Journal of Religion and Health

Funeral processions during the COVID-19 pandemic: Perceptions among Islamic religious leaders in Indonesia

--Manuscript Draft--

Manuscript Number:	JORH-D-20-00660R7
Full Title:	Funeral processions during the COVID-19 pandemic: Perceptions among Islamic religious leaders in Indonesia
Article Type:	Original Research
Keywords:	Funeral processions; COVID-19; religious leaders; Islam
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Funding Information:	
Abstract:	Controversies surrounding the handling of corpses have been amplified during the present COVID-19 pandemic. In Indonesia, scholars have observed that certain perspectives driving these controversies act against the successful implementation of health protocols issued by the government. This study aims to provide a comprehensive exploration of the diverse perceptions and responses of religious leaders around the management of COVID-19 funeral processes in Indonesia. Participants were six scholars/leaders from major Islamic religious organizations, two community leaders, and two families representing COVID-19 patients. Data analysis was conducted using content analysis. Religious leaders, all men aged over 50 years, were in support of the health directives targeted towards reducing high transmission risk. However, substantial disparities in corpse caring processions were found, potentially due to organisational beliefs around burial rites. Some religious leaders aligned their protocols with sacred beliefs. Conversely, families of the deceased insisted approved handling of corpses goes against their religious and cultural values. Socialization and coordination between government, religious leaders and the community is needed to decrease the prevailing misperceptions and misinformation that surround the new COVID-19 funeral protocols.

Lindsay Carey, MAppSc, PhD
Editor-in-Chief
Journal of Religion and Health

Dear Dr Carey

Response to Reviewer Comments

We are grateful to the reviewers for their insightful comments on our manuscript. We have incorporated changes to reflect the suggestions provided by the editor. We have highlighted the changes within the manuscript, and outline the changes in the following table.

Comments	Author response
Looking over the revisons and revised manuscript this submission now seems a nicely edited piece of work. Well done. Upon checking the references however I note an important reference that is missing which has been recently published in JORH (so understandable that the authors may not have seen it !) however my concern is that it should definelty be included in light of the authors comments relating to religious Islamic leaders - namely: Yoosefi Lebni, J., Ziapour, A., Mehedi, N. et al. The Role of Clerics in Confronting the COVID-19 Crisis in Iran. J Relig Health (2021). https://doi.org/10.1007/s10943-021-01295-6 I recommned that the authors briefly note the issues raised by this article which will support their argument.	We have read and elaborated your suggestion on our manuscript. We have briefly added the important finding of the reference in the introduction and discussion part. We also read related references and cited in this manuscript.

Having addressed the issues raised, we are confident quality of the paper has improved and hope you agree.

We look forward to hearing from you.

Yours sincerely

Nurhayati

Funeral processions during the COVID-19 pandemic: Perceptions among Islamic religious leaders in Indonesia

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Authors biography

DR Nurhayati as first author in this manuscript that affiliated on Universitas Islam Negeri Sumatera Utara is in charge as corresponding author. DR Nurhayati is expert on Islam jurisprudence (Fiqh), history of Islam in local tareqat (groups) and multidisplinary research that dominantly on Public Health. Currenty DR Nurhayati is Vice Dean of Faculty of Public Health in Universitas Islam Negeri Sumatera Utara Medan. The official e-mail address for DR Nurhayati is nurhayati@uinsu.ac.id. In this manuscript DR Nurhayati had initiated the idea, wrote the research proposal, analyzed the data and finalized the draft.

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ABSTRACT

Controversies surrounding the handling of corpses have been amplified during the present COVID-19 pandemic. In Indonesia, scholars have observed that certain perspectives driving these controversies act against the successful implementation of health protocols issued by the government. This study aims to provide a comprehensive exploration of the diverse perceptions and responses of religious leaders around the management of COVID-19 funeral processes in Indonesia. Participants were six scholars/leaders from major Islamic religious organizations, two community leaders, and two families representing COVID-19 patients. Data analysis was conducted using content analysis. Religious leaders, all men aged over 50 years, were in support of the health directives targeted towards reducing high transmission risk. However, substantial disparities in corpse caring processions were found, potentially due to organisational beliefs around burial rites. Some religious leaders aligned their protocols with sacred beliefs. Conversely, families of the deceased insisted approved handling of corpses goes against their religious and cultural values. Socialization and coordination between government, religious leaders and the community is needed to decrease the prevailing misperceptions and misinformation that surround the new COVID-19 funeral protocols.

Keywords: Funeral processions, COVID-19, Religious leaders, Islam

Author declaration

The authors declare no competing interest is available on this study and compliance with ethical standard

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ABSTRACT

Controversies surrounding the handling of corpses have been amplified during the present COVID-19 pandemic. In Indonesia, scholars have observed that certain perspectives driving these controversies act against the successful implementation of health protocols issued by the government. This study aims to provide a comprehensive exploration of the diverse perceptions and responses of religious leaders around the management of COVID-19 funeral processes in Indonesia. Participants were six scholars/leaders from major Islamic religious organizations, two community leaders, and two families representing COVID-19 patients. Data analysis was conducted using content analysis. Religious leaders, all men aged over 50 years, were in support of the health directives targeted towards reducing high transmission risk. However, substantial disparities in corpse caring processions were found, potentially due to organisational beliefs around burial rites. Some religious leaders aligned their protocols with sacred beliefs. Conversely, families of the deceased insisted that approved handling of corpses goes against their religious and cultural values. Socialization and coordination between government, religious leaders and the community are needed to decrease the prevailing misperceptions and misinformation that surround the new COVID-19 funeral protocols.

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Introduction

The COVID-19 pandemic is a major global health challenge that requires comprehensive control to inhibit viral spread (World Health Organization (WHO), 2020; Xinguang & Yu, 2020). The pandemic has brought into focus the development of animal-to-animal diseases (zoonosis) and their mutation to human-to-human transmission with exponentially rapid transmission rates (Gao et al., 2020; Weiss & Murdoch, 2020). Official reports on 12 April 2021 estimated the number of confirmed COVID-19 cases in Indonesia at 1,571,824, with 42,656 deaths (Indonesian COVID-19 Task Force, 2021). The virus has had significant and complex impacts across Indonesia. In response, the Indonesian government has prepared comprehensive COVID-19 directives.

The Indonesian government has identified religious perspectives as critical to their COVID-19 response (Indonesian COVID-19 Task Force, 2020), since religious leaders/scholars have played an important role in controlling the spread of the pandemic (Charzyńska, 2015; Hall et al., 2008). International literature has highlighted the importance of considering religious leader opinions when developing health policy decisions. For example, in Saudi Arabia, *Hajj* and *Umrah* (pilgrims) must obtain religious leader recommendations for certain vaccines to participate in holy activities (Ahmed et al., 2006; Memish et al., 2012; Pane et al., 2019). Other religious approaches have been adopted to promote

behavioral change in relation to a range of public health challenges, including HIV-AIDS (Cotton et al., 2006; Gray, 2004; Noden et al., 2010; Zou et al., 2009), mental health (Koenig, 2009; Moreira-Almeida et al., 2006) and nutrition (Persynaki et al., 2017; Trepanowski & Bloomer, 2010). The inclusion of religious approaches, through consultation with high profile religious leaders, in public health interventions appears to effectively increase public awareness (Cyphers et al., 2017; Rivera-Hernandez, 2014). Negative action from religious leader also played divisive roles to exacerbate medical condition in public health policy. Improper action such as opposing social restrictions and the closure of religious places during pandemic would inhibit community acceptance of COVID-19 policy implementation in the community (Alimardani & Elswah, 2020; Hashmi et al., 2020; Yoosefi Lebni et al., 2021) .

On 30 April 2020, the Indonesian government attributed 792 deaths in 34 provinces to COVID-19 (Indonesian COVID-19 Task Force, 2020), and through the collaborative efforts of the Ministries of Religion and Health, a detailed health protocol was established. There has subsequently been a significant increase in community rejection of funerals conducted according to approved burial protocols due to alleged incompatibility of the new burial requirements with long-held and important religious and cultural values (Richards et al., 2015). The risk of new viral clusters is exacerbated by this rejection of protocol-informed burials; in particular, Indonesia has seen a rise in independent practices of caring for corpses whereby handling of bodies occurs without medical or health officer assistance. It is clear these practices are influenced by misperceptions and misinformation (Purnama et al., 2020).

Based on Islamic traditions, the process of handling lifeless bodies occurs through bathing, shrouding, praying, burying, and, finally, offering prayers (Ahaddour et al., 2017; Al-Shahri et al., 2007). In the context of COVID-19, this process is strictly supervised by an expert team that includes medical and health officers (Rewar & Mirdha, 2014; Tiffany et al., 2017), and consequently, the opportunities for families to pay final respects and conduct specific religious rituals are limited. Forceful pickup (where family members forcefully remove bodies from government-sanctioned funeral processes) and community rejection of government protocols have been observed in various regions across Indonesia. Activities that occur after burials with large crowds, for example praying ceremonies, are thought to have triggered new clusters of the virus (Tiffany et al., 2017). Despite government insistence on the COVID-19 directives, certain religious leaders clearly support reclamation of those who died from COVID-19 and are known to independently perform traditional caring processions without strict health supervision. Since COVID-19 can be asymptomatic, there is a high potential to spread the virus during the conduct of these independent rituals.

Evidence about the rejection of COVID-19 patient burial rites has emerged in Indonesia (Nurhayati Tri Bayu Purnama, 2020). Further, misinformation related to the implementation of these health rules has been disseminated in communities, and religious leaders appear opposed to the government's disease control strategy (Nurhayati Tri Bayu Purnama, 2020). This study, therefore, aims to investigate muslim leaders' perceptions of the proper handling of COVID-19 corpses. In doing so, it evaluates problems with current COVID-19 protocols from the perspective of religious leaders, along with community leaders and families of COVID-19 patients. The research shows the potential impact of religious rituals on the prevention of COVID-19, and therefore, has the potential to inform efforts to reduce transmission.

Religious Leaders: An Islamic Perspective

In Indonesia the term for religious leaders, or scholars, is derived from the Arabic word *'alima'*, meaning 'to know' (Ma'luf, 1987). The use of the word 'scholar' is not only attached to a person with morals, *hadith, tawhid*, jurisprudence, or religious sciences, but also to those with understanding of natural and social sciences, including economics, medicine, science, and technology. This is supported by the word of Allah in the letter Fathir (35): 28: "just as people, living beings, and cattle are of various colors as well".

A scholar is regarded as a role model and leader in the community, as achieved by Prophet Muhammad SAW in leading Muslims. Islamic teachings see no need to separate scholars and the government (*umara* '), as both are able to work mutually to build and actualize their peoples' benefit and welfare. However, understanding of the perspectives of religious leaders is urgently required, to provide insight into the dangers associated with further spread of COVID-19 as a result of spiritual and religious activities.

Caring for the corpse in Islam

The care of corpses in Islam has its own concepts and values. Muslims understand sufficient caring and following Islamic sharia is part of human respect and honor, and is therefore crucial (Al-Shahri et al., 2007). The community recognizes the bathing stage of burial has been regulated in Islamic teachings to reflect respect for the corpse (Richards et al., 2015). This process commences with washing, which is *fardlu kifayah* (mandatory for Muslims), and is performed by the deceased's closest family. This is followed by wrapping the body with a long, white cloth, based on the rules by Prophet Muhammad in his hadith "If one of you covers his brother, then let him shroud it properly" (Narrated by Ahmad, Muslim, and Abu Daud of Jabir). Subsequent phases involve offering prayers to the dead.

Burial is the last procession of caring for the body as the *hadith* states the legal basis:

> Whoever witnesses the body until it is converted to prayer, then he gets the reward of one *qirath*. And whoever witnesses it until it is buried, then he will be rewarded with two *qiraths*. Asked: 'What are the two *qiraths*?' The Prophet replied: 'Like two big hills'" (Narrated by al-Bukhari and Muslim, from Abu Hurairah) (Al-Zubaydi, 2001).

Each step of the caring process contains a deep message and value for Muslims. Ultimately, social responsibility is critical to the caring process for Muslims, and this ritual has become a cultural activity in Indonesian Muslim society.

Caring for the corpse in Islam in emergency conditions

Under usual conditions, corpse handling is conducted in line with the teachings exemplified by Prophet Muhammad. In emergency cases (e.g., during natural disasters, disease outbreaks, and other similar conditions), the caring process should minimize the adverse effect on humans, or martyrdom (Ahmed Al-Dawoody, 2020). The COVID-19 crisis represents an emergency case and consequently offers exceptions to 'normal' conditions, determined on the basis of scholarly opinion. For example, 'normal' bathing of corpses is performed in *tayammum* by considering aspects of sharia, and involves cleaning. However, based on medical considerations concerning safety and possible transmission in the context of the COVID-19 pandemic, the body is not allowed to be bathed or *tayammum*, as reported by *dharurat syar'iyyah* (Sukaina Hirji, 2020; The Republic of Indonesia Ministry of Religious Affairs, 2020a).

Briefly, the procedure for burying COVID-19 corpses must occur as follows: after the body is washed or *tayammum*, or because the *dharurah syar'iyyah* is not bathed or *tayammum*, the corpse is covered with a cloth and placed in a safe and impermeable bag to safeguard and prevent viral spread (The Republic of Indonesia Ministry of Religious Affairs, 2020a). Subsequently, the corpse is placed into a waterproof and air-repellent coffin tilted to the right, and is expected to face *Qibla* when buried.

The law in funeral prayer is *fardhu kifayah* and is applied immediately to the deceased after being covered, due to *sunnah*. This practice is performed in a safe place by at least one person, to avoid further spread. In the absence of these conditions, the corpse is prayed for before or after burial, and where this is impossible, a recitation from afar, called "*ghaib* prayer", is observed. The person or party performing the funeral prayers are required to be vigilant and guard against possible virus transmission by observing government-established health protocols.

The procedure for burying a COVID-19 corpse has been regulated in the Indonesian Ulema Council (MUI) Fatwa Number 18 of 2020 and the circular of the Directorate General of Islamic Community. Based on the MUI Fatwa, the funeral is conducted following the provisions of Sharia and medical protocols. The corpse, previously subjected to medical regulations, is immediately placed in a coffin and lowered into the grave without having to open the chest, plastic, or shrouds. Placing multiple

bodies in one grave is allowed, according to the provisions of *aldharurah al-syar'iyyah* or an emergency condition (Indonesian Muslim Council, 2020). Cremation is unnecessary, as burying the body according to the established procedure does not endanger residents (The Republic of Indonesia Ministry of Religious Affairs, 2020b).

Methods

Study setting

This study used a qualitative case study to determine the perceptions and responses of religious leaders with regard to the issue of caring for COVID-19 corpses in North Sumatra province, between June to September 2020. The research explores the perspectives of religious leaders/scholars from various regional Islamic community organizations, including *Nahdatul Ulama, Muhammadiyah, Al-Washliyah, Al-Ittihadiyah*, and the Indonesian Ulema Council. In this study, we also sought perspectives from family members of COVID-19 patient and community leaders about funeral/burial processes. Participants were asked to describe the concept of corpse management in line with their organizational positions, and to propose responses to community resistance to government protocols.

Participants

Participants were religious leaders in several related organizations who are known scholars with significant leadership roles. A total of 6 scholars/religious leaders aged 40–70 years participated, each from different religious organizations. All participants were male, with education including masters in religion, doctorates in *fiqh* and philosophy *aqidah*; some were professors in *da'wah* and education fields. This study also interviewed two traditional/community leaders in North Sumatra province with a master's and doctoral background in sociology/anthropology per each community leader. Two families of COVID-19 death cases also participated. These in-depth interviews accommodated extensive valid data collection opportunities compared to what could have been achieved via a questionnaire, where questions tend to be closed and answers predetermined.

Data collection

We applied for permission from religious/community organizations to participate in this study. The study also received participant consent from the families interviewed and community leaders. Data collection was conducted using in-depth interviews via telephone calls that lasted for about 30-45 minutes. All interviews were digitally recorded via mobile phone. Trustworthiness was achieved by triangulating data from scholars, community members, and leaders.

Research Instruments

A structured interview guide for religious leaders was organized into three sections. The first section related to demographics, including age, gender, latest education, and Islamic organizations, while the

second section captured the perceptions around monitoring corpses under emergency situations and the information sources acquired from the community around handling dead bodies. The second section examined the views and fatwas of scholars in terms of COVID-19 burial protocols (for example, main question: "*what is your opinion about COVID-19 burial protocol"*, probing: if the answer is in line with COVID-19 burial protocol, "*why do you think COVID-19 burial protocol can interupt the disease*", if the answer is not in line with COVID-19 burial protocol "*why do you think that COVID-19 burial protocol reduce sacred of Islam burial rites*"). Meanwhile, the third section explored potential responses and solutions to reducing complexities of scholars' responses for the community, in terms of adapting the government's COVID-19 procedures to local religious, social, and cultural values.

A structured interview guide for community leaders was also employed. The questions posed to traditional/community leaders related to the socio-religious aspects of corpse monitoring. A different interview schedule elicited information from families of COVID-19 patients around their attitudes and experiences.

Data Analysis

In-depth telephone interviews were digitally recorded and transcribed. Data were subsequently grouped based on manual coding, and thematic analysis was undertaken. Interview transcripts and interviewer notes were subjected to open coding. The codes, which the research team developed to be interpreted substantively prior to analysis, subsequently described the themes. In the next stage, results relating to the main theme were described with the aims of identifying and validating any conflicting answers. In this study, we categorized three themes: rejection and lack of religious leader assistance, different knowledge about the funeral process and perceptions of religious leaders. Content analysis was used to understand the responses provided by informants and to deepen the content, due to the high variation in answers from each informant/religious organization.

Ethical concerns and flexibility

This study received ethical approval from the Health Research Ethics Committee of the Faculty of Medicine, Islamic University of North Sumatra. All participants consented to participate in this research prior to the interview process.

Results

This section describes the three central themes (Table 1) related to funeral processions for COVID-19 patients and Islamic religious leaders' perceptions: (i) rejection and lack of religious leader assistance, (ii) different knowledge about the funeral process, and (iii) perceptions of religious leaders. Selected

quotations from the participant interviews appear in italics with identity numbers used to preserve confidentiality.

Table 1. Themes and categories based on responses from religious leaders, community leaders and families

Themes	Categories
Rejection of COVID-19 patients and lack of religious leader support for their families	• Families of COVID-19 patients refuse medical diagnoses • Society reject the burial process due to lack of COVID-19 knowledge
Different knowledge of religious leaders about the funeral process during COVID-19 pandemic	• Religious leaders have different understanding about funeral processes due to diverse opinions among health experts and variety of disseminated information
Perceptions of religious leaders around COVID-19 deaths	• Government and religious leaders intend to take responsibility

Rejection of COVID-19 patients and lack of religious leader support for their families

Six religious leaders, aged 47–70 years, from different religious organizations, including *Nahdatul Ulama, Muhammadiyah, Al-Wasliyah*, and the Provincial Indonesian Ulema Council, participated in this study. Two community leaders had obtained sociology and cultural education degrees. Family members of COVID-19 patients were all female, aged younger than 50 years, and were working as household mothers. Data saturation was reached following the interview of these six participants; therefore, the researcher stopped the recruitment of further participants.

Table 2. Demographics of study participants

Religious leader	N	%	Community leader	N	%	Family member	N	%
Sex								
Male	6	100	Male	2	100	Male	0	0
Female	0	0	Female	0	0	Female	2	100
Age								
< 50 y.o	1	16,7	< 50 y.o	0	0	< 50 y.o	2	100
≥ 50 y.o	5	83,3	≥ 50 y.o	2	100	≥ 50 y.o	0	0

Occupation								
Public servant	4	66,7	Public servant	1	50	Household mother	2	100
Non-government organization	2	33,3	Non-government organization	1	50	Private sector	0	0
Education								
Bachelor	0	0	Bachelor	0	0	Elementary school	0	0
Master	2	33,3	Master	1	50	Junior high school	0	0
Doctor	3	50,0	Doctor	1	50	Senior high school	2	100
Professor	1	16,7	Professor	0	0	University	0	0

This study revealed families did not receive education and counseling from religious leaders, and therefore, refused to acknowledge COVID-19 protocols. For these participants, a significant change had occurred in the implementation of corpse caring in the context of COVID-19 compared to normal conditions, in that families and the community could no longer be involved.

> *Sad and hurt, because we (ordinary people) also can't express our sadness and the family even as if it is kept secret because the family can't come and see, doesn't also attend the funeral, that's what makes the family sad.* (Family of Patient 1, female, 47 years)

> *Can't see the family (COVID-19 patient) and bury directly. Because corpses can't be brought home directly.* (Family of Patient 2, female, 34 years)

The rejection of COVID-19 protocols observed in the community was influenced by a negative stigma attached to corpse management. Participants understood that the deceased's relatives are expected to pay final respects, as is appropriate in Islam, despite protocol requirements.

> *Government policy is to isolate burial places far from family residences, be considered dishonorable and respond to rejection in the family.* (Community Leader 2, male, 52 years)

> *Because, my brother is not (diagnosed) COVID-19 and why should be COVID-19 buried (COVID-19 burial protocol). Then, they (hospital staff) told the family to go home.*

> *And the patient was secretly brought and buried by COVID-19 (COVID-19 burial protocol).* (Family of Patient 1, female, 47 years)

The origin of this rejection was due to the inability of families to fully accept medical diagnoses, which ultimately influenced the opinions of community and religious leaders. Family members indicated they had not had any involvement from religious leaders during their experience of their loved one's funeral/burial.

> *I have never heard of a scholar (COVID-19 burial education), I don't know what the scholar think (about COVID-19 burial protocol). I have never consulted and heard from a scholar.* (Family of Patient 2, female, 34 years).

Families tended to only acknowledge COVID-19 procedures under the provision of a spiritual corpse caring service, in accordance with the rules of *fiqh*. Awareness of government regulations seems to have formed initial capital for building public trust. Community leaders realized that religious leaders have not been able to offer, formally or informally, support for corpse caring according to the health protocols. Diverse religious views and dynamic socio-religious conditions require comprehensive education and understanding among all involved.

> *Families can follow the procedure because it (COVID-19 burial protocol) has been regulated by the government* (Family of Patient 1, female, 47 years)

> *Through informal channels, we still convey it (COVID-19 burial protocol) to religious leaders, community leaders, and traditional leaders* (Community Leader 1, male, 62 years)

Spiritual services for corpse caring processions and effective educational models in the community appear useful to the implementation of COVID-19 directives. Religious leaders are responsible for ensuring community members comply with government regulations.

Differences in the knowledge of religious leaders about funeral processes during COVID-19

This study highlighted disparities in the experience of religious leaders in relation to corpse caring processions. Scholars understand the COVID-19 procedure was designed to reduce possible transmission, although certain clerics highlighted the existence of varying opinions.

> *If we look at (COVID-19 burial protocol) so far, the COVID-19 protocol show that people who are exposed to COVID-19 can still transmit it (COVID-19) 3-5 hours after death.* (Religious Figure 3, male, 61 years)

Community leaders also recognized knowledge differences among religious leaders, influenced by disparities in information disseminated.

> *Most religious leader rejects the COVID-19 procedure due to differences in understanding and knowledge of this infectious disease (COVID-19).* (Community Leader 1, male, 62 years)

Religious leaders understood variation lies in the diverse opinions of health experts around the transmission of COVID-19 through funerals. A crucial point is the transparency of the implementation of a series of sharia corpse caring processions, namely bathing, covering, praying, burying, and condolences.

> *I do not understand. In the initial information, there were differences of opinion from experts whether those who died were still infectious or not.* (Religion Leader 6, male, 51 years)

> *The implementation of fardhu kifayah, especially for Muslims, has not been perfectly carried out by the hospital (sharia corpse caring processions), this (funeral process) caused distrust in the community. Now the implementation of fardhu kifayah in hospital can be witnessed by families from a far with restricted protocol.* (Community Leader 2, male, 52 years)

The prohibition on public spread of hoax information, including by religious leaders, tends to minimize community rejection of COVID-19 protocols, and the active role of these scholars through official sources is crucial in reducing the knowledge disparities of religious leaders around handling corpses.

Perceptions of religious leaders around COVID-19 deaths

All scholars/religious leaders stated that funerals, according to health protocols issued by authorities, are expected to be conducted with consideration of potential disease transmission. Some Islamic organizations had developed personal guidelines for COVID-19, which modified religious values held by certain institutions to prevent the spread of infectious disease.

> *In fact, for example, the corpse burial already has protocols (COVID-19 protocol). Based on the protocol, the transmission to other is no longer possible (from COVID-19 deseased body to human).* (Religious Leader 1, male, 43 years)

> *Therefore, actually in Muhammadiyah, there is also COVID-19 burial protocol that has also been agreed on nationally and even internationally, hence we follow that burial rules.* (Religious Leader 2, male, 65 years)

Through the hospital network, religious organizations have trained caring teams on COVID-19 procedures. However, corpse caring in society continues to be driven by existing values and norms.

> *The protocol (COVID-19 burial protocol) that has been established and has also been confirmed by the Indonesian Ulama Council regarding the implementation (COVID-19 burial protocol) of such a corpse; no longer brought home, no longer treated as normal conditions; bathed, dipped in, and others; if allowed (non COVID-19 burial protocol), this has the potential to be infectious. Therefore, COVID-19 patients are immediately treated at*

> *the hospital and taken directly to a special cemetery, this shows an effort to cut off its spread.* (Religious Leader 3, male, 61 years)

> *However, sometimes, the socialization of funeral protocols does not reach the public properly and clearly. Therefore there will be reactions, such as refusal to buried people.* (Religious Figure 1, male, 43 years)

Communal socialization was not extensively organized, and therefore, rejection and forceful possession of corpses occurs in the community. Scholars suggested the need for peaceful coordination between local governments, religious leaders, and the community on issues related to the COVID-19 protocol. However, religious leaders highlighted the psychological impact of the changes to funerals – that is, the government must consider the emotional impact the changes will have and consider cultural values that have prompted the public to reject COVID-19 procedures.

> *It (funeral process) should also pay attention to psychological factors. Once someone dies, they are carried away, not to be seen by their siblings, their families. Try to imagine how his family would feel.* (Religious Leader 1, male, 43 years)

Community leaders indicated dialogue between the government and other parties provides an important educational opportunity. The humanist approach of religious leaders was seen through their identification of obstacles and possible best solutions by considering the COVID-19 protocol alongside sharia rules. Furthermore, active participation by religious leaders in educating and observing spiritual services is important for families of COVID-19 patients, to prevent transmission and new clusters.

> *Dialogue and arguments are carried out between the government, then religious leader who have a role, therefore it (COVID-19 burial protocol) can provide enlightenment, can give openness to the person concerned to be able to accept the actual method (COVID-19 burial protocol) of the funeral with this protocol.* (Community Leader 1, male, 52 years)

Discussion and Conclusions

This study found patients' families struggled to fully accept the diagnosis of COVID-19, which led to their rejection of COVID-19 funeral protocols. This may have been exacerbated by misleading information about medical diagnoses received from medical practitioners. Similar findings have been reported in Brazil by studies that highlighted unclear communication between family members and medical staff led to distrust in medical care (Cardoso et al., 2020; Luiz et al., 2017). To reduce family member distrust, accurate information empathetically conveyed by medical staff to the families of critical patients is important (Regaira-Martínez & Garcia-Vivar, 2021).

Religious leaders have an important role to play in accompanying families through sociological and psychological distress due to the significant differences across social norms of honoring deceased bodies before and after the pandemic (Yardley & Rolph, 2020). In the current pandemic, families cannot participate in funeral activities as they otherwise might have done, namely through touching, hugging and kissing, and participating in rituals such as cleansing and packing the corpse (Jahangir & Hamid, 2020). These rituals aim to honor the deceased, prepare for afterlife acceptance, and, importantly, preserve cultural norms and allow the bereaved to express their feelings (Hamid & Jahangir, 2020). Research in Kashmir, India reports that more limited involvement of families in the process of caring for a corpse has a profound psychological impact on the family (Hamid & Jahangir, 2020). Therefore, any revisions to how families can interact with bodies during funeral proceedings through COVID-19 protocols must be informed by the families themselves (*mahram*).

This research confirmed scholars from selected Islamic community organizations agree that corpse caring in the context of infectious diseases requires restrictions to prevent disease transmission. In Islam, similar opinions from distinguished intellectuals have been observed (Al-Shahri et al., 2007; Nielsen et al., 2015). Special treatment occurs not only through regular washing, but also avoiding water splashing onto those responsible for bathing the dead bodies (Lev, 2011; Petersen, 2013). Decision making in determining a case diagnosed as an infectious disease and requiring special care is achieved by medical personnel or authorized parties. Previous research shows corpse management with the assistance of a medical team is likely to prevent disease clusters (Lee-Kwan et al., 2017). This medical support is necessary to avoid rejection of protocols and increase public confidence.

Apart from corpse caring with the medical team's assistance, Islamic community organizations in Indonesia have implemented *Ghoib* prayers and restrictions on people in *ta'ziah* or online, as a substitute for funeral prayers. This is in accordance with scholarly responses, where the organizations' central management have formulated specific regulations for conducting corpse caring with health protocols in hospitals and mosques. The Muhammadiyah Central Board issued a circular to all regional administrators to execute the necessary health protocols (Pengurus Pusat Muhammadiyah, 2020). *Ghoib* prayers are offered to prevent disease transmission at funeral prayer places and *ta'ziah* activities. The education of public and religious leaders plays a significant role in a comprehensive and cross-sectoral strategy for preventing COVID-19.

The cultural structure of Indonesian society is based on a religious community, with great respect paid to scholars. In addition, Fatwas and scholarly opinions serve as references for worship implementation. Several studies show intellectuals play important roles in health education (Cotton et al., 2006; Koenig, 2009; Rivera-Hernandez, 2014; Zou et al., 2009). However, various case reports reveal that visiting families of patients/*ta'ziah* during the COVID-19 pandemic triggered new viral clusters (Nurhayati Tri

Bayu Purnama, 2020; Purnama et al., 2020). Compliance by community and religious leaders with health protocols remains a problem in terms of controlling COVID-19 versus facilitating spiritual worship.

In this pandemic, the government showed interest in scholarly opinions as evidenced by the involvement of scholars in enhancing public awareness on COVID-19 dangers and on how to reduce transmission associated with corpse caring. A study in Iran reported that social and moral support from religious leader could helped the COVID-19 families easier to deal with deceased body (Yoosefi Lebni et al., 2021). The involvement of scholars in socialization and community assistance possibly indicates a personal concern for social problems. These religious leaders are deliberately presented on television media or through social media, and often worship at home. COVID-19 corpse management can be very effective when medical protocols are employed to avoid the virus being spread to caregivers. Therefore, protection and respect or protocols may need to take precedent over traditional care for corpses so as not to endanger other people's lives.

Limitations

This research could impact on the involvement of religious leaders in the funeral processes for COVID-19 patients. However, our results must be understood in the context of several limitations. This study could only recruit males as key participants (religious leaders) due to the influence of the patriarchal model in Indonesia. In addition, the spread of existing COVID-19 misinformation has clearly affected the perceptions and responses of religious leaders, although the source of this information and its dissemination were not explored in depth in this study. Further studies should be conducted to provide deeper understanding of religious leader perceptions and responses.

Conclusions

Our findings argue for the importance of understanding different scholars' perceptions around and responses to preventing further COVID-19 spread through the corpse caring process. The religious nature of Indonesian society and the central role of scholars in public education offers promising potential to reduce COVID-19 transmission. Furthermore, comprehensive socialization and coordination tend to reduce misperceptions and misinformation in relation to corpse caring processes required by the government's COVID-19 directives. More successful implementation of these protocols will potentially impede the occurrence of new viral clusters.

Scholars involvement in Indonesia is extensive, but they should have a more significant role in supporting the government to educate the public to comply with COVID-19 corpse caring directives, in accordance with health protocols and sharia rules, by using the emergency care provisions. The regional development system and informal dialogue of religious leaders through a network of mosques or Islamic centres are important as an early alert system that can educate individuals about the corpse

caring process. Furthermore, the training model and content materials that outline new requirements related to COVID-19 should be modified, with amendments potentially based on Islamic principles.

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