

Role of Religious Practices in the Spread and Mitigation of COVID-19

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Ann Natl Acad Med Sci (India):2020;56:235–238

Abstract

The World Health Organization (WHO) declared novel coronavirus disease 2019 (COVID-19) as a global pandemic on March 11, 2020 which engulfed the world like wild fire in less than 2 months. It has played havoc with the lives of people restricting their movement, confining them to their homes for months, devastating the economy, and causing psychological issues in some of them. In the unprecedented threat of the COVID-19 pandemic and its devastating impact on communities and nations across the globe, religious leaders and faith-based organizations may play a crucial role in saving lives and mitigating the spread of the disease. Religious leaders and faith-based organizations are primary source of support, comfort, guidance, direct health care and social service, for the communities they serve and people who have staunch belief in them. Most of the religious-minded people visit their places of worship frequently and often join the congregations on special occasions, making them vulnerable to any infectious disease prevailing at that time. Ensuring awareness and dispelling pseudo-scientific practices is a necessity for such communities in India to contain and control the coronavirus infection, as it presents unique threat owing to the geographical vastness and the complexity of its cultural and religious diversity, beliefs, and practices coexisting with poor social indicators in this country. A study was conducted to understand the role of religious practices in the spread and mitigation of COVID-19.

Keywords

- ▶ COVID-19
- ▶ coronavirus infection
- ▶ religious practices
- ▶ faith leaders
- ▶ spread of disease
- ▶ pandemic

Introduction

The novel coronavirus disease 2019 (COVID-19) pandemic, also known as the coronavirus disease pandemic, is an ongoing global threat of infection caused by severe acute respiratory syndrome-coronavirus-2. (SARS-CoV-2).¹ The outbreak was first identified in Wuhan, China, in December 2019. The World Health Organization (WHO) declared the outbreak as a Public Health Emergency of International Concern on January 30 and a pandemic on March 11, 2020. As of June 29, 2020, more than 10.1 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in more than 502,000 deaths. However, more than 5.14 million people have been found to be recovered.²

With the unprecedented threat of the COVID-19 pandemic and its devastating impact on communities and nations

across the globe, it appears that the religious leaders and faith-based organizations may play a crucial role in saving lives and mitigating the spread of the disease.³ Religion offers solace to billions of people grappling with the pandemic for which the solutions offered by the science and governments have fallen short of their goal so far. The dread of coronavirus has driven individuals even more closer to religion and rituals across the globe.

Some of the religious places have acted as first responders and counsellors, combatting stigma, providing required emotional support, food assistance, praying for the world health care professionals, and also the policymakers.⁴ They are frequently in position to advocate for social and legal change. By sharing clear, evidence-based steps to prevent COVID-19, religious-inspired institutions can promote helpful

DOI <https://doi.org/10.1055/s-0040-1716940>
ISSN 0379-038X.

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information, provide reassurance to people in their communities, and promote health-promoting practices.⁵ Religious leaders are integrated into their communities through service and compassionate networks and are a critical link in the safety net for vulnerable people within their faith community and disease communities as well.

But some practices raise public health concerns. In Myanmar, a prominent Buddhist monk announced that a dose of one lime and three palm seeds would confer immunity.^{4,6} In Iran, a few pilgrims were filmed licking Shiite Muslim shrines to ward off infection.⁷ Some of the earliest coronavirus outbreaks were traced to religious services or pilgrimages.⁴ The European Centre for Disease Prevention and Control (ECDC) website data showed that high number of cases of COVID-19 were from countries with a high Roman Catholic population where the majority attend the Sunday Mass.⁶ The cases could have risen due to the initial infected person administering sacraments of holy communion or by contaminated concentrated bread and wine itself served on Sunday Mass or also due to person-to-person contact in the Church. In South Korea, the outbreak intensified rapidly after the virus was spread at a secretive church in Daegu,⁵ and Israel's virus hotspot is Bnei Brak, where some ultraorthodox people defied the nationwide lockdown to attend services and weddings.^{6,7} The initial epicenter of Iran's outbreak was the holy city Qom. Pilgrims reportedly contracted the virus there and spread it in their own countries before shrines were shut down.^{3,8} A gathering of the Tablighi Jamaat Islamic missionary movement brought followers from 30 countries to Malaysia in late February, and is believed to have led to thousands of infections. A gathering of the Islamic sect Tablighi Jamaat in Delhi at Markaz, Nizamuddin, led to the spread of coronavirus in many places of India.⁶ In Pakistan, coronavirus cases quadrupled during the holy month of Ramadan after the government decided to conditionally allow congregational prayers in mosques⁸. In the Northwest Indian State Punjab, a 70-year-old Sikh priest after returning from Italy attended several religious meetings and visited Hola Mahalla, a Sikh festival that attracts approximately 300,000 people every day infecting many of his close contacts and eventually succumbed to the disease.⁵ A new wave of coronavirus cases was also witnessed after stranded pilgrims at Hazur Sahib in Nanded Maharashtra came back to Punjab.

Unlike many countries, India presents unique concerns owing to its geographical vastness and the complexity of its cultural and religious diversity, beliefs, and practices coexisting with poor social indicators, such as lower life expectancy and high child mortality.⁹ Ensuring awareness and dispelling pseudoscientific practices is a necessity for India to confront the coronavirus. In the lockdown, religious organizations can play a vital role in transmitting accurate scientific information about the Coronavirus.

Materials and Methods

The present study is based on information from various sources like television news, print and social media, scientific

medical journals, online forums, blogs and the cumulative experiences gained from personal visits to various places of worship in India and abroad.

Discussion

Religious leaders and faith-based organizations are among the most trusted sources of information on communities' activities, customs and traditions. In the era of the COVID-19 outbreak, their followers and community members of a particular faith may trust and follow guidance about COVID-19 coming from faith leaders much more than advisories and guidance released by government and health authorities. Faith leaders also have a special responsibility to counter and address misinformation, misleading teachings, and rumors, which can spread rapidly and cause great damage to the community. The health care and social services of faith-based organizations are often more accessible, especially in rural communities and among marginalized people in society. Religious leaders should ideally partner with scientists, physicians from their faith as such scientist(s)-theologist(s) and congregants are more likely to win the trust of people from the same faith.

Despite a handful of religious leaders and clerics resisting calls to cancel religious and social services and other gatherings, large gatherings are already banned or discouraged in many countries.^{8,10} Recently the coronavirus pandemic has resulted in the cancellation of mass gatherings in Lourdes⁶ and the closure by Saudi Arabia of pilgrims to Umrah.¹¹ Catholic services were suspended last month in Italy, and in other countries also. Saudi Arabia closed the holy mosques in Mecca and Medina in early March and has cancelled Hajj 2020, which was expected to draw more than 2.5 million pilgrims.¹¹ For the first time in modern history, Christians around the world commemorated Jesus Crucifixion without the solemn church services or emotional processions marking Good Friday, Easter, Passover, and Ramadan, which occur within weeks of each other, also faced major disruptions in a world locked down by the coronavirus pandemic.¹²

Most faith communities like various temples and churches in Uttar Pradesh to Golden Temple, a famous Sikh shrine in Punjab, Char Dham in Uttarakhand, and Islamic Centre of India-Darul Uloom Farangi Mahal have cancelled in-person events and have quickly established a variety of platforms and models for online worship and devotee care. Religious leaders should remember that they are important community role models for reinforcing recommendations and showing how communities can still maintain connection by conducting faith activities in virtual form.

Accurate information can reduce fear and stigma. Religious leaders can access guidance in formats and lay language that their members can understand. WHO guidance has been replicated and shared on certain social platforms.¹³ A Facebook group of over 6,300 clergies representing various traditions across the world shares resources on infection-control measures that could be implemented by temples, masjids and churches.

There are existing, active, and effective networks of religious leaders and communities working in partnership with global, regional, national, and local public health initiatives which constitute essential component of the robust multi-sector response to COVID-19.

UNICEF (United Nations Children's Fund) and partner organizations have launched a global multi-religious Faith-in-Action Initiative—the Religions for Peace and Joint Learning Initiative—to respond to the COVID-19 crisis.¹⁴ The initiative has engaged religious leaders and scholars from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka to address key issues, including honoring international and national health authorities' guidance on religious mass gatherings, burials, rituals, and physical distancing, promoting hygiene and sanitation and enhancing social solidarity and non-discrimination across South Asia.

WHO also acknowledges the special role of religious leaders, faith based organizations, and faith communities in COVID-19 education, preparedness and response.

Role of Broadcast Media and Social Media

Religious leaders should also be aware of local and national health authorities' websites and other information channels to access local guidance. It is pertinent to ensure that religious leaders have accurate and up-to-date scientific and medical information to pass on to their congregations to slow the rate of disease spread. Sermons and messages should be built on factual information provided by WHO and national or local public health authorities both in government and non-government organizations; and in line with the doctrine and practice of their respective faith traditions.^{15,16}

Practical Considerations and Recommendations for Religious Leaders and Faith-Based Communities in the Context of COVID-19: Interim Guidance

Religious institutions and faith-based organizations should protect their members by helping them maintain a safe distance between them (physical distancing). This is possible by observing the following modalities:

- Discourage nonessential physical gatherings and organize virtual gatherings through live-streaming, television, radio, social media, etc.¹³
- If a gathering is planned, consider holding it outdoors.¹⁵ If this is not possible, ensure that the indoor venue has adequate ventilation.
- Regulate the number and flow of people entering, attending, and departing from worship spaces to ensure safe distancing at all times.
- Adaptation of religious practices to prevent touching between people attending faith services.

Some greeting activities that need to be adopted within faith communities include replacing hugs and handshakes with a bow or using a greeting with folded hands while maintaining physical distance.^{17,18}

Members can be prevented from becoming infected by avoiding practices involving touching or kissing of religious objects and symbols of reverence.¹⁵ Some religious leaders and faith communities have encouraged their members to accept new ways to reverence for these objects like bowing before sacred statues or icons, instead of touching them, receiving a blessing from at least 1 m away and avoid the distribution of Holy Communion.¹⁶ It is advisable to use individual pre-packaged boxes/servings of religious or ceremonial foods, rather than shared portions from communal containers.¹⁸

The attendees should be encouraged to maintain healthy hygiene practices by providing handwashing facilities for members before and after the service; feet washing facilities for places where worshippers enter barefoot; or by placing alcohol-based hand-rub (having at least 70% alcohol) at the entrance and in the worship space. There should be a provision of visual displays of advice on physical distancing, hand hygiene, and respiratory etiquette. It is pertinent to ensure routine cleaning with disinfectant of worship spaces, pilgrimage sites, and other buildings where people gather, to remove any virus from the surfaces. This routine should include cleaning and wiping the surfaces immediately before and after all the gatherings.

Often-touched objects such as doorknobs, light switches, and stair railings should be cleaned frequently with disinfectant.¹⁸

Where gatherings are allowed by local health authorities, religious leaders can perform ceremonies, such as weddings and funerals, if they follow the guidelines for physical distancing and by observing the limits set by national or local public health authorities on the number of persons who can participate in such gatherings.¹⁸ When in-person gatherings cannot be held in accord with national or local public health guidelines, ceremonies may still be possible with essential members in attendance and a larger number of guests participating through distance via live streaming. Faith leaders can help grieving families to ensure that their departed loved ones receive respectful, appropriate funerals, and burial rites, even in the midst of the COVID-19 pandemic.

Religious leaders and faith communities should aim at maintaining and strengthening relationships, fortifying the mental and spiritual health of followers and hence contribute to resilience in the larger community. Practices, such as prayer, inspirational reading, and safe community service, can build confidence and create a sense of calm and emotional support.

Religious communities can identify ways that their members can help others like checking on the elderly, people with disabilities, and vulnerable neighbors by phone and offering to deliver groceries.¹⁷ Religious leaders and faith communities can promote sharing of resources to provide for those whose livelihoods have been disrupted by the pandemic.

In settings where movement restrictions are in place, there is the potential for an increase in domestic violence, particularly against women, children, and other marginalized people.¹⁴ Religious leaders can actively speak out against violence and can offer and arrange to provide support to the

victims. Religious leaders can provide faith communities with appropriate prayers, theological and scriptural reflections, and messages of hope, highlighting the opportunities presented for reflection, and time with family members and others who can prove helpful.

Conclusion

Religious rituals and practices involved at the common platform of worshipping like a temple, church, mosque, gurudwara, or any identified place of religious faith could play a role in the control of the spread of infection. During the ongoing COVID-19 pandemic, the religious places should be shut down and mass gatherings cancelled or postponed on the basis of a context-specific risk assessment. If a decision is made to open the place, risk mitigation measures should be put in place, consistent with WHO guidance as defined by social distancing, mask wearing, and soap hand washing/sanitization (SMS) practices for COVID-19, and the rationale for the decision should be clearly explained and communicated to the public. Religious leaders can be powerful resources for agencies like WHO and various government and non-governmental organizations to transmit credible health information to their communities and bring messages of hope for those struggling with anxiety, sadness, and despair.

Conflict of Interest

None declared.

References

- 1 Ashour HM, Elkhatib WF, Rahman MM, Elshabrawy HA. Insights into the recent 2019 novel Coronavirus (SARS-CoV-2) in light of past human coronavirus outbreaks. *Pathogens* 2020;9(3):186
- 2 WHO. Coronavirus disease (COVID-19) pandemic. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Accessed March 15, 2020
- 3 Pennisi E. Does Religion influence epidemics? Available at: <https://www.sciencemag.org/news/2011/08/does-religion-influence-epidemics>. Accessed August 31, 2020
- 4 Kapila S. Will religion deliver us from or doom us to the pandemic? Available at: <https://thewire.in/religion/religious-congregations-coronavirus>. Accessed June 16, 2020
- 5 Quadri SA. COVID-19 and religious congregations: implications for spread of novel pathogens. *Int J Infect Dis* 2020;96:219–221
- 6 Escher AR Jr. An ounce of prevention: coronavirus (COVID-19) and mass gatherings. *Cureus* 2020;12(3):e7345
- 7 Lawler, David, "God and COVID-19" (2020). *Pandemic Response and Religion in the USA: Law and Public Policy*. 61. Available at: <https://scholarworks.wmich.edu/religion-pandemic-law/61>. Accessed May 20, 2020
- 8 Bindu H. Faith over health? Why religious gatherings should be prohibited during coronavirus pandemic? Available at: <https://www.grainmart.in/news/faith-over-health-why-religious-gatherings-should-be-prohibited-during-coronavirus-pandemic/>. Accessed May 25, 2020
- 9 Dharmshaktu NS. The lessons learned from current ongoing pandemic public health crisis of COVID 19 and its management in India from various different angles, perspectives and way forward. *Epidem Int* 2020;5(1):1–4
- 10 Marrero T. Pastor of Tampa church that held two large Sunday services arrested, jailed. Available at: <https://www.newsbreak.com/florida/tampa/news/1537024610056/pastor-of-tampa-church-that-held-two-large-sunday-services-arrested-jailed>. Accessed June 15, 2020
- 11 Ebrahim SH, Memish ZA. Saudi Arabia's drastic measures to curb the COVID-19 outbreak: temporary suspension of the Umrah pilgrimage. *J Travel Med* 2020;27(3):taaa029
- 12 McCloskey B, Zumla A, Ippolito G, et al; WHO Novel Coronavirus-19 Mass Gatherings Expert Group. Mass gathering events and reducing further global spread of COVID-19: a political and public health dilemma. *Lancet* 2020;395(10230):1096–1099
- 13 Amid Covid-19 lockdown, religious rituals, ceremonies take digital avatar. Available at: <https://www.hindustantimes.com/india-news/amid-covid-19-lockdown-religious-rituals-ceremonies-take-digital-avatar/story-U9awtF1OwYUTcKDwBfOxRL.html>. Accessed May 20, 2020
- 14 UNICEF. Launch of global multi-religious faith-in-action COVID-19 initiative, faith and positive change for children, families and communities. Available at: <https://www.unicef.org/press-releases/launch-global-multi-religious-faith-action-covid-19-initiative>. Accessed August 31, 2020
- 15 Robinson K. How are major religions responding to the coronavirus? Available at: <https://www.cfr.org/in-brief/how-are-major-religions-responding-coronavirus>. Accessed May 17, 2020
- 16 Berger M. Around the world, the devout are adapting their rituals to fit life under the coronavirus. Available at: <https://www.washingtonpost.com/world/2020/04/22/around-world-devout-are-adapting-their-rituals-fit-life-under-coronavirus/>. Accessed on May 15, 2020
- 17 WHO. Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 Interim guidance. Available at: <https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19>. Accessed May 29, 2020
- 18 Government of India Ministry of Health and Family Welfare. SOP on preventive measures to contain spread of COVID-19 in religious places/places of worship. Available at: <https://www.mohfw.gov.in/pdf/2SoPstobefollowedinReligiousPlaces.pdf>. Accessed June 15, 2020