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

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<b>Abstract:</b>	<p>Controversies surrounding the handling of corpses have been amplified during the present COVID-19 pandemic. According to Indonesian scholars, certain perspectives driving these controversies inhibit the implementation of health protocols issued by the government. This study comprehensively explores the diverse perceptions and responses of religious leaders around the COVID-19 funeral management. Participants comprised six scholars from major Islamic religious organizations, two community leaders, and two families representing COVID-19 patients. Furthermore, content analysis technique was used to analyze data. The results showed that religious leaders, all men aged over 50 years, supported the health directives targeted towards reducing high transmission risk. However, there were substantial disparities in corpse caring processions, 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. Therefore, socialization and coordination between government, religious leaders and the community are needed to decrease the misperceptions and misinformation surrounding the new COVID-19 funeral protocols.</p>

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
<b>Reviewers</b>	
As a priority, could the authors please get someone professional to check and correct the English throughout as it has numerous minor grammatical errors that make it seem quite poor in quality and will get criticized because of the English sentence errors.	We have edited minor grammatical errors by using academic editor
<b>Editorial</b>	
(1) Please ensure that someone independent and highly proficient in written English has thoroughly checked/edited your revised submission – or your submission will be repeatedly returned to you. [THIS IS MANDATORY]	We have deployed native speaker to revise English grammar
(2) Please ensure that ALL references are to full APA-7 standard (including accurate <a href="https://doi.org">https://doi.org</a> links to all journal references) – or your submission will be repeatedly returned to you or rejected. [Completed]	We have completed this comment
(3) Please ensure to check other publications within JORH that might have already considered your topic area. [Completed]	We have completed this comment
(4) Please provide, if relevant, a detailed table of 'Participant Demographic Characteristics'. [Completed]	We have completed this comment
(5) Please ensure to provide, if relevant, a 'Study Limitations' section. [REQUIRED] Please just have 'Discussion' subheading NOT 'Discussion and Conclusions'	We have edited the study limitation that be separated with discussion and conclusion part
(6) Please ensure your resubmission response is accompanied by a table (or similar) detailing the reviewer/s critique and an adjacent commentary with the author/s' response to each critique. Please also highlight using colored/coloured text, the edits/changes within your manuscript.	We have highlighted the change/edit in the draft

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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## 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

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

## ABSTRACT

Controversies surrounding the handling of corpses have been amplified during the present COVID-19 pandemic. ~~In Indonesia~~ According to Indonesian scholars, ~~scholars have observed that~~ certain perspectives driving these controversies ~~act against~~ inhibit the ~~successful~~ implementation of health protocols issued by the government. This study ~~aims to provide a comprehensive exploration of~~ comprehensively explores the diverse perceptions and responses of religious leaders around the ~~management of~~ COVID-19 funeral ~~processes in Indonesian~~ management. Participants ~~were comprised~~ comprised six ~~scholars/leaders~~ scholars from major Islamic religious organizations, two community leaders, and two families representing COVID-19 patients. ~~Data~~ Furthermore, content analysis ~~technique was conducted using content analysis~~ used to analyze data. ~~The results showed that~~ religious leaders, all men aged over 50 years, ~~were in support of~~ supported the health directives targeted towards reducing high transmission risk. However, ~~there were~~ 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~~ Therefore, socialization and coordination between government, religious leaders and the community are needed to decrease the ~~prevailing~~ misperceptions and misinformation ~~that surround~~ surrounding the new COVID-19 funeral protocols.

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

## 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~~ triggered the development of animal-to-animal diseases (zoonosis) and their mutation to human-to-human ~~transmission~~ infections 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,~~ prompting the ~~Indonesian~~ government ~~has prepared to prepare~~ 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~~. This is because religious ~~leaders/leaders or~~ scholars have played an important role in controlling the spread of the pandemic (Charzyńska, 2015; Hall et al., 2008). ~~International~~ Furthermore, international literature has

1 highlighted the importance of considering religious leader opinions when developing health policy  
2 decisions. For ~~exampleinstance~~, in Saudi Arabia, *Hajj* and *Umrah* (pilgrims) must obtain religious  
3 leader recommendations for certain vaccines to participate in holy activities (Ahmed et al., 2006;  
4 Memish et al., 2012; Pane et al., 2019). Other religious approaches have been adopted to promote  
5 behavioral change ~~in relation to a range of towards~~ public health challenges, including HIV-AIDS  
6 (Cotton et al., 2006; Gray, 2004; Noden et al., 2010; Zou et al., 2009), mental health (Koenig, 2009;  
7 Moreira-Almeida et al., 2006) and nutrition (Persynaki et al., 2017; Trepanowski & Bloomer, 2010).  
8 The inclusion of religious ~~approaches, through consultation approaches by consulting~~ with high  
9 profile religious ~~leaders, leaders~~ in public health interventions ~~appears to effectively increase~~  
10 ~~increases~~ public awareness (Cyphers et al., 2017; Rivera-Hernandez, 2014). ~~Negative-Also,~~  
11 ~~negative~~ action from religious ~~leader-also-leaders~~ played divisive roles to exacerbate medical  
12 condition in public health policy. ~~Improper-Therefore, improper~~ action such as opposing social  
13 restrictions and ~~the closure of closing~~ religious places ~~during pandemic~~ would inhibit community  
14 acceptance of COVID-19 policy implementation ~~in the community~~ (Alimardani & Elswah, 2020;  
15 Hashmi et al., 2020; Yoosefi Lebni et al., 2021) .

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

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49 Based on Islamic traditions, ~~the process of handling~~ lifeless bodies ~~occurs-are handled~~ through  
50 bathing, shrouding, praying, burying, ~~and, finally, and~~ offering prayers (Ahaddour et al., 2017; Al-  
51 Shahri et al., 2007). In the context of COVID-19, this process is strictly supervised by an expert  
52 team that includes medical and health officers (Rewar & Mirdha, 2014; Tiffany et al., 2017), ~~and~~  
53 ~~consequently. Consequently,~~ the opportunities for families to pay final respects and conduct  
54 specific religious rituals are limited. ~~Forceful-There has been forceful~~ pickup ~~(where family members~~  
55 ~~forcefully remove-of~~ bodies from government-sanctioned funeral ~~processes)-processes~~ and  
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1 community rejection of ~~government~~ protocols ~~have been observed~~ in various regions across  
2 Indonesia. Activities that occur after burials with large crowds, ~~for example such as~~ praying  
3 ceremonies, are thought to have triggered new clusters of the virus (Tiffany et al., 2017). ~~Despite~~  
4 ~~Although the~~ government ~~insistence insists~~ on the COVID-19 directives, certain religious leaders  
5 ~~clearly~~ support reclamation of those ~~who that~~ died from ~~COVID-19 the pandemic~~ and ~~are known to~~  
6 ~~independently perform independent~~ traditional caring processions without strict health supervision.  
7 Since COVID-19 ~~can could~~ be asymptomatic, there is a high potential to spread the virus during the  
8 conduct of these independent rituals.  
9

10 Evidence about the rejection of COVID-19 patient burial rites has emerged in Indonesia (Nurhayati  
11 Tri Bayu Purnama, 2020). Further ~~more~~, misinformation ~~related to on~~ the implementation of these  
12 health rules has been disseminated in communities, and religious leaders appear opposed to the  
13 government's disease control strategy (Nurhayati Tri Bayu Purnama, 2020). ~~This study,~~  
14 ~~therefore~~ ~~Therefore,~~ ~~aims to investigate muslim~~ ~~this study investigates Muslim~~ leaders' perceptions  
15 of the proper handling of COVID-19 corpses. ~~In doing so~~ ~~Moreover~~, it evaluates problems with ~~the~~  
16 current ~~COVID-19 pandemic~~ protocols from the perspective of religious ~~and community~~ leaders,  
17 ~~along with community leaders~~ and families of ~~COVID-19~~ patients. The ~~research shows results show~~  
18 the potential impact of religious rituals on ~~the prevention of COVID-19, 19 prevention~~ and ~~therefore,~~  
19 ~~has~~ the potential ~~to inform efforts~~ to reduce transmission.  
20

### 21 **Religious Leaders: An Islamic Perspective**

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

29 A scholar is ~~regarded as~~ a role model and leader in the community, as achieved by Prophet  
30 Muhammad SAW in leading Muslims. Islamic teachings see no need to separate scholars and the  
31 government (*umara* '), ~~as because~~ both ~~are able to~~ work mutually to build and actualize their  
32 peoples' benefit and welfare. However, understanding of the perspectives of religious leaders is  
33 urgently required, to provide insight into the dangers ~~associated with of~~ further spread of COVID-19  
34 ~~as a result of spread due to~~ spiritual and religious activities.  
35

### 36 **Caring for the ~~corpse~~ Corpse in Islam**



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

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

18 Whoever witnesses the body until it is converted to prayer, then he gets the reward of one  
19 *qirath*. And whoever witnesses it until it is buried, then he will be rewarded with two *qiraths*.

21 Asked: 'What are the two *qiraths*?' The Prophet replied: 'Like two big hills'" (Narrated by al-  
22 Bukhari and Muslim, from Abu Hurairah) (Al-Zubaydi, 2001).

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

### 31 **Caring for the ~~corpse~~Corpse in Islam in ~~emergency conditions~~Emergency Conditions**

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

53 ~~Briefly, the procedure for burying~~The COVID-19 corpses ~~must occur as follows: after are buried~~  
54 using the body is washed following procedure. After washing or *tayammum*, or ~~because not due to~~  
55 ~~the dharurah~~ *syar'iyah is not bathed or tayammum*syar'iyah, the corpse is covered with a cloth  
56 and placed in a safe and impermeable bag to safeguard and prevent viral spread (The Republic of  
57 Indonesia Ministry of Religious Affairs, 2020a). Subsequently, ~~the corpse it~~ is placed into a

1 waterproof and air-repellent coffin tilted to the ~~right, right~~ and ~~is expected to should~~ face *Qibla* when  
2 buried.

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

9 The procedure for burying a COVID-19 corpse has been regulated in the Indonesian Ulema Council  
10 (MUI) Fatwa Number 18 of 2020 and the circular of the Directorate General of Islamic Community.  
11 Based on the MUI Fatwa, the funeral is conducted following the provisions of Sharia and medical  
12 protocols. The corpse, previously subjected to medical regulations, is immediately placed in a coffin  
13 and lowered into the grave without ~~having to open opening~~ the chest, plastic, or shrouds. ~~Placing~~  
14 ~~Furthermore, placing~~ multiple bodies in one grave is allowed, according to the provisions of  
15 *aldharurah al-syar'iyah* or an emergency condition (Indonesian Muslim Council, 2020). Cremation  
16 is unnecessary, as burying the body according to the established procedure does not endanger  
17 residents (The Republic of Indonesia Ministry of Religious Affairs, 2020b).

## 31 **Methods**

### 33 **Study setting**

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

### 53 **Participants**

54 Participants ~~were comprised~~ religious leaders in several related ~~organizations who are~~  
55 ~~organizations~~, known ~~as~~ scholars with significant leadership roles. A total of 6 ~~scholars/scholars or~~  
56 religious leaders aged ~~40-between 40 and 70 years~~ participated, each from different religious  
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1 organizations. ~~All~~ Moreover, all participants were male, with education including masters in religion,  
2 doctorates in *fiqh* and philosophy *aqidah*; some were professors in *da'wah* and education fields.  
3 This study ~~also~~ interviewed two ~~traditional/traditional or~~ community leaders in North Sumatra  
4 province with a master's and doctoral background in ~~sociology/sociology or~~ anthropology per each  
5 community leader. ~~Two~~ Also, two families of COVID-19 death cases ~~also~~ participated. These in-  
6 depth interviews accommodated extensive valid data collection opportunities ~~compared to than~~  
7 what could have been achieved via a ~~questionnaire, where questionnaire with closed~~ questions  
8 ~~tend to be closed~~ and ~~answers predetermined~~ predetermined answers.  
9

### 14 Data collection

16 ~~We applied for permission from religious/community organizations~~ Permission to participate in  
17 conduct this ~~study~~ study was sought from religious and community organizations. ~~The study also~~  
18 ~~received~~ Also, participant consent was obtained from the families interviewed and community  
19 leaders. Data ~~collection was conducted~~ were collected using in-depth interviews ~~via through~~  
20 telephone calls that lasted ~~for~~ about 30-45 minutes. ~~All interviews were~~ minutes and digitally  
21 recorded ~~via using a~~ mobile phone. ~~Trustworthiness~~ Furthermore, trustworthiness was achieved by  
22 triangulating data from scholars, community members, and leaders.  
23

### 29 Research Instruments

31 A structured interview guide for religious leaders was organized into three sections. The first  
32 section related to demographics, including age, gender, latest education, and Islamic organizations,  
33 ~~while the~~. The second section captured the perceptions around monitoring corpses under  
34 emergency situations and the information sources acquired from the community around handling  
35 dead bodies. The ~~second~~ third section examined the scholars' views and *fatwas* ~~of scholars in~~  
36 ~~terms of based on the~~ COVID-19 burial protocols ~~(for example, main question: "what is your opinion~~  
37 ~~about~~. The study sought to know their opinions on the COVID-19 burial protocol and whether it  
38 could interrupt the disease. Also, probing: if the answer is in line with COVID-19 burial protocol,  
39 "scholars were asked why ~~do you they~~ think COVID-19 burial protocol can interrupt reduces the  
40 disease", if the answer is not in line with COVID-19 burial protocol "why do you think that COVID-19  
41 burial protocol reduce sacred sacredness of Islam burial rites"). ~~Meanwhile, the~~ The third section  
42 explored potential ~~responses and~~ solutions to reducing complexities of scholars' responses for the  
43 community, ~~in terms~~. One of the solutions was adapting the government's COVID-19 procedures  
44 to local religious, social, and cultural values.  
45

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

### 3 **Data Analysis**

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

### 16 **Ethical concerns and flexibility**

17 This study received ethical approval from the Health Research Ethics Committee of the Faculty of  
18 Medicine, Islamic University of North Sumatra. ~~All Furthermore, all~~ participants consented to  
19 participate in this research ~~prior to before~~ the ~~interview process interviews.~~

### 20 **Results**

21 This section describes the three central themes (Table 1) related to funeral processions for COVID-  
22 19 patients and Islamic religious leaders' perceptions: ~~(i)- The themes include the~~ rejection and  
23 lack of religious leader assistance, ~~(ii)-~~ different knowledge about the funeral process, ~~and (iii)- and~~  
24 perceptions of religious leaders. Selected quotations from the participant interviews appear in italics  
25 with identity numbers ~~used~~ to preserve confidentiality.

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

28 Themes	29 Categories
30 Rejection of COVID-19 patients 31 and lack of religious leader 32 support for their families	33 Families of COVID-19 patients refuse medical 34 diagnoses 35 Society <del>reject rejects</del> the burial process due to lack of 36 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-between 47 and 70 years,~~ from different religious organizations, including *Nahdatul Ulama*, *Muhammadiyah*, *Al-Wasliyah*, ~~and 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 years50,~~ and were working as household mothers. Data saturation was reached following the interview of ~~these the~~ six participants; ~~therefore. Therefore, the researcher stopped the recruitment of further participants.~~ more participants were recruited.

Table 2. Demographics of study participants

Religious leader	N	%	Community leader	N	%	Family member	N	%
<b>Sex</b>								
Male	6	100	Male	2	100	Male	0	0
Female	0	0	Female	0	0	Female	2	100
<b>Age</b>								
< 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
<b>Occupation</b>								
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
<b>Education</b>								
Bachelor	0	0	Bachelor	0	0	Elementary	0	0

						school			
1	Master	2	33,3	Master	1	50	Junior high	0	0
2							school		
3									
4									
5	Doctor	3	50,0	Doctor	1	50	Senior high	2	100
6							school		
7									
8									
9	Professor	1	16,7	Professor	0	0	University	0	0

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

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

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

The rejection of COVID-19 protocols ~~observed in~~ by 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~~ This rejection was ~~due to~~ caused by 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 that~~ religious leaders ~~during their experience~~ were not involved in the funeral and burial of their loved ~~one's funeral/burial~~ ones.



1 ~~They~~ have never heard of a scholar (COVID-19 burial education), ~~don't they do~~  
2 ~~not~~ know what the scholar ~~think-thinks~~ (about COVID-19 burial protocol). ~~They~~  
3 have never consulted and heard from a scholar. (Family of Patient 2, female, 34  
4 years).

5 Families ~~tended to~~ only acknowledge COVID-19 procedures under the provision of a spiritual  
6 corpse caring service, in ~~accordance-line~~ with the rules of fiqh. ~~Awareness-The awareness~~ of  
7 government regulations ~~seems to have~~ formed initial capital for building public trust. ~~Community~~  
8 ~~This made the community~~ leaders realized that religious leaders ~~have-did~~ not ~~been able to~~ offer,  
9 formally or informally, support for corpse caring according to the health protocols. ~~Diverse~~  
10 ~~Therefore, the diverse~~ religious views and dynamic socio-religious conditions require  
11 comprehensive education and understanding among all involved.

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

14 Through informal channels, ~~we-they~~ still convey it (COVID-19 burial protocol) to ~~religious~~  
15 ~~leaders/religious, community-leaderscommunity~~, and traditional leaders (Community Leader 1,  
16 male, 62 years)

17 Spiritual services for corpse caring processions and effective educational models in the  
18 community ~~appear-are~~ useful ~~to-in implementing~~ the ~~implementation-of~~ COVID-19 directives.  
19 ~~Religious-In this case, religious~~ leaders are responsible for ensuring community members  
20 comply with government regulations.

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

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

25 ~~If we-When they~~ look at (COVID-19 burial protocol) ~~so far~~, the COVID-19 protocol ~~show~~  
26 ~~shows~~ that people ~~who-are~~ exposed to COVID-19 ~~can-could~~ still transmit it (COVID-19) 3-5  
27 hours after death. (Religious Figure 3, male, 61 years)

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

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

33 Religious leaders understood ~~that~~ variation lies in the diverse opinions of health experts around the  
34 transmission of COVID-19 through funerals. ~~A-Therefore, the~~ crucial point is ~~the~~ transparency ~~of the~~

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implementation of a series of in implementing sharia corpse caring processions, namely including bathing, covering, praying, burying, and condolences.

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

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

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

### **Perceptions of religious leaders around towards COVID-19 deaths**

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

*~~In fact, for~~ 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 diseased body to human). (Religious Leader 1, male, 43 years)*

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

*~~Through the hospital network,~~ Religious organizations have trained caring teams on COVID-19 procedures ~~ss through the hospital network~~. 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~~ When 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 prevent~~ spread. (Religious Leader 3, male, 61 years)*



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

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

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

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

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

## 25 Discussion

26 This study found that patients' families struggled to fully accept the diagnosis of COVID-19, which  
27 led to their rejection of ~~COVID-19 new~~ funeral protocols. This may have been exacerbated by  
28 misleading information about ~~medical~~ diagnoses ~~received~~ from medical practitioners. ~~Similar~~  
29 ~~findings have been reported~~ imilarly, studies in Brazil found that distrust in medical care was  
30 caused by ~~studies that highlighted~~ unclear communication between family members and medical  
31 staff ~~led to distrust in medical care~~ (Cardoso et al., 2020; Luiz et al., 2017). ~~To reduce family~~  
32 ~~member distrust~~ Therefore, accurate information empathetically conveyed by medical staff to the  
33

families of critical patients is important in reducing family member distrust (Regaira-Martínez & Garcia-Vivar, 2021).

Religious leaders ~~have an important play a significant~~ role ~~to play~~ in accompanying families through sociological and psychological distress due to the ~~significant~~ differences ~~across social norms of in~~ 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 used to~~ through touching, hugging and kissing, ~~and participating~~. Also, they cannot take part 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, and~~ preserve cultural norms and allow the bereaved to express their feelings (Hamid & Jahangir, 2020). Research in Kashmir, India ~~reports showed~~ that more limited ~~involvement of families involvement~~ in ~~the process of corpse~~ caring ~~for a corpse~~ has a profound psychological impact on the family (Hamid & Jahangir, 2020). Therefore, any revisions to how families ~~can could~~ 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 and~~ avoiding water splashing onto those ~~responsible for~~ bathing the dead bodies (Lev, 2011; Petersen, 2013). Decision making ~~in determining is carried out by medical personnel or authorized parties to~~ determine a case diagnosed as an infectious disease and requiring special ~~care is achieved by medical personnel or authorized parties~~ care. Previous research showed ~~that~~ corpse management with the assistance of a medical team ~~is likely to prevent prevents~~ disease clusters (Lee-Kwan et al., 2017). ~~Th~~ Therefore, 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 line~~ with scholarly responses, where the organizations' central management have formulated specific ~~regulations for conducting corpse~~ corpse caring regulations 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). In line with this, *Ghoib* prayers are offered to prevent disease transmission at funeral prayer places and *ta'ziah* activities. ~~The education of~~

1 ~~Furthermore, educating~~ public and religious leaders ~~plays a significant role in~~ is a comprehensive  
2 and cross-sectoral strategy for preventing COVID-19.

3  
4 The cultural structure of Indonesian society is based on a religious community, with great respect  
5 paid to scholars. ~~In addition~~ Additionally, *Fatwas* and scholarly opinions ~~serve as~~ are references for  
6 worship implementation. Several studies show that intellectuals play important roles in health  
7 education (Cotton et al., 2006; Koenig, 2009; Rivera-Hernandez, 2014; Zou et al., 2009). However,  
8 various case reports reveal that visiting families of patients/*ta'ziah* during the COVID-19 pandemic  
9 triggered new viral clusters (Nurhayati Tri Bayu Purnama, 2020; Purnama et al., 2020). Compliance  
10 by community and religious leaders with health protocols ~~remains~~ is a problem in ~~terms of~~  
11 controlling COVID-19 ~~versus~~ and facilitating spiritual worship.

12  
13 ~~In this pandemic, the~~ The government showed interest in scholarly opinions ~~as evidenced during~~  
14 this pandemic. This is evidenced by the involvement of scholars in enhancing public awareness on  
15 COVID-19 dangers and ~~on how to reduce~~ reducing transmission associated with corpse caring. A  
16 study in Iran ~~reported~~ found that social and moral support from religious ~~leader~~ leaders could  
17 ~~helped~~ help the COVID-19 families ~~easier~~ to deal with deceased body easily (Yoosefi Lebni et al.,  
18 2021). The involvement of scholars in socialization and community assistance possibly indicates a  
19 personal concern for social problems. These religious leaders are deliberately presented on  
20 television ~~media~~ or through social media, and often worship at home. COVID-19 corpse  
21 management ~~can~~ could be ~~very~~ effective when medical protocols are employed to avoid the virus  
22 being spread to caregivers. Therefore, protection and respect or protocols may need ~~to take~~  
23 precedent ~~precedence~~ over traditional care for corpses ~~so as not to~~ endanger ~~avoid~~ endangering  
24 other people's lives.

### 25 **Study Limitations**

26  
27 This research could impact on the involvement of religious leaders in the funeral processes for  
28 COVID-19 patients. However, ~~our~~ the results must be understood in the context of several  
29 limitations. This study could only recruit males as key participants (religious leaders) due to the  
30 influence of the patriarchal model in Indonesia. ~~In addition~~ Furthermore, the spread of ~~existing~~  
31 COVID-19 misinformation has ~~clearly~~ affected the perceptions and responses of religious leaders,  
32 although the source of this information and its dissemination were not explored in depth in this  
33 study. ~~Further~~ Therefore, further studies should be conducted to provide a deeper understanding of  
34 religious leader perceptions and responses.

### 35 **Conclusions**

36  
37 ~~Our~~ These findings ~~argue for~~ show the importance of understanding different scholars' perceptions  
38 ~~around~~ and responses to preventing further COVID-19 spread through ~~the~~ corpse caring

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~~process~~caring. 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~~regarding corpse caring ~~processes required by~~ based on the government's ~~COVID-19~~ directives. ~~More~~ Therefore, a more successful implementation of these protocols ~~will~~ would potentially impede ~~the occurrence of~~ new viral clusters.

~~Scholars~~ Scholars' involvement in Indonesia is extensive, but they should ~~have a more significant role in supporting~~ support the government ~~to educate in educating~~ the public ~~to comply on compliance~~ with COVID-19 corpse caring directives, ~~in accordance~~. ~~This is line~~ with health protocols and sharia ~~rules, by rules~~ using the emergency care provisions. ~~The~~ Also, the regional development system and ~~the religious leaders'~~ 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~~caring. Furthermore, the training model and content materials ~~that outline~~ outlining new requirements related to COVID-19 should be ~~modified, with amendments~~ potentially modified based on Islamic principles.

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