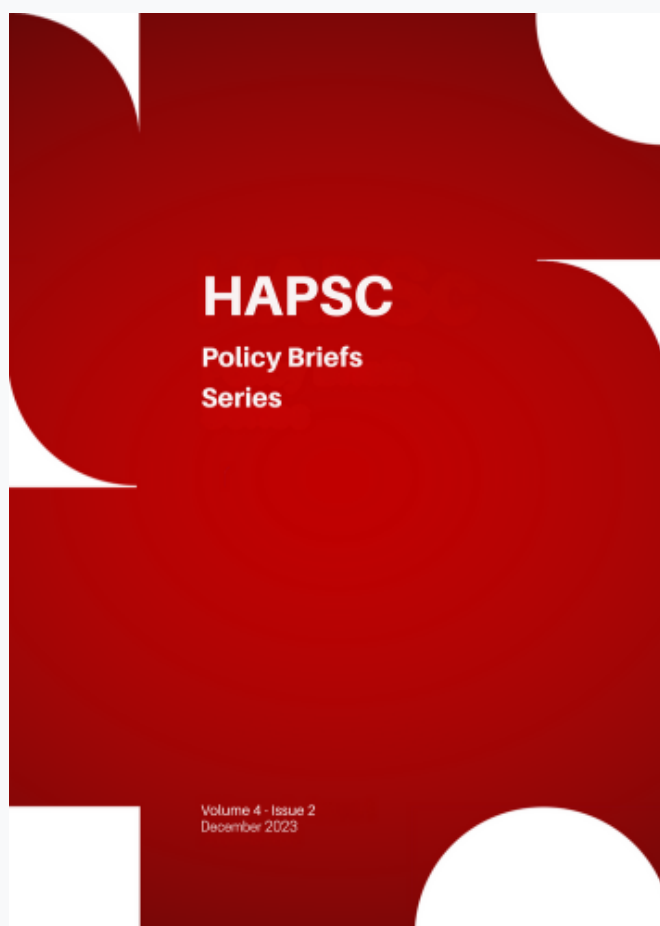


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Religion and COVID-19 Pandemic: Policy Directions for Potential Future Public Health Crises¹

Georgios Tsertekidis²

Abstract

Religion has always been important in human societies. It has also been of great importance during the recent COVID-19 pandemic. There is scientific consensus that its role has been multidimensional. Many religious groups have been endorsing COVID-19 mitigation measures while others have been opposing them. Furthermore, faith-based anti-vaccine stances have been a major obstacle in vaccination campaigns worldwide. In many cases, religious groups and organizations have been providing humanitarian aid, as well as, spiritual and emotional support to individuals and communities during a time of crisis like the COVID-19 pandemic. In conclusion, religions have been functioning in this aforesaid variety of manners. Policy recommendations for potential future public health crises are being made in this paper with the intention to make sure that religions will be part of the solution, and to enhance already existing activities and initiatives towards the promotion of public health.

Keywords: Communities, COVID-19, Crisis, Government, Pandemic, Public Health, Public Health Policy, Public Policy, Religion, Vaccine.

Introduction

The COVID-19 pandemic, caused by the coronavirus SARS-CoV-2, emerged near the end of 2019 and spread all around the globe at a very rapid pace. That led to almost 772 million confirmed cases (WHO, 2023), a tremendous loss of life with almost 7 million deaths worldwide (WHO, 2023) and major socioeconomic turbulence and disruptions. Governments along with national and international public health authorities made an unprecedented effort to respond to this global crisis. At the same time, religious communities worldwide experienced the pandemic's severe social and cultural impact. That impact can be explained by the harsh restrictions imposed by governments in many countries around the globe, which in turn triggered social hostilities involving religion and COVID-19 (Pew Research Center, 2022).

Historically, religion has been playing an unequalled role for societies in terms of identity and culture (Petmesidou & Polyzoidis, 2013). Also, religion has been of great significance in terms of social care, provision and facility of various social welfare services (Polyzoidis, 2019). The role of religion during the COVID-19 pandemic has not been one-dimensional (Sisti et al., 2023). On the contrary, it has

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been multidimensional and multifaceted by influencing public health behaviors to more than one direction, either towards the implementation of the mitigation measures, by opposing those measures, by fostering anti-vaccine stances and attitudes, by providing valuable humanitarian aid, or by supporting individuals and communities spiritually and emotionally.

Religious groups endorsing COVID-19 mitigation measures

Barmania and Reiss (2021) have suggested that religion could be of valuable aid in health promotion. In their research they used lessons learned from India, Pakistan, Uganda, Malaysia, South Africa and Ethiopia where religions have been critical factors in combating highly infectious diseases like poliomyelitis, Ebola and HIV.

The stance on mitigation measures of many black faith leaders in the United States of America has been very crucial. They have assisted in communicating to their communities basal and weighty information about COVID-19, ways to prevent infection and ways of self-protection (Webb Hooper et al., 2020).

Data from a 4-wave survey in Israel indicates that religiosity played a positive role in the willingness to take the COVID-19 vaccine, in the context of protecting the community and life within it (Lahav et al., 2022). Jewish people with low and moderate levels of faith were more willing to get vaccinated contrary to Jewish people of “stronger” religious faith who were significantly less willing to get vaccinated against COVID-19. Most of those people that expressed “stronger” religious beliefs were ultra-Orthodox Jews who tend to adhere more strictly to the Jewish law (Lahav et al., 2022).

Religiosity as an opposing factor against COVID-19 mitigation measures

A study concerning 53 metropolitan statistical areas in the United States of America, concluded that when shelter-in-place directives have not been imposed by authorities, religiosity did not have a significant effect on people’s movements. However, when shelter-in-place directives were imposed, higher religiosity resulted in less adherence to the directives (DeFranza et al., 2020).

Religious congregation is of major importance for all Abrahamic but also for many non-Abrahamic religions (Smart, 1989). This fact has triggered a conflict between the religious rituals and habits of billions of religious individuals and the need to avoid gatherings due to the highly infectious virus.

Sisti et al. (2023), in a large-scale narrative review concerning the role of religions in the COVID-19 pandemic, presented some of the thousand cases related to how religious gatherings have functioned as triggering factors for massive infection clusters. That review included the gatherings in churches,

synagogues and mosques from all around the world. It also included pilgrimages by massive numbers of Muslims and Christians during times of infectious outbreaks.

Faith-based anti-vaccination stance

Religion has been linked to an anti-vaccination stance in many ways, from vaccine hesitancy in some Islamic communities (Lee et al. 2022) to Christian nationalism in the USA. Christian nationalism³ has been found to be “one of the strongest predictors of COVID-19 vaccine hesitancy and uptake” (Corcoran et al. 2021: 6614).

As mentioned before, Lahav et al. (2022) found that, contrary to Jewish Israelis with low or moderate levels of expressed faith, ultra-Orthodox Jews show substantially less chances of getting vaccinated against COVID-19. That was a finding, though, which seemed to validate pre-existing qualitative research findings from similar ultra-Orthodox Jewish communities, concerning child vaccination hesitancy (Henderson et al., 2008).

According to Issaris et al. (2023), despite the official endorsement by the Greek Christian Orthodox Church⁴ and the majority of its bishops, some members of the clergy were vocally against the vaccination. Not only have there been arguments about the vaccines’ safety and effectiveness, but it has also been characterized by some religious and para-religious minorities as “the mark of the devil” in a similar manner with other evangelical denominations in the USA (Galang, 2021).

Within the context of Islam, there had been a noteworthy controversy concerning the ingredients of the vaccines against COVID-19. The controversy was related to whether the composition of the vaccine was “halal” or “haram”, that is to say whether it was appropriate for a religious Muslim to take it in her/his body. Mohd Jenol and Ahmad Pazil (2023) enlightened this issue of vaccine hesitancy for religious reasons via a study on the 2021 relevant discussion between thousands of Twitter users in Malaysia.

Providing humanitarian aid during the pandemic

Modell and Kardia (2020), through examination of the case of Christian churches in post-industrialized Detroit (USA), argued that churches have always been effective health-promoters for those who are less privileged. By providing food and financial help to people in need, churches come to aid the poorest members of their congregations in terms of physical health. Similarly, the spiritual, moral, and emotional support is highlighted as well as the health promotion programs that many

³ Christian nationalism is “an ideology that idealized and advocates a fusion of American civic life with a particular type of Christian identity and culture” (Whitehead et al. 2020: ix-x)

⁴ Officially known as “The Church of Greece”

churches implement by providing vital information, and by communicating that information to people that otherwise are not easy to approach by the state, federal or international authorities.

Religious organizations with their food and financial supplies, have been contributing in providing aid to communities affected by COVID-19 and to individuals (financially or/and socially marginalized) that have been more vulnerable to the effects of the pandemic due to their socioeconomic statuses (Pew Research Center, 2022).

Spiritual and emotional support for individuals and communities in need

Religion has been a form of an asylum for many people during the pandemic. It has been a source of comfort, resilience, spiritual and emotional support. Prayers, counseling, and religious services via virtual means helped many people cope with the emotional and psychological burden of the pandemic. International relevant literature offers concrete evidence via a (quite rare, actually, in social sciences and humanities) consensus that proves that religious communities of many religions offered a sense of belonging to individuals experiencing distress, anxiety and fear. Hence, they have functioned as beacons of hope, comfort and empowerment (Molteni et al., 2021; Derossett et al., 2021; Safdar et al. 2023).

Of course, it would be accurate to note that there are various major and minor differences between the experiences of each religious individual and each religious community. The variables of geography, unique historical, social and political processes that define each society and community, create a wide spectrum of lived experiences. Despite those differences between religions and the different denominations or expressions within each religion (for example Orthodox Christianity, Roman-Catholicism, Shia Islam, Sunni Islam etc.), these functions of religion during this postmodern global public health crisis are outlined by many scholars and researchers with solid evidence.

Conclusion and Recommendations

Religions have always been here, and public health crises have too. The key issue after this recent pandemic, which socked the world, is for international organizations, national governments, national and international public health authorities to utilize all knowledge and experience gained; utilize and use it in order to address and combat potential future public health crises. All action that needs to be taken in order to promote public health and community well-being involves utilization of existing knowledge, more flexibility, more transparency, more information for the public and more synergies.

Synergies with religious organizations are vital. Evidence from many different places around the world support the fact that a critical number of religious people of -at least- the most known, organized, and populous religions trust and are more willing to receive information about health

matters from their religious community leaders and authorities rather than the official institutions and the media (Weinberger-Litman et al., 2020; Tan et al., 2022).

If a comprehensive conclusion was to be drawn about how religions did in promoting public health during this recent pandemic, one would look for a moderate and realistic assessment. This assessment would range from “not too bad” to “quite good, actually”. The challenge, now, is to foster and develop all these mechanisms and policies to improve and enhance the potential of religious communities to help people, but also their will and their ability to contribute their best in potential future public health crises.

To be more specific, some useful policy recommendations could include:

- Establishment, through communication and social dialogue, of the core idea that when humanity faces problems, every religion needs to be part of the solution.
- Recognition of the important role that religious leaders and organizations play through the deep and complex bonds of trust with billions of people around the globe, in a significant range of individual and social activities, including health behavior.
- Development and elaboration of systematic synergies at national, regional and local level between public health authorities and religious leaders, organizations and institutions that have showed willingness to promote responsible public health behaviors.
- Establishment of customized guidelines and protocols that concern religious gatherings during public health crises by working on the delicate balances between religious freedom and public health safety.
- Addressing misinformation concerning public health issues by utilizing collaboration with religious leaders by providing them scientifically sound (based on concrete scientific evidence) information, fostering dialogue and enhancing transparency around the reasoning and the decision-making processes that concern the implementation of public health measures.
- Addressing vaccine hesitancy by ensuring transparency in every phase of the vaccines’ development and provision to the public.
- Encouragement of scientific knowledge to be communicated both at macro and micro levels, through conventional media, social media and education, but also by providing information presented in popularized ways in order to be more comprehensible and customized for target-groups like religious communities that have shown relevant preconceptions.

- Enhancing and deepening the collaboration/synergies by leveraging infrastructure and resources that religious organizations use while providing humanitarian during public health crises.

Work on the enhancement of the emotional support provided by religious communities during public health crises by contributing valuable mental health personnel and social workers that could assist in the context of a trusted -for the people who turn to these communities- milieu.

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