

Religious Community Responses to COVID-19: Case Study on Muslim Small Community

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8 Religious Community Responses to COVID-19: Case Study on Muslim Small Community

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Abstract:

This study aims to elaborate on the response of Muslims to COVID-19 outbreak, both its origin and nature, as well as attitude in dealing with it. This research is a case study based on a Muslim small community in Ciamis-West Java-Indonesia. Data is collected through interviews, observations, and text reviews. The results showed that the response of Muslims to the COVID-19 outbreak was different. Muslim responses to this virus can be categorized into at least five typologies. The five typologies are *irrational-passive*, *irrational-active-hater*, *semi-rational-supportive*, *rational-diffident*, and *rational-active-supportive*. These five categories are influenced by educational background, social life, culture, economy, religious understanding, and religious commitment.

Keywords: Coronavirus, COVID-19, Muslim, Irrational, Rational.

INTRODUCTION

Since 2019 Novel Coronavirus (COVID-19) has become an epidemic almost everywhere in the world, pro-contra responses have emerged among religious communities about the origins and nature of the COVID-19, and their impact on humans. A number of the member of religious communities view COVID-19 as a human-made virus that was intentionally created as a biological weapon. There are views that COVID-19 as a virus that is being researched and developed in the centers of microbiology laboratories, which, due to the carelessness of their researchers, then the virus spreads out of control. The others view this virus as God's army to destroy the evil humans on earth. But many of them see this virus as a common disease that appears naturally.

The diversity of views and attitudes among religious communities cannot be separated from their world view in understanding reality. Their perspectives are formed through a long journey, intense dialogue, and significant interactions with the variables of their education, social life, culture, economy, and religious understanding. The different perspectives among religious communities towards reality, including this COVID-19, then, have implications for the way they respond to this virus. This, for example, appears from four Americans research in the United States in 2014. The United States experienced an increase in measles movement, the most since the elimination of the virus in 2000. Measles infection occurs in unvaccinated individuals. Communities and individuals choose not to vaccinate for several reasons, primarily allege religious and philosophical considerations. Objections based upon religion constantly center on the use of aborted human fetal tissue used in the rubella element of the combined vaccine products, and animal-derived gelatins used in vaccine production.

Objections among religious communities may also not be faith-based, preferably in some cases involvement related to lack of security and efficacy of the vaccination result in exclusion (Wombwell, Fangman, Yoder, & Spero, 2015)

The different meanings of the virus among religious communities, ontologically, also lead to a variety of appropriate practical actions in the face of spreading a virus. Historically, religious communities have a long view that often contradicts scientific beliefs in understanding diseases, including viruses. Disease, for example, according to Santa Paul, is the result of the work of Satan, who is very evil. Origen, one of the church's rulers, stated: It is monster which produces drought, unproductiveness, corruptions of the air, contagion; they hover camouflaged in clouds in the lower atmosphere and are engaged by the blood and incense which the heathen offer to them as gods (White, 1896, p. 103). Augustine, the most influential early ruler of the Church, wrote: "All diseases of Christians are to be attributed to these villains; chiefly do they affliction fresh-baptized Christians, yea, even the guiltless, newborn infants" (White, 1896, p. 27). Then, with Pope Pius V's orders, all doctors are required to be called 'mental doctors' because 'weaknesses of the body often arise due to sins.' Satan's spirits and evil cause illness. Healing is done by expelling the demon through tools such as holy relics. Many donations flow to various churches and monasteries, which are known to have remnants that can heal. The church is not only a protector of a Christian's soul but also a physical protector. The Church views that plagues, such as smallpox and cholera, as well as God's punishment, injections for sufferers are vehemently opposed by the orthodox. The argument used is that disease is "a judgment of God on the sins of the people" (White, 1896, p. 76), and "to avert it is but to provoke him more (White, 1896, p. 76)". The home of a man who gave protection to the initial smallpox vaccine researcher, Boylston, was pelted with grenades. Humiliation is poured out from the pulpits to advocates of vaccination. But the facts are so reliable with the injection that humans can continue to live, and without the dose, they will die. So that the infusion was finally accepted by the Church, even though the resistance was never wholly extinguished.

A serious obstacle in the development of scientific medicine is the rejection of cadaver surgery. St. Augustine referred to anatomists as 'butchers' and strongly denounced this practice. The general fear is that cutting off a corpse will cause unimaginable horror on the day when all humans are resurrected. To this argument, the Church adds again, "the Church abhors the shedding of blood (White, 1896, p. 31). In 1770, an amazing phenomenon was observed in several regions of Europe. A detailed statement was sent to the Royal Academy of Science, stating that water has turned into blood. The clergy immediately saw this indication as God's anger. When a similar miracle was seen in Sweden, a well-known naturalist, Linnaeus, investigated this phenomenon attentively and discovered that the watering of water was caused by a large collection of small insects. When the bishop heard the news about this discovery, he denounced the scientific discovery as 'the abyss of Satan' (a Satanic abyss or abyssum Satanae) and announced that "the reddening of the water is not natural" (White, 1896, p. 60)

Medieval clergy and theologians of the medieval church enthusiastically claim that comets are fireballs thrown by God who are angry at an evil world, church advocates

illustrate the moral value of comets by comparing the God who throws a comet with a judge who puts an execution sword on the table on the table between himself and the villain in the courthouse. Other church supporters denounce those who don't care about God's warning and equate them with "calves gaping at a new barn door" (White, 1896, p. 184). Even as late as the 17th century, astronomy professors were hindered by their vows to teach that comets are celestial bodies that fulfill the laws of physics. But basically, science cannot be dammed. Halley, using Newton and Kepler's theories, observed the trajectory of a 'dangerous' comet and predicted that it would appear precisely 76 years later. He counted exactly until the minutes when the comet would be seen again at a certain point in the sky. This is hard to believe. But 76 years later, when Halley and Newton died long ago, Halley's comet returned, precisely as predicted.

According to McCaulley's observation, the role of religion in dealing with a pandemic of disease is indeed quite significant. According to him, starting around 250 A.D., a curse that at its height was said to kill 5,000 people a day demolished the Roman empire. The Christians stick out in their service to the anemic. Because they believed that God was sovereign over death, they were eager to minister to the sick even at the cost of their lives. This eyewitness won many to the Christian cause (McCaulley, 2020). However, there are several facts that prove that religious beliefs and rites often contribute to the spread of disease outbreaks. In some cases, religious gatherings have proven to be hotbeds for outbreaks. Half of South Korea's cases can be traced back to a meeting of the Shincheonji Church of Jesus, a Christian denomination. In Kuala Lumpur, Malaysia, several hundred Muslims who attended a mosque service contracted the virus, and in Washington, DC, a rector tested positive for the virus after performing communion at an Episcopalian church with more than five hundred congregants, all of whom were asked to self-quarantine for two weeks (Robinson, 2020). In addition, a number of religious leaders are also often skeptical of rational measures in dealing with a disease pandemic. Despite a lockdown in Italy, the Diocese of Rome pushed back against an order to close all churches after Pope Francis warned of overreaction, though hundreds of churches did close. In Iran, hard-line Shi'ah Muslims stormed shrines that were closed due to the outbreak, while in India, thousands of Hindus attended Holi festivities—many of them wearing surgical masks—despite India Prime Minister Narendra Modi's suggestion to avoid public gatherings (Robinson, 2020).

A number of scientific studies have tried to understand the relationship between religion and epidemics, among others, were carried out by Marshall, who stated that religious actors played distinctive roles at various points and across different sectors (Marshall, 2017). Other studies have concluded that religion conflicted with public health responses to HIV or aligned with public health as a force for improved HIV responses. They further discussed the similarities and differences between the influence of religion during the HIV/AIDS pandemic and the 2014 to 2016 Ebola outbreak (Blevins, Jalloh, & Robinson, 2019). More specifically, research on Islam, among others, was carried out by Becker, who stated that Muslim observers have found ways to relate scientific descriptions of the epidemic to the Qur'an and to accept the epidemic as God's will, without thereby abdicating responsibility for trying to contain it. Ultimately, individuals are on their own in formulating their understanding of the

epidemic. There is no clear correlation between reformist sympathies and the acceptance or otherwise of official recommendations, as many other factors, including age, education, and personal experience, influence individual stances (Becker, 2007).

METHODS

This case study is based on a Muslim Small Community in Ciamis Regency, West Java, Indonesia. There are around 3.500 members in this community. There were 73 people studied through interviews, observations, and statements on social media. The respondent's names in this study were deliberately disguised using initials. Researchers consider using initials as very important to maintain privacy, avoid stigma, and negative judgment. Research respondents were chosen purposively. Research respondents were grouped on the basis of their religious attitudes and behavior. This Muslim Small Community is actually not a specific religious group, but rather a community that consists of a variety of religious thoughts, religious attitudes, and religious behavior. Therefore, this Muslim Small Community is often seen as a small miniature of Indonesia. This does not mean that this study can be generalized to the entire Muslim community in Indonesia. However, to understand how the response of Indonesian Muslims to the COVID-19 outbreak, perhaps this research will be beneficial.

RESULT AND DISCUSSION

The response of the Muslim small community (hereinafter abbreviated as MSC) to COVID-19 was different. Some MSC members seeing the virus as destiny, fate, lifeline, God's will (*qadla* and *qadar*), so humans only behaved resignedly. Others consider COVID-19 as God's army, which aims to punish wrongdoers and evil in various parts of the earth. For them, this virus will never attack believers and pious people, worshipers, people who diligently carry out congregational prayers, and people who have the same beliefs with them. Some other MSC members believe that COVID-19 is a substance created by God. Humans can avoid this virus by carrying out healthy lifestyles and getting closer to God, diligently reading the Qur'an (*tadarus al-Qur'an*), worship discipline, and keep praying in the congregation (*shalat al-jamaah*).

Some other MSC members view COVID-19 as an ordinary natural phenomenon that occurs naturally. To keep this virus from spreading, humans must adopt a healthy lifestyle, reduce activities outside the home, and keep social distancing. For them, humans must increase their faith and piety to God to avoid this virus outbreak. For them, religious rites are still considered essential to keep a person infected with this virus. The last group in the MSC community are those who view COVID-19 as a naturally occurring natural occurrence. The only way to avoid this virus outbreak is to follow medical and scientific preventative measures. This last group tends never to associate the COVID-19 outbreak with certain religious teachings. They do not believe that there is a link between the outbreak of this virus and religion. Therefore, the MSC response to COVID-19 can be grouped into five typologies: *irrational-passive*, *irrational-active-hater*, *semi-rational-supportive*, *rational-diffident*, and *rational-active-supportive*.

Irrational-Passive. Members of the MSC community that can be categorized in this typology are those who believe that COVID-19 is a substance created by God. Humans don't reject it. Humans do not have any power to avoid it. Humans are only designed to accept God's destiny. Whatever human effort is made to prevent this virus will never succeed without God's power. Humans, as weak creatures, do not have any strength and ability to run from this virus.

Even if they are infected with a virus that is easily spread, they will always be patient, trust, accept fate. Maybe they will seek treatment, visit doctors, health clinics, and hospitals. However, they are not sure that medical efforts will cure them of the virus. They do medical treatment solely because others do it too. When they get infected with this plague, they do more self-introspection, blaming themselves for the sins that have been committed before. They do not appoint others to be responsible for the disaster that befell him. They do not blame others for the outbreak of this virus. Nor do they demand that the authorities or the government act more swiftly and intelligently so that the distribution of the virus subsides soon.

Some people who are included in this typology have a passive attitude, humility, resentment, patience, and trust. MI, the initials name, which can be grouped into these typologies, says, "I think this virus outbreak is fate, I don't have the power to stop it. Although I can try to keep away from this virus, if God still wants me to be infected with this virus, then my efforts will be in vain ". MA, who is also the name of the initials, when asked how he would behave if infected with this virus, he only said, "I will surrender, be patient, and trust." "I might go for treatment, but God still decides," he continued. "If it's true that I have been infected with this virus, then it might be a punishment for my past sins," he said.

The attitude of those who are passive, resigned, and patient, and have never blamed anyone other than themselves, which then in this study, are categorized into an irrational-passive typology. Their belief in God is very sincere despite their irrational attitude. People in this irrational-passive typology are mostly older people, widowers, widows, living simply, and tend to look inward.

Irrational-Active-Hater. The members of MSC in this typology are people who believe that COVID-19 is God's creation. This virus was sent by God to attack sinners and wrongdoers. The fact that for the first time this virus has invaded Wuhan, a city in Hubei Province, the People's Republic of China, has become a kind of reinforcement of people's belief in this typology. A few months before the virus spread in Wuhan, the Chinese Government was reported to have carried out repressive actions and intimidation against the Uighur Muslim community, China. The Chinese Government's cruelty to Uighur Muslims, which in turn fueled the belief of a small portion of the MSC community that this virus is God's army to destroy countries that commit violence and cruelty to Muslims.

Their attitude is often voiced through their short writings on social media. The spread of this virus, according to them, will never happen to devout Muslims, strong faith Muslims, and pious Muslims. They refused very hard when there was an idea to close down places of

worship (*mosque, masjid* or *mushalla*) in order to reduce the spread of the virus. They see the idea of lockdown as a place of worship as a pagan idea that must be rejected. They continue to attend religious meetings, including praying in congregation in mosques.

When at one time, it was reported by the mass media that there were three people who were confirmed to have contracted COVID-19, one of the members in this typology, AA, wrote in one of the WhatsApp groups, “consider whether these three people were infected with COVID-19 in the mosque? In fact, the three people were infected, not at the place of worship. So, you don’t believe that a mosque can be a place for spreading this virus.” However, when there was a member of the WhatsApp group distributing news excerpts from the mass media, which reported that three people had contracted the virus in one mosque in Tamansari, West Jakarta, causing approximately 150 other worshipers to be isolated, AA did not give any responses.

The MSC members in this typology appear to be more emotional, often spreading hostility, hatred, and feeling truest themselves. The parties who frequently target of their verbal abuse are the legitimate Indonesian government, the government of the People’s Republic of China, the Chinese people, and those who disagree with them. Even when one of the Ministers was infected with the virus, they said “that is the punishment for those who support the wrongdoers”. They are so sure this virus only attacks sinners, and will not infect devout Muslims.

If examined more closely, it turns out that MSC members in this typology are people who are disappointed and frustrated by the defeat of the presidential candidates they support in the 2019 presidential election. Apparently, their disappointment in the 2019 presidential election is still carried over to the present day and affecting their attitudes in response to the COVID-19 outbreak.

Semi-Rational-Supportive. Members of this MSC typology are those who believe that COVID-19 is a substance created by God. Humans can avoid this virus by carrying out healthy lifestyles and getting closer to God, diligently reading the Qur’an (*tadarus al-Qur’an*), worship discipline, and keep praying in congregation (*shalat al-jamaah*). Berbeda dengan anggota MSC dalam tipologi irrational-passive, yang berpandangan manusia tidak memiliki kekuatan sama sekali untuk melawan virus ini; tipologi semi-rational-supportive percaya bahwa dengan usaha medis yang sungguh-sungguh, penyebaran virus ini dapat dikurangi.

This typology believes that the power of God is the main variable of this virus into a plague. This is a warning to all humanity. This is God’s rebuke to all humans in advance. That it is time for humans to return to God’s way, it’s time for humans to draw closer to God. In discussions with members of this group, they always recommend that Muslims be diligent in reading the Qur’an (*tadarus al-Qur’an*). They always encourage Muslims to read the Qur’an one day one juz (ODOJ). They also continue to encourage Muslims to pray in the congregation.

ACP, one of the members in this typology, has a special WhatsApp group of around 90 people. In this WhatsApp group, there are three sub-groups, each of which has 30 members. Each person in the group must read al-Qur'an as much as one juz, so every day, the three sub-groups read the entire al-Qu'an text (*khatam al-Qur'an*) three times.

Rational-Diffident. This typology views COVID-19 as an ordinary natural phenomenon that occurs naturally. To keep this virus from spreading, humans must adopt a healthy lifestyle, reduce activities outside the home, and stay social distancing. For them, humans must increase their faith and piety to God to avoid this virus outbreak. For them, religious rites are still considered essential to keep a person infected with this virus.

They are called rational because they believe this virus is a natural phenomenon that appears naturally as well as other diseases or viruses. They believe this virus can be overcome through medical actions based on modern science and modern technology. However, they still associate the existence of this virus with the presence of God. They believe that fervent spirituality will strengthen one's psychology in the face of viral outbreaks.

This typology considers religion and spirituality necessary to strengthen one's mental and psychology in dealing with various kinds of disasters, including diseases caused by this virus. For them, medical treatment is still needed, but drawing closer to God is also very important.

Rational-Active-Supportive. People in this typology view COVID-19 as a naturally occurring natural occurrence. The only way to avoid this virus outbreak is to follow medical and scientific preventative measures. This last group tends never to associate the COVID-19 outbreak with certain religious teachings. They do not believe that there is a link between the outbreak of this virus and religion.

This typology believes that modern medical science has the ability to deal with a viral pandemic. They believe that modern medical science is the only valid and authentic way to deal with a virus outbreak. They reject the view that says this virus is God's creation to attack the wrongdoers. The assumptions used by irrational groups are considered unscientific, and are therefore invalid and not worthy of attention. Borrowing Sorell's thinking, modern medical science is unified; there are no limits to modern medical science, modern medical science has been enormously successful at prediction, explanation, and control, the methods of modern medical science confer objectivity on scientific results, modern medical science has been beneficial for human beings (Sorell, 1991). From the aspect of socio-religious behavior, the rational typology, both rational-diffident and rational-active-supportive tend to be more moderate, respect to diversity, and have more multicultural skills (Husni, Setiawan, Azis, Tantowie, & Rizal, 2020). They highly respect the results of intellectual work in the medical sciences and technologies, so they more prefer medical handlers and the use of medical technology in overcoming viral outbreaks.

CONCLUSION

This research proves that the response of Muslims to COVID-19 was different. Research conducted in this Muslim small community environment shows it all. Some Muslim small communities members saw the virus as destiny, fate, lifeline, God's will (*qadla* and *qadar*), so humans only behaved resignedly. Others consider COVID-19 as God's army, which aims to punish wrongdoers and evil in various parts of the earth. For them, this virus will never attack believers and pious people, worshipers, people who diligently carry out congregational prayers, and people who have the same beliefs with them. Some other MSC members believe that COVID-19 is a substance created by God. Humans can avoid this virus by carrying out healthy lifestyles and getting closer to God, diligently reading the Qur'an (*tadarus al-Qur'an*), worship discipline, and keep praying in the congregation (*shalat al-jamaah*). Some other MSC members view COVID-19 as an ordinary natural phenomenon that occurs naturally. To prevent this virus from spreading, humans must adopt a healthy lifestyle, reduce activities outside the home, and keep social distancing. For them, humans must increase their faith and loyalty to God to avoid this virus outbreak. For them, religious rites are still considered essential to keep a person infected with this virus. The last group in the MSC community are those who view COVID-19 as a naturally occurring natural occurrence. The only way to avoid this virus outbreak is to follow medical and scientific preventative measures. This last group tends never to associate the COVID-19 outbreak with certain religious teachings. They do not believe that there is a link between the outbreak of this virus and religion.

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