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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

Author

# Funeral processes 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. 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 regarding 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 was used to analyze the data. The results showed that the religious leaders, all men aged over 50 years, supported the health directives designed to reduce high transmission risk. However, there were substantial disparities in corpse preparation processes, potentially due to organizational beliefs around burial rites. Some religious leaders aligned their protocols with their religious beliefs. Conversely, families of the deceased insisted that the approved protocol for handling corpses went against their religious and cultural values. Therefore, promotion of protocols and coordination among the government, religious leaders and the community are needed to decrease the misperceptions and misinformation surrounding 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-processes~~ 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. 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~~ regarding 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 ~~the~~ data. The results showed that ~~the~~ religious leaders, all men aged over 50 years, supported the health directives ~~targeted towards reducing~~ designed to reduce high transmission risk. However, there were substantial disparities in corpse ~~earing-processions~~ preparation processes, potentially due to ~~organizational~~organizational beliefs around burial rites. Some religious leaders aligned their protocols with ~~sacred-their~~ religious beliefs. Conversely, families of the deceased insisted that ~~the~~ approved protocol for handling ~~of~~ corpses ~~goes-went~~ against their religious and cultural values. Therefore, ~~socialization-promotion of protocols~~ and coordination ~~between-among~~ the government, religious leaders and the community are needed to decrease the misperceptions and misinformation 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-was~~ triggered ~~by~~ the development of animal-to-animal diseases (zoonosis) and their mutation to human-to-human infections with exponential ~~by-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 ~~to at~~be 1,571,824, with 42,656 deaths (Indonesian COVID-19 Task Force, 2021). The virus has had significant and complex impacts across Indonesia, prompting the government to prepare comprehensive directives.

The Indonesian government has identified religious perspectives as critical to ~~their-its~~ COVID-19 response (Indonesian COVID-19 Task Force, 2020). This is because religious leaders or scholars have played an important role in controlling the spread of the pandemic (Charzyńska, 2015; Hall et al., 2008). Furthermore, ~~the~~ international literature has highlighted the importance of considering religious leaders' opinions when developing health policy ~~decisions~~. For instance, in Saudi Arabia,

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7 *Haji* and *Umrah* (pilgrims) must obtain ~~recommendations from~~ religious leaders ~~recommendations~~  
8 for certain vaccines to participate in holy activities (Ahmed et al., 2006; Memish et al., 2012; Pane  
9 et al., 2019). Other religious approaches have been adopted to promote behavioral change  
10 ~~toward~~towards public health challenges, including HIV-AIDS (Cotton et al., 2006; Gray, 2004;  
11 Noden et al., 2010; Zou et al., 2009), mental health (Koenig, 2009; Moreira-Almeida et al., 2006)  
12 and nutrition (Persynaki et al., 2017; Trepanowski & Bloomer, 2010). The inclusion of religious  
13 approaches by consulting with high-profile religious leaders ~~in~~regarding health interventions  
14 effectively increases public awareness (Cyphers et al., 2017; Rivera-Hernandez, 2014).  
15 ~~Also~~Additionally, negative actions from religious leaders ~~can played be~~ divisive ~~roles to and thereby~~  
16 exacerbate ~~medical condition~~conditions in public health ~~policy~~problems. Therefore, improper  
17 actions, such as opposing social restrictions and ~~closing the closure of~~ religious places, ~~would can~~  
18 inhibit community acceptance of COVID-19 policy implementation (Alimardani & Elswah, 2020;  
19 Hashmi et al., 2020; Yoosefi Lebni et al., 2021)-.

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

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40 ~~Based on~~In Islamic traditions, lifeless bodies are handled through bathing, shrouding, praying,  
41 burying, and offering prayers (Ahaddour et al., 2017; Al-Shahri et al., 2007). In the context of  
42 COVID-19, this process is strictly supervised by an expert team that includes medical and health  
43 officers (Rewar & Mirdha, 2014; Tiffany et al., 2017). Consequently, the opportunities for families to  
44 pay final respects and conduct specific religious rituals are limited. There has ~~ve~~ been forceful  
45 ~~pickup retrieval~~of bodies from government-sanctioned funeral processes and community rejection  
46 of protocols in various regions across Indonesia. Activities that occur after burials with large  
47 crowds, such as ~~praying~~ceremonies, are thought to have triggered new clusters of the virus  
48 (Tiffany et al., 2017). Although the government insists on the COVID-19 directives, certain religious  
49 leaders support reclamation of those ~~that~~who died from ~~the pandemic~~COVID-19 and independent  
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7 traditional ~~caring processions~~ care processes without strict health supervision. Since some patients  
8 with COVID-19 ~~could~~ can be asymptomatic, there is ~~a~~ high potential to spread the virus during the  
9 ~~conduct~~ performance of these independent rituals.

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12 Evidence ~~about~~ on the rejection of COVID-19 patient burial rites has emerged in Indonesia  
13 (Nurhayati Tri Bayu Purnama, 2020). Furthermore, misinformation on the implementation of these  
14 health rules has been disseminated in communities, and religious leaders appear opposed to the  
15 government's disease control strategy (Nurhayati Tri Bayu Purnama, 2020). Therefore, this study  
16 investigates Muslim leaders' perceptions of the proper handling of COVID-19 corpses. Moreover, it  
17 evaluates problems with the current pandemic protocols from the perspectives of religious and  
18 community leaders; and the families of patients. The results show the potential impact of religious  
19 rituals on COVID-19 prevention and the potential to reduce transmission.

### 20 21 22 23 24 **Religious Leaders: An Islamic Perspective**

25 In Indonesia, the term for religious leaders, or scholars, is derived from the Arabic word *alima*,  
26 meaning 'to know' (Ma'luf, 1987). The word scholar is associated with a person with morals, *hadith*,  
27 *tawhid*, jurisprudence, or religious sciences. ~~Also~~ Additionally, it points to ~~people who~~ people that  
28 understand natural and social sciences, including economics, medicine, and technology. This is  
29 supported by the word of Allah in the letter *Fathir* (35):-28: "Just as people, living beings, and cattle  
30 are of various colors as well".

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33 A scholar is a role model and leader in the community, as achieved by the Prophet Muhammad  
34 SAW in leading Muslims. Islamic teachings see no need to separate scholars and the government  
35 (*umara* '); because both work ~~mutually together to build and actualize for~~ their peoples' benefit and  
36 welfare. However, an understanding of the perspectives of religious leaders is urgently required; to  
37 ~~provide~~ obtain insight into the dangers of the further spread of COVID-19 ~~spread~~ due to spiritual  
38 and religious activities.

### 39 40 41 42 **Caring for ~~the~~ a Corpse in Islam**

43 ~~The care for corpses has its own~~ There are specific concepts and values in Islam regarding the  
44 preparation of corpses. Muslims ~~understand~~ adhere to a principle of sufficient car ing, and  
45 following Islamic sharia is crucial and part of ~~human~~ the respect and honor due to a human being  
46 (Al-Shahri et al., 2007). For instance, the community recognizes that the bathing stage of burial is  
47 regulated in Islamic teachings to reflect respect for the corpse (Richards et al., 2015). This process  
48 commences with washing, which is *farḍu kifayah* (mandatory for Muslims), and is performed by the  
49 deceased's closest family. Bathing is followed by wrapping the body with a long, white cloth, based  
50 on the rules set forth by the Prophet Muhammad in the *hadith*: "If one of you covers his brother,  
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7 then let him shroud it properly" (Narrated by Ahmad, Muslim, and Abu Daud of Jabir). Subsequent  
8 phases involve offering prayers ~~to-for~~ the dead.

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10 Burial is the last ~~procession-step~~ of caring for the body, ~~as-and~~ the *hadith* states the legal basis:

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

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

16  
17 Each step of the ~~caringe~~ process ~~contains-has~~ a deep message and value for Muslims. Ultimately,  
18 social responsibility is critical to ~~the-caringthis~~ process, and this ritual has become a cultural activity  
19 in Indonesian Muslim society.

### 20 21 **Caring for ~~the-a~~ Corpse in Islam in Emergency Conditions**

22 Under usual conditions, the corpse is handled in line with the teachings exemplified by ~~the~~ Prophet  
23 Muhammad. In emergency cases, such as during natural disasters, disease outbreaks, and other  
24 similar conditions, ~~the-caringthis~~ process should minimize the adverse effect on humans, or  
25 martyrdom (Ahmed Al-Dawoody, 2020). The COVID-19 crisis represents an emergency ~~case~~  
26 ~~situation~~ and consequently ~~offers-allows~~ exceptions to normal conditions, determined based on  
27 scholarly opinion. For instance, normal corpse bathing is performed ~~in-by~~ *tayammum* ~~by~~  
28 ~~consideringfollowing~~ sharia, and involves ~~cleansing~~. However, ~~based-onbecause~~ of medical  
29 considerations concerning safety and the possible transmission of ~~the-COVID-19-pandemic~~, the  
30 body is not allowed to be bathed or ~~to~~ *undergo* *tayammum*, as ~~reported-stipulated~~ by *dharurat*  
31 *syar'iyah* (Sukaina Hirji, 2020; The Republic of Indonesia Ministry of Religious Affairs, 2020a).

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33 ~~The~~ COVID-19 corpses are buried using the following procedure. After washing or *tayammum*, or  
34 not, due to the *dharurah syar'iyah*, the corpse is covered with a cloth and placed in a safe and  
35 impermeable bag ~~as a to~~ safeguard and ~~to~~ prevent viral spread (The Republic of Indonesia Ministry  
36 of Religious Affairs, 2020a). Subsequently, it is placed into a waterproof and air-repellent coffin  
37 tilted to the right, ~~the coffin-and~~ should face *Qibla* when buried.

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

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46 The procedure for burying a COVID-19 corpse ~~has-been~~ is regulated ~~in-by~~ the Indonesian Ulema  
47 Council (MUI) Fatwa Number 18 of 2020 and the circular of the Directorate General of ~~the~~ Islamic  
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Community. Based on the MUI Fatwa, the funeral ~~is-should be~~ 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 opening the chest, plastic, or shrouds. Furthermore, placing multiple bodies in one grave is allowed, according to the provisions ~~of-for~~ *aldharurah al-syar'iyyah* or an emergency ~~condition-situation~~ (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 ~~on-regarding~~ the issue of caring for COVID-19 corpses in North Sumatra ~~province,Province~~ between June and September 2020. Additionally, it explored the perspectives of religious leaders or scholars from various regional Islamic community organizations, including *Nahdatul Ulama*, *Muhammadiyah*, *Al-Washliyah*, *Al-Ittihadiyah*, and the Indonesian Ulema Council. The study ~~also~~ sought ~~the~~ perspectives ~~from-of~~ family members of COVID-19 patients and community leaders ~~about-on~~ funeral or burial processes. Participants were asked to describe corpse management in line with their organizational positions, and propose responses to community resistance to government protocols.

### Participants

Participants comprised religious leaders in several related organizations, ~~who were~~ known as scholars ~~with-and had~~ significant leadership roles. A total of 6 scholars or religious leaders aged between 40 and 70 participated, each from different religious organizations. Moreover, all participants were male, ~~with-and in terms of~~ education, ~~including-they had~~ master's ~~degrees~~ in religion, ~~and~~ doctorates in *fiqh* and philosophy *aqidah*; some were professors in *da'wah* and education fields. This study interviewed two traditional or community leaders in North Sumatra ~~pProvince~~ with a master's and doctoral ~~background-degree~~ in sociology or anthropology ~~per-for~~ each community leader. ~~Also~~Additionally, two families of COVID-19 ~~death-casespatients who had~~ ~~died~~ participated. These in-depth interviews accommodated ~~more~~ extensive valid data collection opportunities than what could have been achieved via a questionnaire with closed questions and predetermined answers.

### Data collection

Permission to conduct this study was sought from religious and community organizations. ~~Also~~Additionally, participant consent was obtained from the families interviewed and community

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7 leaders. Data were collected using in-depth interviews conducted through telephone calls that  
8 lasted ~~about~~approximately 30-40-45 minutes and were digitally recorded using a mobile phone.  
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10 Furthermore, trustworthiness was achieved by triangulating data from scholars, community  
11 members, and leaders.

### 12 **Research Instruments**

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14 ~~A~~The structured interview guide for the religious leaders was organized into three sections. The  
15 first section related to demographics, including age, gender, ~~latest~~highest education level  
16 achieved, and Islamic organizations. The second section captured the interviewees' perceptions  
17 around monitoring corpses ~~under~~in emergency situations and the information sources acquired  
18 from the community ~~around~~regarding handling dead bodies. The third section examined the  
19 scholars' views and *fatwas* based on the COVID-19 burial protocols. The study sought to ~~know~~  
20 understand their opinions on the COVID-19 burial protocol and whether it could ~~interrupt~~curb the  
21 disease spread. ~~Also, the~~Additionally, scholars were asked why they think the protocol reduces the  
22 sacredness of Islamic burial rites. The third section explored potential solutions to reducing the  
23 complexities of scholars' responses for the community. One of the solutions was adapting the  
24 government's COVID-19 procedures to local religious, social, and cultural values.

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26 A structured interview guide for community leaders was also employed. ~~Where in which~~ the  
27 questions posed related to the ~~socio~~socio-religious aspects of corpse monitoring. Moreover, a  
28 different interview schedule elicited information from families of COVID-19 patients  
29 ~~around~~regarding their attitudes and experiences.

### 30 **Data Analysis**

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32 ~~The~~ in-depth telephone interviews were digitally recorded, transcribed, grouped based on manual  
33 coding, and analyzed using thematic analysis. ~~The~~ interview transcripts and interviewer notes were  
34 subjected to open coding. Moreover, the themes were described by the codes developed by the  
35 research team ~~to be interpreted~~for substantively interpretation before analysis. The results relating  
36 to the main theme were described to identify and ~~validate~~resolve any conflicting ~~answers~~opinions.  
37 The three themes in this study were—the rejection and lack of religious leader assistance, different  
38 ~~knowledge~~understandings about of the funeral process, and perceptions of religious leaders.  
39 Content analysis was used to understand the informant responses and to deepen the content. This  
40 was due to the high variation in answers from each informant and religious organization.

### 41 **Ethical concerns and flexibility**

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7 This study received ethical approval from the Health Research Ethics Committee of the Faculty of  
8 Medicine, Islamic University of North Sumatra. Furthermore, all participants consented to  
9 participate in this research before the interviews.

## 10 11 **Results**

12 This section describes the three central themes (Table 1) related to funeral ~~processions-processes~~  
13 for COVID-19 patients and Islamic religious leaders' perceptions. The themes include the rejection  
14 and lack of religious leader assistance, different ~~knowledge-about~~understandings of the funeral  
15 process, and perceptions of religious leaders. Selected quotations from the participant interviews  
16 appear in italics with ~~identity-identification~~ numbers to preserve confidentiality.

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

24 Themes	25 Categories
26 Rejection of COVID-19 <del>patients</del> 27 <del>protocols</del> and lack of religious 28 leader support for <del>their-patients'</del> 29 families	Families of COVID-19 patients refuse medical diagnoses  Society rejects the burial process due to <u>a</u> lack of COVID-19 knowledge
31 Different <del>knowledge-understandings</del> 32 of religious leaders about the funeral 33 process during <u>the</u> COVID-19 34 pandemic	Religious leaders have different <u>understandings about</u> <u>of</u> funeral processes due to diverse opinions among health experts and <u>the</u> variety of disseminated information
36 Perceptions of religious leaders 37 around COVID-19 deaths	Government and religious leaders intend to take responsibility

### 40 41 ***Rejection of COVID-19 ~~patients-protocols~~ and lack of religious leader support for ~~their~~*** 42 ***patients' families***

43  
44 Six religious leaders, aged between 47 and 70 from different religious organizations, including  
45 *Nahdatul Ulama, Muhammadiyah, Al-Wasliyah*, and the Provincial Indonesian Ulema Council,  
46 participated in this study. Two of the community leaders had sociology and cultural education  
47 degrees. The fFamily members of COVID-19 patients were all female, aged younger than 50, and  
48 ~~were-working as household-mothers~~homemakers. Data saturation was reached following the  
49 interviewing of ~~the~~ six participants. Therefore, more participants were recruited.  
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Table 2. Demographics of the 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 motherHomemaker	2	100
Non-governmental organization	2	33.3	Non-governmental organization	1	50	Private sector	0	0
<b>Education</b>								
Bachelor's	0	0	Bachelor's	0	0	Elementary school	0	0
Master's	2	33.3	Master's	1	50	Junior high school	0	0
Doctorate	3	50.0	Doctorate	1	50	Senior high school	2	100
Professor	1	16.7	Professor	0	0	University	0	0

This study showed that families did not receive education and counseling from religious leaders, ~~which made them refuse~~ leading them to refuse to acknowledge COVID-19 protocols. For these participants, ~~there was a significant change in the implementation of~~ COVID-19 corpse ~~earing preparation compared to~~ was significantly different from corpse care under normal conditions. The new protocols meant that families and the community could no longer be involved.

*Sad and hurt, because they (ordinary people) cannot express their sadness ~~and or~~ the family even, as though it is kept secret because ~~#-they~~ cannot come and see. Also, ~~# does they do~~ not attend the funeral, that is what makes the family sad. (Family of Patient 1, female, 47 years)*

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

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

10  
11  
12 *Government policy is to isolate burial places far from family residences, ~~be-which is~~*  
13 *considered dishonorable and ~~respond-to-rejection-inis rejected by~~ the family. (Community*  
14 *Leader 2, male, 52 years)*

15  
16 *Because, my brother ~~is-was~~ not (diagnosed ~~as having~~) COVID-19, ~~and-why should he~~ be*  
17 *COVID-19 buried (~~according to~~ COVID-19 burial protocol). Then, they (hospital staff) told*  
18 *the family to go home. And the patient was secretly brought ~~out~~ and buried by COVID-19*  
19 *(~~according to~~ COVID-19 burial protocol). (Family of Patient 1, female, 47 years)*

20 This rejection was caused by the inability of families to fully accept medical diagnoses, which  
21 ultimately influenced the opinions of community and religious leaders. Family members indicated  
22 that religious leaders were not involved in the funeral ~~rites~~ and burial of their loved ones.

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24  
25 *They have never heard of a scholar (~~regarding~~ COVID-19 burial education), they*  
26 *do not know what the scholars ~~thinks~~ (about COVID-19 burial protocol). They*  
27 *have never consulted ~~and-with or~~ heard from a scholar. (Family of Patient 2,*  
28 *female, 34 years).*

29 Families ~~only-acknowledged~~ COVID-19 procedures ~~only~~ under the provision of a ~~spiritual-religious~~  
30 corpse ~~earing-preparation~~ service, in line with the rules of fiqh. ~~The-a~~Awareness of government  
31 regulations ~~formed-created~~ initial capital for building public trust. This ~~made-led~~ the community  
32 leaders ~~to realized/realize~~ that religious leaders did not offer, formally or informally, support for  
33 corpse ~~earing-care~~ according to the health protocols. Therefore, the diverse religious views and  
34 dynamic socio-religious conditions ~~required~~ comprehensive education and understanding among all  
35 involved.

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39  
40 *Families follow the procedure because it (~~the~~ COVID-19 burial protocol) has been regulated*  
41 *by the government. (Family of Patient 1, female, 47 years)*

42  
43 *Through informal channels, they still convey it (~~the~~ COVID-19 burial protocol) to religious,*  
44 *community, and traditional leaders. (Community Leader 1, male, 62 years)*

45 ~~Spiritual services for~~Religious services for corpse ~~earing-processions~~preparation and  
46 effective educational models in the community ~~are-were~~ useful in implementing the COVID-  
47 19 directives. In this case, religious leaders ~~are-were~~ responsible for ensuring ~~that~~ community  
48 members compl~~yed~~ with government regulations.

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51 **Differences in the ~~knowledge-understanding~~ of religious leaders ~~about-regarding~~ funeral**  
52 **processes during COVID-19**  
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7 This study highlighted disparities in the experience of religious leaders concerning corpse care  
8 ~~processes~~ ~~processions~~. Scholars understood ~~that~~ the COVID-19 ~~procedure~~ ~~protocol~~ was  
9 designed to reduce possible transmission, although certain clerics had varying opinions.

10  
11  
12 *When they look at (the COVID-19 burial protocol), the COVID-19 protocol shows that people*  
13 *exposed to COVID-19 could still transmit it (COVID-19) ~~3-5~~ hours after death.* (Religious  
14 Figure 3, male, 61 years)

15 Community leaders recognized knowledge differences among religious leaders, influenced by  
16 disparities in ~~the~~ information disseminated.

17  
18  
19 *Most religious leaders ~~rejects~~ ~~reject~~ the COVID-19 procedure due to differences in*  
20 *understanding and knowledge of this infectious disease (COVID-19).* (Community Leader 1,  
21 male, 62 years)

22 Religious leaders understood that ~~this~~ variation ~~lies in the~~ ~~was due to the~~ diverse opinions of health  
23 experts ~~around~~ ~~regarding~~ the transmission of COVID-19 through funerals. Therefore, the crucial  
24 point ~~is~~ ~~was~~ transparency in implementing sharia corpse ~~earing~~ ~~processions~~ ~~preparation~~ ~~processes~~,  
25 including bathing, covering, praying, burying, and ~~offering~~ condolences.

26  
27  
28 *They do not understand. In the initial information, there were differences of opinion from*  
29 *experts whether the dead were still infectious or not.* (Religion Leader 6, male, 51 years)

30  
31 *Fardhu kifayah, especially for Muslims, has not been perfectly implemented by the hospital*  
32 *(sharia corpse ~~earing~~ ~~processions~~ ~~care~~ ~~processes~~). This (the funeral process) caused distrust*  
33 *in the community. Now, the implementation of fardhu kifayah in ~~hospital~~ ~~hospitals~~ is witnessed*  
34 *by families from a far with a restrictive protocol.* (Community Leader 2, male, 52 years)

35 Prohibiting ~~the~~ public spread of ~~hoax~~ ~~false~~ information, including by religious leaders, minimized  
36 community rejection of ~~the~~ COVID-19 protocol. ~~Also, the~~ ~~Additionally~~, scholars' active role through  
37 official sources ~~is~~ ~~was~~ crucial in reducing knowledge disparities among religious leaders  
38 ~~en~~ ~~in~~ ~~regarding~~ the handling ~~of~~ corpses.

#### 41 **Perceptions of religious leaders ~~towards~~ ~~regarding~~ COVID-19 deaths**

42  
43 All ~~the~~ scholars and religious leaders stated that funerals, according to ~~the~~ health protocols issued  
44 by ~~the~~ authorities, should be conducted with consideration of potential disease transmission. Some  
45 Islamic organizations had developed ~~personal~~ ~~their own~~ guidelines for COVID-19 by modifying the  
46 religious values of certain institutions to prevent the spread of the infectious disease.

47  
48  
49 *For example, the corpse burial already has protocols (COVID-19 protocol). Based on the*  
50 *protocol, ~~the~~ transmission to ~~ether~~ ~~others~~ is no longer possible (from ~~the~~ ~~deceased~~ COVID-19*  
51 *~~diseased~~ body to ~~human~~ ~~other~~ people).* (Religious Leader 1, male, 43 years)  
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7 In Muhammadiyah, there is also a COVID-19 burial protocol agreed upon nationally and  
8 internationally. Therefore, they follow those burial rules. (Religious Leader 2, male, 65 years)

9  
10 ~~R~~The religious organizations have ~~trained caring care~~ teams trained on COVID-19 procedures  
11 through out the hospital network. However, corpse caring in society continues to be driven by  
12 existing values and norms.

13  
14 ~~The p~~Protocol (COVID-19 burial protocol) has been established and confirmed by the  
15 Indonesian Ulama Council regarding the ~~implementation (COVID-19 burial protocol)~~  
16 ~~handling of~~ such a corpse; ~~it is~~ no longer brought home, treated as normal conditions;  
17 ~~bathed, dipped in, and other etc.~~ When allowed (non-COVID-19 burial protocol), this has  
18 the potential to be infectious. Therefore, COVID-19 patients are immediately treated at the  
19 hospital and taken directly to a special cemetery to prevent spread. (Religious Leader 3,  
20 male, 61 years)

21  
22 ~~The socialization of~~Communication about funeral protocols sometimes does not reach the  
23 public properly and clearly. Therefore, there would be reactions, such as refusal to bury  
24 people. (Religious Figure 1, male, 43 years)

25  
26 ~~Communal socialization was~~Community promotion was not extensively organized, contributing to  
27 rejection and forceful possession-retrieval of corpses in by the community members. Scholars  
28 suggested the need for peaceful coordination between among local governments, religious leaders,  
29 and the community on issues related to the COVID-19 protocol. However, the religious leaders  
30 highlighted the psychological impact of the changes to funerals. They stated that the government  
31 must consider the emotional impact the of the changes in cultural values that have prompted the  
32 public to reject COVID-19 procedures.

33  
34  
35 It (the funeral process) should pay attention to account for psychological factors. Once  
36 someone dies, they are carried away, not to be seen by their siblings or families. Try to  
37 imagine how the family would feel. (Religious Leader 1, male, 43 years)

38  
39 Community leaders indicated that dialogue between the government and other parties  
40 provides an important educational opportunity. The humanist approach of religious leaders  
41 was seen through their identification of obstacles and possible solutions by considering the  
42 COVID-19 protocol and sharia rules. Furthermore, active participation by religious leaders in  
43 educating community members and observing-overseeing spiritual-religious services is  
44 important for the families of patients to prevent transmission and new clusters.

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46  
47 Dialogue and arguments are carried out between with the government, then and  
48 religious leaders have a role. Therefore, it (the COVID-19 burial protocol) could  
49 provide enlightenment and openness to come to be understood and embraced by the  
50 person concerned to accept with accepting the actual method (COVID-19 burial  
51 protocol) of the funeral with this protocol. (Community Leader 1, male, 52 years)



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9 **Discussion**

10 This study found that patients' families struggled to fully accept the diagnosis of COVID-19, which  
11 led to their rejection of new funeral protocols. This may have been exacerbated by misleading  
12 information about diagnoses from medical practitioners. Similarly, studies in Brazil found that  
13 distrust in medical care was caused by unclear communication between family members and  
14 medical staff (Cardoso et al., 2020; Luiz et al., 2017). Therefore, accurate information  
15 empathetically conveyed by medical staff to the families of critical patients is important in reducing  
16 family member distrust (Regaira-Martínez & Garcia-Vivar, 2021).

17 Religious leaders play a significant role in ~~accompanying-guiding~~ families ~~through-experiencing~~  
18 sociological and psychological distress due to ~~the-differences in~~ the honoring of deceased bodies  
19 before and ~~after-during~~ the pandemic (Yardley & Rolph, 2020). In the current pandemic, families  
20 cannot participate in funeral activities as they used to through touching, hugging and kissing.  
21 ~~Also~~ Additionally, they cannot take part in rituals such as cleansing and ~~packing-wrapping~~ the  
22 corpse (Jahangir & Hamid, 2020). These rituals aim to honor the deceased, and prepare them for  
23 acceptance in the afterlife ~~acceptance~~, and they preserve cultural norms and allow the bereaved to  
24 express their feelings (Hamid & Jahangir, 2020). Research in Kashmir, India, showed that more  
25 limited involvement in corpse ~~earring-care~~ has a profound psychological impact on the family (Hamid  
26 & Jahangir, 2020). Therefore, any revisions to how families ~~could-can~~ interact with bodies during  
27 funeral proceedings ~~through-under~~ COVID-19 protocols must be informed by the families  
28 themselves (*mahram*).

29 This research confirmed that scholars from ~~selected~~ Islamic community organizations agree that  
30 corpse ~~earring-care~~ requires restrictions to prevent disease transmission. In Islam, similar opinions  
31 from distinguished intellectuals have been ~~observed-reported~~ (Al-Shahri et al., 2007; Nielsen et al.,  
32 2015). Special treatment ~~occurs-throughinvolves~~ regular washing and ~~avoiding-preventing~~ water  
33 from splashing onto those bathing the dead bodies (Lev, 2011; Petersen, 2013). Decision making is  
34 carried out by medical personnel or authorized parties to ~~determine-identify a-cases~~ diagnosed as  
35 having an infectious disease and requiring special care. Previous research ~~showedhas shown~~ that  
36 corpse management with the assistance of a medical team prevents disease clusters (Lee-Kwan et  
37 al., 2017). Therefore, this medical support is necessary to avoid rejection of protocols and increase  
38 public confidence.

39 Islamic community organizations in Indonesia have implemented *Ghoib* prayers and restrictions on  
40 ~~people-in-ta'ziah~~ or online, prayers as a substitute for funeral prayers. This is in line with scholarly  
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7 responses, where the organizations' central management ~~have~~has formulated specific corpse  
8 ~~earing-care~~ regulations with health protocols ~~in-for~~ hospitals and mosques. The Muhammadiyah  
9 Central Board issued a circular to all regional administrators to execute the necessary health  
10 protocols (Pengurus Pusat Muhammadiyah, 2020). In line with this, *Ghoib* prayers are offered to  
11 prevent disease transmission at funeral prayer places and *ta'ziah* activities. Furthermore, educating  
12 public and religious leaders is a comprehensive and cross-sectoral strategy for preventing COVID-  
13 19.

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17 The cultural structure of Indonesian society is based on ~~a-the~~ religious community, with great  
18 respect paid to scholars. Additionally, *Fatwas* and scholarly opinions are references for worship  
19 implementation. Several studies show that intellectuals play important roles in health education  
20 (Cotton et al., 2006; Koenig, 2009; Rivera-Hernandez, 2014; Zou et al., 2009). However, various  
21 case reports ~~reveal~~have revealed that visiting ~~families-family members~~ of ~~deceased~~ patients/*ta'ziah*  
22 during the COVID-19 pandemic triggered new viral clusters (Nurhayati Tri Bayu Purnama, 2020;  
23 Purnama et al., 2020). Compliance with health protocols by community and religious leaders ~~with~~  
24 ~~health protocols~~ is a problem in controlling COVID-19 and facilitating spiritual-religious worship.

25  
26  
27 The government showed interest in ~~scholarly-the~~ opinions of scholars during this pandemic. This is  
28 evidenced by the involvement of scholars in enhancing public awareness ~~enof~~ COVID-19 ~~danger~~  
29 ~~risks~~ and reducing transmission associated with corpse ~~earing~~preparation. A study in Iran found  
30 that social and moral support from religious leaders could help ~~the~~ COVID-19-~~affected~~ families  
31 ~~to easily deal~~ deal more easily with deceased ~~body easily~~ bodies (Yoosefi Lebni et al., 2021). The  
32 involvement of scholars in ~~socialization-spreading new ideas~~ and providing community assistance  
33 ~~possibly-may~~ indicates a personal concern for social problems. These religious leaders are  
34 deliberately presented on television or through social media, and often worship at home. COVID-19  
35 corpse management could be effective when medical protocols are employed to ~~avoid-prevent~~  
36 the virus being spread to caregivers. Therefore, protection and respect for protocols may ~~need to need~~  
37 take precedence over traditional care for corpses to avoid endangering other people's lives.

### 43 Study Limitations

44 This research could impact ~~on~~ the involvement of religious leaders in ~~the~~ funeral processes for  
45 COVID-19 patients. However, the results must be understood in the context of several limitations.  
46 This study could ~~only-recruit~~ only males as key participants (religious leaders) due to the influence  
47 of the patriarchal model in Indonesia. Furthermore, the spread of COVID-19 misinformation has  
48 affected the perceptions and responses of religious leaders, although the sources of this  
49 information and its dissemination were not explored in depth in this study. Therefore, further studies  
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7 should be conducted to provide a deeper understanding of religious leaders' perceptions and  
8 responses.  
9

## 10 **Conclusions**

11 These findings show the importance of understanding different scholars' perceptions and  
12 responses ~~to-for~~ preventing further COVID-19 spread through corpse ~~earin~~handling. The religious  
13 nature of Indonesian society and the central role of scholars in public education ~~offers-hold~~  
14 promising potential to reduce transmission. Furthermore, comprehensive ~~socialization-awareness~~  
15 ~~raising~~ and coordination reduce misperceptions and misinformation regarding corpse ~~earin~~care  
16 based on the government's directives. Therefore, ~~a~~-more successful implementation of these  
17 protocols would potentially impede new viral clusters.  
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21 Scholars' involvement in Indonesia is extensive, but they should support the government in  
22 educating the public on compliance with COVID-19 corpse ~~earin~~care directives. This is line with  
23 health protocols and sharia rules ~~using-the-for~~ implementing ~~—~~emergency care provisions.  
24 ~~Also~~Additionally, the regional development system and ~~the~~ religious leaders' informal dialogue  
25 through mosques or Islamic ~~centers~~centres educate individuals about corpse ~~earin~~care.  
26 Furthermore, the training model and ~~content~~-materials outlining new requirements related to  
27 COVID-19 should be modified based on Islamic principles.  
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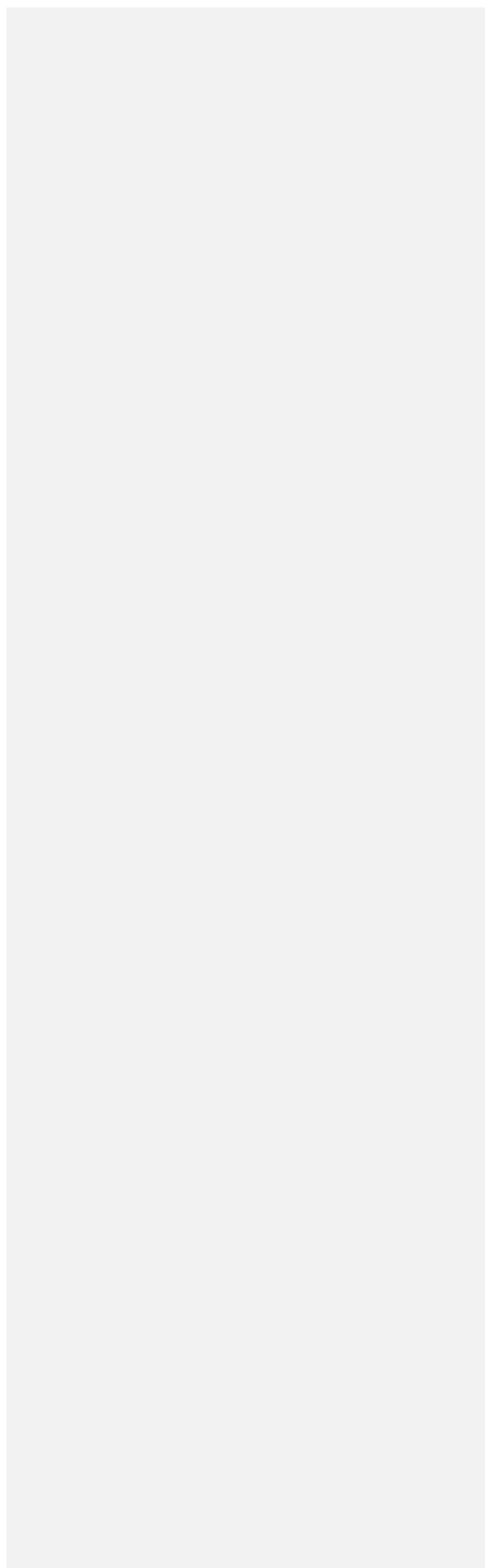
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# Funeral processes during the COVID-19 pandemic: Perceptions among Islamic religious leaders in Indonesia

## ABSTRACT

Controversies surrounding the handling of corpses have been amplified during the present COVID-19 pandemic. 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 regarding 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 was used to analyze the data. The results showed that the religious leaders, all men aged over 50 years, supported the health directives designed to reduce high transmission risk. However, there were substantial disparities in corpse preparation processes, potentially due to organizational beliefs around burial rites. Some religious leaders aligned their protocols with their religious beliefs. Conversely, families of the deceased insisted that the approved protocol for handling corpses went against their religious and cultural values. Therefore, promotion of protocols and coordination among the government, religious leaders and the community are needed to decrease the misperceptions and misinformation 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 was triggered by the development of animal-to-animal diseases (zoonosis) and their mutation to human-to-human infections with exponential 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 to be 1,571,824, with 42,656 deaths (Indonesian COVID-19 Task Force, 2021). The virus has had significant and complex impacts across Indonesia, prompting the government to prepare comprehensive directives.

The Indonesian government has identified religious perspectives as critical to its COVID-19 response (Indonesian COVID-19 Task Force, 2020). This is because religious leaders or scholars have played an important role in controlling the spread of the pandemic (Charzyńska, 2015; Hall et al., 2008). Furthermore, the international literature has highlighted the importance of considering religious leaders' opinions when developing health policy. For instance, in Saudi Arabia, *Hajj* and *Umrah* (pilgrims) must obtain recommendations from religious leaders for certain vaccines to

1 participate in holy activities (Ahmed et al., 2006; Memish et al., 2012; Pane et al., 2019). Other  
2 religious approaches have been adopted to promote behavioral change toward public health  
3 challenges, including HIV-AIDS (Cotton et al., 2006; Gray, 2004; Noden et al., 2010; Zou et al.,  
4 2009), mental health (Koenig, 2009; Moreira-Almeida et al., 2006) and nutrition (Persynaki et al.,  
5 2017; Trepanowski & Bloomer, 2010). The inclusion of religious approaches by consulting with  
6 high-profile religious leaders regarding health interventions effectively increases public awareness  
7 (Cyphers et al., 2017; Rivera-Hernandez, 2014). Additionally, negative actions from religious  
8 leaders can be divisive and thereby exacerbate public health problems. Therefore, improper  
9 actions, such as opposing social restrictions and the closure of religious places, can inhibit  
10 community acceptance of COVID-19 policy implementation (Alimardani & Elswah, 2020; Hashmi et  
11 al., 2020; Yoosefi Lebni et al., 2021).

20 On 30 April 2020, the Indonesian government attributed 792 deaths in 34 provinces to COVID-19  
21 (Indonesian COVID-19 Task Force, 2020). As a result, a detailed health protocol was established  
22 by the government through the Ministries of Religion and Health. Subsequently, there has been a  
23 significant increase in community rejection of funerals conducted according to approved burial  
24 protocols. This is due to the alleged incompatibility of the new burial requirements with long-held  
25 and important religious and cultural values (Richards et al., 2015). The risk of new viral clusters is  
26 exacerbated by this rejection of protocol-informed burials. For instance, Indonesia has seen a rise  
27 in independent corpse handling without medical or health officer assistance. It is clear that these  
28 practices are influenced by misperceptions and misinformation (Purnama et al., 2020).

37 In Islamic tradition, lifeless bodies are handled through bathing, shrouding, praying, burying, and  
38 offering prayers (Ahaddour et al., 2017; Al-Shahri et al., 2007). In the context of COVID-19, this  
39 process is strictly supervised by an expert team that includes medical and health officers (Rewar &  
40 Mirdha, 2014; Tiffany et al., 2017). Consequently, the opportunities for families to pay final respects  
41 and conduct specific religious rituals are limited. There have been forceful retrieval of bodies from  
42 government-sanctioned funeral processes and community rejection of protocols in various regions  
43 across Indonesia. Activities that occur after burials with large crowds, such as prayer ceremonies,  
44 are thought to have triggered new clusters of the virus (Tiffany et al., 2017). Although the  
45 government insists on the COVID-19 directives, certain religious leaders support reclamation of  
46 those who died from COVID-19 and independent traditional care processes without strict health  
47 supervision. Since some patients with COVID-19 can be asymptomatic, there is high potential to  
48 spread the virus during the performance of these independent rituals.



1 Evidence on the rejection of COVID-19 patient burial rites has emerged in Indonesia (Nurhayati Tri  
2 Bayu Purnama, 2020). Furthermore, misinformation on the implementation of these health rules  
3 has been disseminated in communities, and religious leaders appear opposed to the government's  
4 disease control strategy (Nurhayati Tri Bayu Purnama, 2020). Therefore, this study investigates  
5 Muslim leaders' perceptions of the proper handling of COVID-19 corpses. Moreover, it evaluates  
6 problems with the current pandemic protocols from the perspectives of religious and community  
7 leaders and the families of patients. The results show the potential impact of religious rituals on  
8 COVID-19 prevention and the potential to reduce transmission.  
9

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

11 In Indonesia, the term for religious leaders, or scholars, is derived from the Arabic word *alima*,  
12 meaning 'to know' (Ma'luf, 1987). The word scholar is associated with a person with morals, *hadith*,  
13 *tawhid*, jurisprudence, or religious sciences. Additionally, it points to people who understand natural  
14 and social sciences, including economics, medicine, and technology. This is supported by the word  
15 of Allah in the letter *Fathir* (35):28: "Just as people, living beings, and cattle are of various colors as  
16 well".  
17

18 A scholar is a role model and leader in the community, as achieved by the Prophet Muhammad  
19 SAW in leading Muslims. Islamic teachings see no need to separate scholars and the government  
20 (*umara '*) because both work together for their peoples' benefit and welfare. However, an  
21 understanding of the perspectives of religious leaders is urgently required to obtain insight into the  
22 dangers of the further spread of COVID-19 due to spiritual and religious activities.  
23

### 24 **Caring for a Corpse in Islam**

25 There are specific concepts and values in Islam regarding the preparation of corpses. Muslims  
26 adhere to a principle of sufficient care, and following Islamic sharia is crucial and part of the respect  
27 and honor due to a human being (Al-Shahri et al., 2007). For instance, the community recognizes  
28 that the bathing stage of burial is regulated in Islamic teachings to reflect respect for the corpse  
29 (Richards et al., 2015). This process commences with washing, which is *farḍu kifayah* (mandatory  
30 for Muslims), and is performed by the deceased's closest family. Bathing is followed by wrapping  
31 the body with a long, white cloth, based on the rules set forth by the Prophet Muhammad in the  
32 *hadith*: "If one of you covers his brother, then let him shroud it properly" (Narrated by Ahmad,  
33 Muslim, and Abu Daud of Jabir). Subsequent phases involve offering prayers for the dead.  
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35 Burial is the last step of caring for the body, and the *hadith* states the legal basis:  
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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 care process has a deep message and value for Muslims. Ultimately, social responsibility is critical to this process, and this ritual has become a cultural activity in Indonesian Muslim society.

### **Caring for a Corpse in Islam in Emergency Conditions**

Under usual conditions, the corpse is handled in line with the teachings exemplified by the Prophet Muhammad. In emergency cases, such as during natural disasters, disease outbreaks, and other similar conditions, this process should minimize the adverse effect on humans or martyrdom (Ahmed Al-Dawoody, 2020). The COVID-19 crisis represents an emergency situation and consequently allows exceptions to normal conditions, determined based on scholarly opinion. For instance, normal corpse bathing is performed by *tayammum* following sharia and involves cleansing. However, because of medical considerations concerning safety and the possible transmission of COVID-19, the body is not allowed to be bathed or to undergo *tayammum*, as stipulated by *dharurat syar'iyah* (Sukaina Hirji, 2020; The Republic of Indonesia Ministry of Religious Affairs, 2020a).

COVID-19 corpses are buried using the following procedure. After washing or *tayammum*, or not, due to the *dharurah syar'iyah*, the corpse is covered with a cloth and placed in a safe and impermeable bag as a safeguard and to prevent viral spread (The Republic of Indonesia Ministry of Religious Affairs, 2020a). Subsequently, it is placed into a waterproof and air-repellent coffin tilted to the right; the coffin should face *Qibla* when buried.

The law for funeral prayer is *fardhu kifayah*. The prayer is applied immediately to the deceased after being covered, according to *sunnah*. This practice is performed in a safe place by at least one person to avoid further viral 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 must be vigilant and guard against possible virus transmission by observing government-established health protocols.

The procedure for burying a COVID-19 corpse is regulated by the Indonesian Ulema Council (MUI) Fatwa Number 18 of 2020 and the circular of the Directorate General of the Islamic Community. Based on the MUI Fatwa, the funeral should be 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 opening the chest, plastic, or shrouds. Furthermore, placing multiple bodies in one grave is allowed, according to the provisions for *aldharurah al-syar'iyah* or an emergency situation (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 regarding the issue of caring for COVID-19 corpses in North Sumatra Province between June and September 2020. Additionally, it explored the perspectives of religious leaders or scholars from various regional Islamic community organizations, including *Nahdatul Ulama*, *Muhammadiyah*, *Al-Washliyah*, *Al-Ittihadiyah*, and the Indonesian Ulema Council. The study also sought the perspectives of family members of COVID-19 patients and community leaders on funeral or burial processes. Participants were asked to describe corpse management in line with their organizational positions and propose responses to community resistance to government protocols.

### Participants

Participants comprised religious leaders in several related organizations who were known as scholars and had significant leadership roles. A total of 6 scholars or religious leaders aged between 40 and 70 participated, each from different religious organizations. Moreover, all participants were male, and in terms of education, they had master's degrees in religion and doctorates in *fiqh* and philosophy *aqidah*; some were professors in *da'wah* and education fields. This study interviewed two traditional or community leaders in North Sumatra Province with a master's and doctoral degree in sociology or anthropology for each community leader. Additionally, two families of COVID-19 patients who had died participated. These in-depth interviews accommodated more extensive valid data collection opportunities than what could have been achieved via a questionnaire with closed questions and predetermined answers.

### Data collection

Permission to conduct this study was sought from religious and community organizations. Additionally, participant consent was obtained from the families interviewed and community leaders. Data were collected using in-depth interviews conducted through telephone calls that lasted approximately 30–45 minutes and were digitally recorded using a mobile phone. Furthermore, trustworthiness was achieved by triangulating data from scholars, community members, and leaders.

### Research Instruments

The structured interview guide for the religious leaders was organized into three sections. The first section related to demographics, including age, gender, highest education level achieved, and

1 Islamic organization. The second section captured the interviewees' perceptions around monitoring  
2 corpses in emergency situations and the information sources acquired from the community  
3 regarding handling dead bodies. The third section examined the scholars' views and *fatwas* based  
4 on the COVID-19 burial protocols. The study sought to understand their opinions on the COVID-19  
5 burial protocol and whether it could curb disease spread. Additionally, scholars were asked why  
6 they think the protocol reduces the sacredness of Islamic burial rites. The third section explored  
7 potential solutions to reducing the complexities of scholars' responses for the community. One of  
8 the solutions was adapting the government's COVID-19 procedures to local religious, social, and  
9 cultural values.

10 A structured interview guide for community leaders was also employed in which the questions  
11 posed related to the socioreligious aspects of corpse monitoring. Moreover, a different interview  
12 schedule elicited information from families of COVID-19 patients regarding their attitudes and  
13 experiences.

### 24 **Data Analysis**

25 The in-depth telephone interviews were digitally recorded, transcribed, grouped based on manual  
26 coding, and analyzed using thematic analysis. The interview transcripts and interviewer notes were  
27 subjected to open coding. Moreover, the themes were described by the codes developed by the  
28 research team for substantive interpretation before analysis. The results relating to the main theme  
29 were described to identify and resolve any conflicting opinions. The three themes in this study were  
30 the rejection and lack of religious leader assistance, different understandings of the funeral  
31 process, and perceptions of religious leaders. Content analysis was used to understand the  
32 informant responses and to deepen the content. This was due to the high variation in answers from  
33 each informant and religious organization.

### 42 **Ethical concerns and flexibility**

43 This study received ethical approval from the Health Research Ethics Committee of the Faculty of  
44 Medicine, Islamic University of North Sumatra. Furthermore, all participants consented to  
45 participate in this research before the interviews.

### 51 **Results**

52 This section describes the three central themes (Table 1) related to funeral processes for COVID-  
53 19 patients and Islamic religious leaders' perceptions. The themes include the rejection and lack of  
54 religious leader assistance, different understandings of the funeral process, and perceptions of  
55

religious leaders. Selected quotations from the participant interviews appear in italics with identification numbers to preserve confidentiality.

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

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

***Rejection of COVID-19 protocols and lack of religious leader support for patients' families***

Six religious leaders aged between 47 and 70 from different religious organizations, including *Nahdatul Ulama, Muhammadiyah, Al-Wasliyah*, and the Provincial Indonesian Ulema Council, participated in this study. Two of the community leaders had sociology and cultural education degrees. The family members of COVID-19 patients were all female, aged younger than 50, and working as homemakers. Data saturation was reached following the interviewing of six participants. Therefore, more participants were recruited.

Table 2. Demographics of the 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	1	16.7	< 50	0	0	< 50	2	100

	y.o. ≥ 50 y.o.			y.o. ≥ 50 y.o.			y.o. ≥ 50 y.o.		
	5	83.3		2	100		0	0	
<b>Occupation</b>									
Public	4	66.7	Public	1	50	Homemaker	2	100	
servant			servant						
Non-	2	33.3	Non-	1	50	Private	0	0	
governmental			governmental			sector			
organization			organization						
<b>Education</b>									
Bachelor's	0	0	Bachelor's	0	0	Elementary	0	0	
						school			
Master's	2	33.3	Master's	1	50	Junior high	0	0	
						school			
Doctorate	3	50.0	Doctorate	1	50	Senior high	2	100	
						school			
Professor	1	16.7	Professor	0	0	University	0	0	

This study showed that families did not receive education and counseling from religious leaders, leading them to refuse to acknowledge COVID-19 protocols. For these participants, COVID-19 corpse preparation was significantly different from corpse care under normal conditions. The new protocols meant that families and the community could no longer be involved.

*Sad and hurt, because they (ordinary people) cannot express their sadness or the family even, as though it is kept secret because they cannot come and see. Also, they do not attend the funeral, that is what makes the family sad. (Family of Patient 1, female, 47 years)*

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

The rejection of COVID-19 protocols by the community was influenced by the 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, which is considered dishonorable and is rejected by the family. (Community Leader 2, male, 52 years)*

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*Because my brother was not (diagnosed as having) COVID-19, why should he be COVID-19 buried (according to COVID-19 burial protocol). Then, they (hospital staff) told the family to go home. And the patient was secretly brought out and buried by COVID-19 (according to COVID-19 burial protocol). (Family of Patient 1, female, 47 years)*

This rejection was caused by the inability of families to fully accept medical diagnoses, which ultimately influenced the opinions of community and religious leaders. Family members indicated that religious leaders were not involved in the funeral rites and burial of their loved ones.

*They have never heard of a scholar (regarding COVID-19 burial education), they do not know what the scholars think (about COVID-19 burial protocol). They have never consulted with or heard from a scholar. (Family of Patient 2, female, 34 years).*

Families acknowledged COVID-19 procedures only under the provision of a religious corpse preparation service in line with the rules of fiqh. Awareness of government regulations created initial capital for building public trust. This led the community leaders to realize that religious leaders did not offer, formally or informally, support for corpse care according to the health protocols. Therefore, the diverse religious views and dynamic socioreligious conditions required comprehensive education and understanding among all involved.

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

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

Religious services for corpse preparation and effective educational models in the community were useful in implementing the COVID-19 directives. In this case, religious leaders were responsible for ensuring that community members complied with government regulations.

### ***Differences in the understanding of religious leaders regarding funeral processes during COVID-19***

This study highlighted disparities in the experience of religious leaders concerning corpse care processes. Scholars understood that the COVID-19 protocol was designed to reduce possible transmission, although certain clerics had varying opinions.

*When they look at (the COVID-19 burial protocol), the COVID-19 protocol shows that people exposed to COVID-19 could still transmit it (COVID-19) 3–5 hours after death. (Religious Figure 3, male, 61 years)*

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

*Most religious leaders reject 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 that this variation was due to the diverse opinions of health experts regarding the transmission of COVID-19 through funerals. Therefore, the crucial point was transparency in implementing *sharia* corpse preparation processes, including bathing, covering, praying, burying, and offering condolences.

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

*Fardhu kifayah, especially for Muslims, has not been perfectly implemented by the hospital (sharia corpse care processes). This (the funeral process) caused distrust in the community. Now, the implementation of fardhu kifayah in hospitals is witnessed by families from afar with a restrictive protocol. (Community Leader 2, male, 52 years)*

Prohibiting the public spread of false information, including by religious leaders, minimized community rejection of the COVID-19 protocol. Additionally, scholars' active role through official sources was crucial in reducing knowledge disparities among religious leaders regarding the handling of corpses.

### **Perceptions of religious leaders regarding COVID-19 deaths**

All the scholars and religious leaders stated that funerals, according to the health protocols issued by the authorities, should be conducted with consideration of potential disease transmission. Some Islamic organizations had developed their own guidelines for COVID-19 by modifying the religious values of certain institutions to prevent the spread of the infectious disease.

*For example, the corpse burial already has protocols (COVID-19 protocol). Based on the protocol, transmission to others is no longer possible (from the deceased COVID-19 body to other people). (Religious Leader 1, male, 43 years)*

*In Muhammadiyah, there is also a COVID-19 burial protocol agreed upon nationally and internationally. Therefore, they follow those burial rules. (Religious Leader 2, male, 65 years)*

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

*Protocol (COVID-19 burial protocol) has been established and confirmed by the Indonesian Ulama Council regarding the handling of such a corpse; it is no longer brought home, treated*



1 as normal; bathed, dipped, etc. When allowed (non-COVID-19 burial protocol), this has the  
2 potential to be infectious. Therefore, COVID-19 patients are immediately treated at the  
3 hospital and taken directly to a special cemetery to prevent spread. (Religious Leader 3,  
4 male, 61 years)

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6 *Communication about funeral protocols sometimes does not reach the public properly and*  
7 *clearly. Therefore, there are reactions, such as refusal to bury people.* (Religious Figure 1,  
8 male, 43 years)  
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10 Community promotion was not extensively organized, contributing to rejection and forceful retrieval  
11 of corpses by community members. Scholars suggested the need for peaceful coordination among  
12 local governments, religious leaders, and the community on issues related to the COVID-19  
13 protocol. However, the religious leaders highlighted the psychological impact of the changes to  
14 funerals. They stated that the government must consider the emotional impact of the changes in  
15 cultural values that have prompted the public to reject COVID-19 procedures.  
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19 *It (the funeral process) should account for psychological factors. Once someone dies, they*  
20 *are carried away, not to be seen by their siblings or families. Try to imagine how the family*  
21 *would feel.* (Religious Leader 1, male, 43 years)  
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24 Community leaders indicated that dialogue between the government and other parties  
25 provides an important educational opportunity. The humanist approach of religious leaders  
26 was seen through their identification of obstacles and possible solutions by considering the  
27 COVID-19 protocol and *sharia* rules. Furthermore, active participation by religious leaders in  
28 educating community members and overseeing religious services is important for the families  
29 of patients to prevent transmission and new clusters.  
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33 *Dialogue and arguments are carried out with the government, and religious leaders*  
34 *have a role. Therefore, it (the COVID-19 burial protocol) could come to be*  
35 *understood and embraced by the person concerned with accepting the actual*  
36 *method of the funeral with this protocol.* (Community Leader 1, male, 52 years)  
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## 39 40 41 42 43 44 45 46 **Discussion**

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48 This study found that patients' families struggled to fully accept the diagnosis of COVID-19, which  
49 led to their rejection of new funeral protocols. This may have been exacerbated by misleading  
50 information about diagnoses from medical practitioners. Similarly, studies in Brazil found that  
51 distrust in medical care was caused by unclear communication between family members and  
52 medical staff (Cardoso et al., 2020; Luiz et al., 2017). Therefore, accurate information  
53 empathetically conveyed by medical staff to the families of critical patients is important in reducing  
54 family member distrust (Regaira-Martínez & Garcia-Vivar, 2021).  
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1 Religious leaders play a significant role in guiding families experiencing sociological and  
2 psychological distress due to differences in the honoring of deceased bodies before and during the  
3 pandemic (Yardley & Rolph, 2020). In the current pandemic, families cannot participate in funeral  
4 activities as they used to through touching, hugging and kissing. Additionally, they cannot take part  
5 in rituals such as cleansing and wrapping the corpse (Jahangir & Hamid, 2020). These rituals aim  
6 to honor the deceased and prepare them for acceptance in the afterlife, and they preserve cultural  
7 norms and allow the bereaved to express their feelings (Hamid & Jahangir, 2020). Research in  
8 Kashmir, India, showed that more limited involvement in corpse care has a profound psychological  
9 impact on the family (Hamid & Jahangir, 2020). Therefore, any revisions to how families can  
10 interact with bodies during funeral proceedings under COVID-19 protocols must be informed by the  
11 families themselves (*mahram*).

12 This research confirmed that scholars from select Islamic community organizations agree that  
13 corpse care requires restrictions to prevent disease transmission. In Islam, similar opinions from  
14 distinguished intellectuals have been reported (Al-Shahri et al., 2007; Nielsen et al., 2015). Special  
15 treatment involves regular washing and preventing water from splashing onto those bathing the  
16 dead bodies (Lev, 2011; Petersen, 2013). Decision making is carried out by medical personnel or  
17 authorized parties to identify cases diagnosed as having an infectious disease and requiring special  
18 care. Previous research has shown that corpse management with the assistance of a medical team  
19 prevents disease clusters (Lee-Kwan et al., 2017). Therefore, this medical support is necessary to  
20 avoid rejection of protocols and increase public confidence.

21 Islamic community organizations in Indonesia have implemented *Ghoib* prayers and restrictions on  
22 *ta'ziah* or online prayers as a substitute for funeral prayers. This is in line with scholarly responses,  
23 where the organizations' central management has formulated specific corpse care regulations with  
24 health protocols for hospitals and mosques. The Muhammadiyah Central Board issued a circular to  
25 all regional administrators to execute the necessary health protocols (Pengurus Pusat  
26 Muhammadiyah, 2020). In line with this, *Ghoib* prayers are offered to prevent disease transmission  
27 at funeral prayer places and *ta'ziah* activities. Furthermore, educating public and religious leaders is  
28 a comprehensive and cross-sectoral strategy for preventing COVID-19.

29 The cultural structure of Indonesian society is based on the religious community, with great respect  
30 paid to scholars. Additionally, *Fatwas* and scholarly opinions are references for worship  
31 implementation. Several studies show that intellectuals play important roles in health education  
32 (Cotton et al., 2006; Koenig, 2009; Rivera-Hernandez, 2014; Zou et al., 2009). However, various  
33 case reports have revealed that visiting family members of deceased patients/*ta'ziah* during the  
34 COVID-19 pandemic triggered new viral clusters (Nurhayati Tri Bayu Purnama, 2020; Purnama et

1  
2 al., 2020). Compliance with health protocols by community and religious leaders is a problem in  
controlling COVID-19 and facilitating religious worship.

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4 The government showed interest in the opinions of scholars during this pandemic. This is  
5 evidenced by the involvement of scholars in enhancing public awareness of COVID-19 risks and  
6 reducing transmission associated with corpse preparation. A study in Iran found that social and  
7 moral support from religious leaders could help COVID-19-affected families deal more easily with  
8 deceased bodies (Yoosefi Lebni et al., 2021). The involvement of scholars in spreading new ideas  
9 and providing community assistance may indicate a personal concern for social problems. These  
10 religious leaders are deliberately presented on television or through social media and often worship  
11 at home. COVID-19 corpse management could be effective when medical protocols are employed  
12 to prevent the virus being spread to caregivers. Therefore, protection and respect for protocols may  
13 need to take precedence over traditional care for corpses to avoid endangering other people's lives.  
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### 22 **Study Limitations**

23 This research could impact the involvement of religious leaders in funeral processes for COVID-19  
24 patients. However, the results must be understood in the context of several limitations. This study  
25 could recruit only males as key participants (religious leaders) due to the influence of the patriarchal  
26 model in Indonesia. Furthermore, the spread of COVID-19 misinformation has affected the  
27 perceptions and responses of religious leaders, although the sources of this information and its  
28 dissemination were not explored in depth in this study. Therefore, further studies should be  
29 conducted to provide a deeper understanding of religious leaders' perceptions and responses.  
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### 36 **Conclusions**

37 These findings show the importance of understanding different scholars' perceptions and  
38 responses for preventing further COVID-19 spread through corpse handling. The religious nature of  
39 Indonesian society and the central role of scholars in public education hold promising potential to  
40 reduce transmission. Furthermore, comprehensive awareness raising and coordination reduce  
41 misperceptions and misinformation regarding corpse care based on the government's directives.  
42 Therefore, more successful implementation of these protocols would potentially impede new viral  
43 clusters.  
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51 Scholars' involvement in Indonesia is extensive, but they should support the government in  
52 educating the public on compliance with COVID-19 corpse care directives. This is line with health  
53 protocols and sharia rules for implementing emergency care provisions. Additionally, the regional  
54 development system and religious leaders' informal dialogue through mosques or Islamic centers  
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1 educate individuals about corpse care. Furthermore, the training model and materials outlining new  
2 requirements related to COVID-19 should be modified based on Islamic principles.  
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