

## How religion can aid public health messaging during a pandemic

*Religious leaders have distinctive networks that have helped disseminate public health messages in the past, and can help with the current COVID-19 pandemic, write Sima Barmania\* and Michael Reiss\*\*.*

Over the last month there has been much discussion about religion, as major religious festivals – Pessach, Easter, Vaisakhi, Navratri and Ramadan – are being celebrated under lockdown. Public health policy makers were skeptical that physical distancing, the key strategy for most countries struggling to contain COVID-19, could be achieved during religious festival gatherings. And yet, with a few notable exceptions, religious adherents the world over have complied.

In the UK, all places of worship have been closed. The UK's Chief Rabbi, Rabbi Mirvis, said on national radio that there is both a "religious and a moral imperative" to "stay at home". The Archbishop of Canterbury, Justin Welby, broke tradition and delivered his Easter Sunday address from his kitchen, commending churches across the country for "responding to this challenge in innovative ways".

However, in some countries, religion undermined the public health response to the COVID-19 pandemic. In the US, Florida Governor Ron DeSantis designated religious services as 'essential activity' days after a Pastor within the state was charged with unlawful assembly and violation of a public health emergency order<sup>1</sup>. New York City mayor Bill de Blasio complained about a large congregation of mourners at a Hasidic Jewish funeral, igniting strong condemnation from members of the Jewish community<sup>2</sup>.

In South Korea, a church congregation is thought to have been the origin of thousands of first cases in the country. In Malaysia, a large Islamic gathering of the Tablighi-Jamaat of up to 14,000 delegates in Kuala Lumpur has been widely considered the cause of the second wave in the trajectory of the epidemic in the country. Attendees returning to Brunei, Indonesia and Cambodia from this gathering later tested positive for COVID-19. Without in anyway, wanting to repeat earlier Western stereotyping of Indians as a danger to the 'civilised' West, an Islamic gathering in the mission's Delhi headquarters saw thousands infected with the novel coronavirus.

In certain societies, discussions involving religions are often seen as a potential quagmire, conflated with culture and politics. Some religious communities believe that certain public health initiatives are directly opposed to their freedom to worship and can feel that they, rather than the virus, are under attack. However, religions can be enablers of public health, and religious organisations can be important partners, especially in less secular societies.

In the middle of the pandemic on 7 April 2020, the World Health Organization issued an interim guidance titled *Practical considerations for religious leaders and faith-based communities in the context of COVID-19*<sup>3</sup>. The WHO acknowledge that "religious leaders, faith-based organisations, and faith communities can play a major role in saving lives and reducing illness related to COVID-19". Indeed, there have been many examples in the past

where religion proved to have a positive role in tackling infectious diseases. In India and Pakistan, religious leaders helped increase the uptake of polio vaccinations; in Nigeria, religious leaders played a key role in mitigating the effects of Ebola, through the provision of health, education, and social support

The current WHO guidance also points to the “special role of religious leaders”, faith-based organisations and communities in education, preparedness and response to COVID-19, in terms of sharing evidence-based information and avoiding large gatherings, as well as mitigating domestic violence and improving mental health among their congregants. In the US, religious organisations and faith communities play key roles in responding to crises, disasters and public health emergencies.

In a pluralist society, different worldviews inevitably exist. Atheists may find it absurd that a person disregards substantial risk of infection in order to attend an ‘in person’ service. And while services may not be seen as ‘essential’ by some, they will be for others, especially given that religion can serve as an important coping mechanism, a source of emotional support<sup>4</sup>.

This is one place where religion comes into play, by understanding a rationale for non-compliance with social distancing. But religious leaders are often central to communities<sup>5</sup> and have expansive networks within which to disseminate public health messages, including rapidly evolving COVID-19 related guidelines. Religious leaders often have good links with those who are vulnerable within their communities, such as the elderly, the poor or migrants, who may be harder to reach through ‘official’ channels. Religious leaders as respected figures can make decisions earlier than governments to suspend congregational events. For example, the annual Hajj pilgrimage, which saw more than two million pilgrims descend in Mecca last year, is scheduled in July this year but will be cancelled in all likelihood.

Religious leaders can play a direct role in implementing health policy. After attendants at a religious gathering in Malaysia failed to come forward to be tested, the Minister for Religious Affairs issued a statement saying that it was a religious obligation to be tested.

Religion and health are not necessarily opposed; indeed, many religions have laws that are compatible with public health strategies and allow the ‘lesser harm’ or ‘public interest’ to prevail. So, empathetic, proactive and early engagement with religious leaders and communities can play an important role in public health emergencies.

For their part, health professionals and medical scientists must ensure that there is effective communication and a serious attempt to enhance health literacy. If not, we may alienate religious groups, rendering them less likely to comply with the public health guidance crucial to tackling COVID-19. We ignore religious communities at our peril.

1. Luscombe R. The US churches and pastors ignoring 'stay-at-home' orders. The Guardian. April 5, 2020

2. Evelyn K. New York mayor criticized for tweet about packed Jewish funeral. The Guardian. April 29th
3. World Health Organization. Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19. 2020
4. VanderWeele, T J. On the promotion of human flourishing. Proceedings of the National Academy of Sciences, 114(31), 8148-8156. 2017
5. Tomkins A., Duff J., Fitzgibbon A. et al. Controversies in faith and health care. Lancet. 2015; 386: 1776-1785

Rabbi Mirvis speech link:

<https://jewishnews.timesofisrael.com/staying-at-home-during-pandemic-is-a-moral-imperative-says-chief-rabbi/>

South Korea Coronavirus cases in church:

<https://www.reuters.com/article/us-china-health-southkorea-daegu-idUSKBN20F1X1>

Malaysia hot spot:

<https://www.scmp.com/news/asia/southeast-asia/article/3075654/how-malaysias-sri-petaling-mosque-became-coronavirus>

India Masjid

<https://www.scmp.com/week-asia/health-environment/article/3077934/coronavirus-outbreak-muslim-group-tablighi-jamaat>

Hajj cancelled?

<https://www.theguardian.com/world/2020/apr/01/hajj-pilgrimage-could-be-cancelled-because-of-coronavirus-islamic>

Ebola reference

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)61082-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)61082-0/fulltext)

Polio reference

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Western stereotyping of Indians as a danger to the 'civilised' West

<https://thewire.in/health/india-epidemics-religion-public-health-policy>

US reference

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Ministry of Affairs religious obligation to be tested:

<https://www.bernama.com/en/videos/index.php?v=56544>

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