—or even better—alternative to immunize themselves and their children against diseases. Such belief leads to their disagreement with the MUI’s vaccination fatwas, especially with the decision to permit haram vaccines under urgent circumstances. Due to the existence of the so-called Prophetic immunization method—which is for them clearly lawful and Islamic—many vaccine-skeptical Muslims think that the use of haram vaccine is nowhere near urgent.

### **Media Liberalization, New Media, and the MUI’s Authority**

In the previous sections, I have discussed how the turn to conservatism and the rise of Islamized science prevalent among Muslims in the contemporary Indonesia have contributed to the undermining of the MUI’s authority. However, these two factors do not stand on their own: their circulation and mediation matter. As argued by Wesch, “mediation” is more than just content:



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“it becomes a readily accessible, compelling part of reality itself, forming communities and spreading ideas in ways not always predictable” (Wesch, 2008 in Eickelman, 2011: 18). This expansion also holds true with how media transform and reconfigure ideas of faith and religious authority (Eickelman, 2011: 18). The introduction of new media has brought about changes in religious authority in Indonesia, especially in how more participants are now able to take part in conversations about Islam and have authority to talk about issues (Anderson, 2000: 39). In this section, I discuss how the democratization of media and the flourishing of new media in Indonesia have played a role in the changing of the religious authority of the MUI, by an introduction to more diverse Islamic expressions and an increase of lay Muslims' participation in religious discussions.

During the New Order regime, mass media in Indonesia was severely controlled by the government and heavily centralized. The Indonesian mass media—such as television, radio, and press—were “stripped of its political power, tightly controlled, and blatantly co-opted,” and obliged to provide support to the ruling government (Heryanto and Adi, 2001: 332). This tight control also means that media could not broadcast or publish Islamic contents that might pose a threat to the state's status quo, as the New Order regime was well-known for its antipathy toward organized Islam (Jones, 2010: 619).

It was only in the late 1980s that liberalization in the economic sphere in Southeast Asia helped demonopolize the television system in Indonesia (Kitley, 2003: 102). The previously system of a single, state television station shifted to a commercial system in only ten years (Sen and Hill, 2000 in Rakhmani, 2014: 435). However, during the first years of demonopolization, Indonesian commercial television stations avoided religious issues for fear of “misrepresentation” of religion that could cause public unrest, especially led by hard-line Islamists (Wardhana, 2002 in Rakhmani, 2014: 435).

In the 1990s, coinciding with what van Bruinessen calls the “conservative turn” in Indonesian Islam (2013), television stations started to seek ways to make themselves more profitable by appealing to the Muslim audience (Rakhmani, 2014: 436). Since then, Islamic representation has enjoyed a steady increase in the country through the broadcasting of various religious-themed television programs (Rakhmani, 2013: 437). As Rakhmani argues, “by the early 2000s, Islamic expressions that [have] manifested in various economic sectors became apparent in the television industry as well” (Rakhmani, 2014: 462).

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The flourishing of mass media also happened with radio. In his article on Islamic *dakwah* (proselytization) radio in Surakarta, a town in Central Java, Sunarwoto explains that there were only two *dakwah* radio stations in town in the 1970s: Radio ABC and Radio Dakwah Islamiyah, or RADIS (2013: 197). However, during the New Order regime, RADIS was banned by the government for political reasons, “indicating its political as well as religious significance in social life” (Ibid.). Following the fall of the New Order regime in 1998, *dakwah* radio stations from various Islamic streams started to flourish in Surakarta (Ibid.). It is important to note that along with the growth of Salafi movements in Indonesia in the 2000s, many Salafi-oriented *dakwah* radio stations have emerged throughout Indonesia (Ibid.). One of the most common Islamic program types that these radio stations air utilizes the question-and-answer format—similar to fatwa giving—regarding various topics, including Islamic medicine (Sunarwoto, 2013: 203).

The examples above suggest that the liberalization of mass media post-New Order era has led to the exposure of more diverse kinds of Islamic expressions available in the public. Although the content of the programs broadcasted in mass media—especially television and radio—are still under the state’s supervision and regulation through the Indonesia’s Broadcasting Commission to avoid programs that stray too far from the state’s notions of Islam, the decentralization of mass media has at least made diverse Islamic discourses more accessible for Indonesian Muslims compared to the disciplined and controlled expression of Islam in the New Order. Indonesian Muslims today, for example, are relatively unrestricted in accessing Islamic ideologies and authorities that would have been strictly controlled under the New Order regime, such as Salafism.

While television, newspapers, and radio still follow the top-down model in mass communications, the introduction of new media—like the internet, social media, and the World Wide Web—among Muslim society in Indonesia has further changed the relationship between Islamic authorities in the country, including the MUI, and their followers. The spread of new media technologies—along with mass education and increased literacy—is said to contribute to an increased fragmentation of authority in Muslim societies (Soares and Osella, 2009: 4; Eickelman and Piscatori, 1996). According to Anderson (2000), the introduction of new media led to the replacement of reception—characterizing the audience in a one-way model of mass media communication—to participation that “displaces authority with engagement, broadening both the forms and content of engagement” (Anderson, 2000).

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Today, with new media platforms such as Facebook and WhatsApp, Muslims are able to horizontally circulate their knowledge as opposed to the one-way, top-down model of fatwa-issuance of the MUI. As Anderson argues,

... the new media facilitate a much wider range as well as volume of views in entering the public sphere. These include alternative views, to be sure, but also mobilization that is horizontal and structured around shared interests and concerns in contrast to the top-down model in mass communications (Ibid.).

This phenomenon is exemplified by the horizontal circulation of anti-vaccination narratives, from lay Muslims to other lay Muslims, that can be easily found in social media and chat groups. In an Indonesian anti-vaccine group on Facebook with 2,874 members, mothers exchange videos, photos, and stories of adverse effects of vaccination on children, such as pictures of a baby's swollen legs or stories about a little girl's death. They also ask each other about alternatives to immunization, including *tahnik*.

The emergence of Islamic media personalities has also challenged the norms through “development of profiles beyond traditional concepts of authority into the realms of fandom” (Bunt, 2018: 72). These emerging Islamic media personalities do not have to fit the conventional *ulama* stereotype to be religiously authoritative. Mega Indah Tomeala, who is a medical professional, has been a famous advocate of anti-haram vaccination in online forums. She has been actively sharing information regarding the impurity of some vaccines, in both her Facebook status and various Facebook groups. Her post emphasizing the impurity of the measles-rubella vaccine in 2018—just after the MUI fatwa was issued—was shared by 426 people, with comments sections full of women—mostly mothers—positively reacting to her status.

In short, the liberalization of mass media and the introduction of new media in Indonesia have further fostered the fragmentation of the MUI's religious authority in Indonesia. Echoing Eickelman and Anderson, such multiplication of voices and media outlets has made groups who are in the minority feel less isolated, because now they can be in contact with their counterparts elsewhere (1997: 46 – 46). These new forms of communicative communities have contributed significantly to the fragmentation of political and religious authority (Eickelman and Anderson, 1996: 47), including the religious authority of the MUI that used to enjoy a prominent position during the New Order.

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## **Concluding Remarks**

In this paper, I have argued that vaccination hesitancy is not a new phenomenon in Indonesia. However, although fear and skepticism about vaccination have persisted through a long history, the narrative is ever-changing as it follows the social, cultural, and political contexts of a given period. This paper has shown that Indonesia's turn to a more democratic, religiously expressive Reformation era has played a significant role in the shifting of anti-vaccination narrative: from being associated with an evil plot of the colonial Dutch, to almost no presence under the authoritarian New Order regime, to being Islamized following the democratization and freedom of Islamic expressions in 21<sup>st</sup> century Indonesia.

Because of the growing narrative of Islamized anti-vaccination, the MUI sees the issuance of vaccination-related fatwas a religious solution to the religious problems of Muslims' vaccine hesitancy. However, this paper finds that the issuance of the fatwas has not been followed with Indonesian Muslims' absolute compliance. Instead, the fatwas have shown a unique case of partial incompliance on the part of some Muslims, in which they follow the MUI's decision on the haramness of vaccines but refuse to do so when it comes to the haram vaccine's permissibility.

In analyzing the phenomenon of partial incompliance to fatwa, this paper argues that the authority of a religious institution is neither constant nor inherent. 'While it is true that the MUI is still one of the most significant and well-known Islamic organizations with proximity to the government, its authority is not all ascribed, or given. The MUI's Islamic authority, in fact, fluctuates following internal factors—such as its shifting relationship with the state—and external societal changes in Indonesia— such as the growth of Islamic puritanism in science and scripture reading, and the spread of new media technologies. By looking at how the MUI authority has become fragmented and challengeable, this paper suggests that Indonesian Muslims are not merely passive receiver of fatwas. In fact, they actively assert their agency in interpreting what being a good Muslim means through their decision about vaccination and, concomitantly, engage in the shaping of the MUI's authority.

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