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RESEARCH PAPER

Religious Preventive Measures and Myths About Covid-19 among Muslims

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PAPER INFO	ABSTRACT
*Corresponding Author Dr.anwarullah@ uo.edu.pk	The study aimed to explore the religious practices to prevent the COVID-19 pandemic and prevalent myths about the pandemic. The study was conducted in Pakistan between January 01 to July 01, 2021. The sample size of the study was 503 respondents from Pakistan, who were approached using online survey method. They data was collected using self-administered questionnaire. The study explored three factors of preventive measures i.e. religious, social and hyper prevention, and two factors of myths i.e. myths and denial, using exploratory factor analysis. The study also explored that the religious prevention from COIVD-19 is higher among females than males. The study concluded that although preventive measures are practiced in Pakistan yet the myths about COVID-19 pandemic are prevalent that may cause the higher prevalence of COVID-19 pandemic. Therefore, it is suggested to launch a more effective campaign about COVID-19 pandemic engaging religious clerics and medical professionals.

Introduction

In December 2019, the world exposed a new health threat, the ongoing outbreak of the respiratory disease that was recently given the name Coronavirus Disease (Covid-19) (Fauci and Lane, 2020). It was first reported in December 2019 in Wuhan (China) and spread all around the globe (He, Deng and Li, 2020). It is an infectious disease, structurally related to the form of virus that causes severe acute respiratory syndrome (SARS) while being highly transmissible and more than 246 million people (confirmed cases on 31 Oct 2021, World Health Organization, 2021) in 209 countries have been infected, with more than 4.99 million reported deaths (31 Oct 2021, World Health Organization, 2021).

This virus is severely impacting the life of the human beings. Everyone in the world is directly or indirectly facing many problems by this disease. The Schools, Colleges, Universities, Markets, Shopping Malls etc. are shut down by the Governments. It has created an atmosphere of fear, anxiety and stress among the developed and developing Countries (Singh, J. and Singh, J., 2020). Corona virus also showed its effect in Asia. 5 million People were died in India, while 28,439 people in Pakistan succumbed to corona virus.

Religions also impacts on viral spread either by inhibiting or accelerating the social transmission, it depends on the specific religious group (Wildman, et al., 2020). During the Corona, where everything was closed and gatherings were banned, many religious institutions changed their traditional activities and gatherings, as well as their sectarian religious practices. People of different religions have reacted differently to tackling the global epidemic and crisis according their religion.

Many religions emphasize to close to each other in terms of faith, such as hand-holding and sharing communion in Churches, standing shoulder-to-shoulder during prayer in Mosques, or touching or kissing religious objects at religious places. In Catholicism Pope instructed people that how they celebrate Holy Thursday, Easter Vigil, Easter Sunday and Good Friday. People joined the Pope spiritually through the media like television, radio, and web etc. Bishops have suspended Sunday Worship worldwide.

During this Period the Organization of Islamic Cooperation (OIC) has recommended adhering to Physical distancing strategies, Mosques were closed to worshipers and a fatwa was issued to offer prayers at home. Similarly, Eid prayers were banned from being offered in congregation. Religious educational institutions adopted the principle of distance education. The largest gathering of Muslims takes place during the Hajj (pilgrimage). During this period, the pilgrimage was also suspended. (July 28–August 2) (Miller, Bigalli and Sumanam, 2020).

Regardless of the religious instructions, the vaccination hesitancy and the myths about the virus are prevalent among religious peoples, the Muslims are not exception. It is a prevalent myth the people would get died with two years of getting vaccinated in Pakistan. Similarly, people also tend to belief the pandemic is a conspiracy (Šrol, et al., 2021), it does not exist at all. It is a seasonal flue (Nikhar, 2021) but the developed countries promoting it to gain more economic benefits. The present attempted to explore such causes of such prevalent hesitancy and myths among Muslims.

Literature Review

Earnshaw et al. (2020) studied the prevalent conspiracies about COVID-19 among the adults of United Stated. They explored that one-third of the U.S adults believed in the conspiracies about the virus. Such adults have around three times lower vaccination intentions than the adults who do not believe on the conspiracies. Romer and Jamieson (2020) also explored that the beliefs about COVID-19 conspiracy theories are stable and prevalent which hindered the actions and policies to reduce to the prevalence of the virus. Such beliefs are prevalent among the respondents whose source of information is social media and television. The further added that conservative ideology is one the biggest predictors of the prevalence and stability of such beliefs.

Al-Sanafi and Sallam (2021) attempted to investigate the vaccination acceptance against COVID-19 among the health workers of Kuwait. They explored that more than 80% of the health worker were ready to get vaccinated within which the higher percentage of acceptance was found in dentists and physicians. However, female respondents have the lowest level of acceptance within which the nurses have the lowest level of acceptance. They also explored that the health workers who were highly exposed to social media and television have higher level of vaccination hesitancy. Sallam et al. (2021) explored the prevalence of conspiracy about COVID-19 in Kuwait, Jordan and other Arab countries. They explored that majority of the respondents have higher level of vaccination hesitancy. The respondents with history of chronical diseases and high level of education have lower vaccination hesitancy. However, female was the more hesitant to the vaccination having lower education level. The prevalent fear about the vaccination in Arab countries is infertility.

Chaudhary et al. (2021) studied vaccination hesitancy and acceptance in Pakistan. They explored that a little higher than the 50% of the total respondents were highly likely to get vaccinated, they also have higher education level, higher income and better health. This vaccine acceptance group also have higher knowledge about the pandemic with the belief the vaccination could reduce the high prevalence of the virus. Arshad et al. (2021)

conducted a national survey in Pakistan on COVID-19 acceptance and hesitancy. They also included the preferred vaccination in the country. They explored that the vaccination hesitancy is very lower (less than 10%) in the country, and a little lower than the 50% of the population has vaccination acceptance on its availability. They also found majority of the respondents preferred Chinese vaccination.

Perveen et al. (2021) used literature synthesis approach to explore the significant causes of the vaccination hesitancy and inequality in Pakistan which they found the most important factors to reduce the acceptance and delivery of the vaccination. Further, the religious beliefs and the conspiracy theories are biggest predictors of the vaccination hesitancy. However, the unavailability of the vaccination across social groups is another important factor that reduce the vaccination delivery across the country. Tabassum et al. (2021) moved a step ahead on the studies of COVID-19 vaccination hesitancy and attempted to classify the hesitancy in Pakistan. They explored four types of hesitancy. The first is theoretical hesitant i.e., the hesitant who believed on his own conspiracy theory that may be inspired from other conspiracy theories. Second, the mythical hesitant who believed that the vaccination is a direct cause of death. Third, the structure hesitant is a person who believes that COVID-19 virus was created in the laboratory and the politics are providing misinforming that goes directly in their political benefits. Fourth, the bio-religious hesitant who do not vaccinate herself due to her biological conditions e.g., pregnancy, mixing with religious beliefs.

Regardless of the conspiracy theories, there are some regions in the country where people do not know about the existence of the vaccination. Such as the study by Abbas, Mangrio and Kumar (2021) found that in Sindh province of Pakistan, people do not aware about the severity of the pandemic and the precautions being taken by the government to reduce its impact. They further explored that people also have misinformation such as they believe that vaccination was invented to make Muslims infertile. The study by Tahir et al. (2021) also explored an interesting factor of vaccination refusal. They explored that people used to believe that their natural immunity system would save them from the pandemic. However, they will vaccinate themselves if government makes it compulsory. Further, they also explored that people were willing to pay around seven dollars to vaccinate themselves.

Material and Methods

This study used quantitative method. We used online survey method for data collection in which we sent the devised questionnaire on various social media groups of Facebook. We received 503 completed questionnaires which was the sample size of the study. The data was collected between January 01 to July 01, 2021. The questionnaire of the study comprised three parts. The first part of the questionnaire measures the demographic profile of the respondents e.g., gender, marital status, education, etc. The second part of the questionnaire consisted of the COVID-19 preventive measures that also includes the religious preventive measures e.g., I have offering prayers while using alcoholic sanitizer. The last part of the questionnaire measured the prevalent myths about the COVID-19 e.g., COVID-19 is planning and conspiracy of rich countries to control the world economy. The Cronbach Alpha of the former and later section of the questionnaire is 0.75 (16 items) and .79 (07 items), respectively.

Results and Discussion

Table 1
Frequency and percentage distribution of the basic demographic variables

Variables	Frequency	Percentage
Gender		

Female	86	17.1
Male	361	71.8
Preferred Not to tell	56	11.1
Marital Status		
Unmarried	168	33.4
Married	335	66.6
Education		
Illiterate	2	.4
Primary	21	4.2
Middle	34	6.8
Matric	38	7.6
Intermediate	55	10.9
Graduation	105	20.9
Masters	151	30.0
M.Phil.	78	15.5
Ph.D.	19	3.8
Total	503	100

Table 1 comprised the frequency and percentage distribution of the basic demographic profile of the respondents. The table showed that majority of the participants in the study were females (71.8%) and only 17.1% of the male respondents participated in the study. However, a minimal percentage of the respondents i.e. 11.1% preferred not to mention their gender. The table also showed that 66.6% of the respondents were married, however, 33.4% of the respondents were unmarried. A little percentage of highly educated (Ph.D. = 308%) and uneducated (0.4%) persons participated in the study. However, the percentage of the participation in the study is higher between the intermediate and M.Phil. level which is accumulatively 77.3%.

Table 2
Factors of COVID-19 preventive measures

Items	Components		
	Religious	Social	Hyper
I am hesitant to group prayers	0.826		
I am hesitant to religious ceremonies and festivals	0.793		
I have offering prayers while using Alcoholic Sanitizer	0.771		
I offer my prayer maintaining social distance	0.692		
I prefer not to shake hands or embrace others	0.571		
I irregularly performed my religious rites	0.556		
I have been hesitant to crowd and travelling	0.554		
I wear mask		0.765	
I cover my mouth while sneezing or coughing		0.754	
I avoid to touch my face before washing hands		0.697	
I wash my hands after every 20 minutes regularly, for 20 seconds each time		0.613	
I used to sanitize my hands		0.576	
I change my dress each day			0.846
I have been taking bath each day			0.827
I have been trimming nails			0.814

I do ablution using soap regularly	0.583
factor less than 0.55 are suppressed	

In order to explore the factors of the devised scales, Exploratory Factor Analysis (EFA) was applied. Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.889, Chi-Square was 3520.59 and the Bartlett's Test of Sphericity was significant (p<.05). Further, Principal Component Analysis (PCA) with Varimax Rotation was applied to explore the factors of the devised scales. It found three factors of the religious preventive measures of COVID-19 among Muslims. Overall, the three factors accounted for by 60% of variance in the data. The first factor accounted for by 36.97% of variance, (Eigenvalue = 5.9), the second factor accounted for by 14.8% of variance (Eigenvalue = 2.37) and the last factor accounted for by 8.2% of variance (Eigenvalue = 1.32) in the data.

Table 3
Factors of the prevalent myths of COVID-19

Items	Component	
	Myths	Denial
COVID-19 is planning and conspiracy of rich countries to control the world economy	.883	
COVID-19 is created by Scientists	.726	
COVID-19 pandemic is a World War III	.707	
COVID-19 is agony of God in result of the tyranny against Muslims around the world	.704	
COVID-19 was created to promote 5G technology	.697	
COVID-19 is just a rumor, nothing else		.871
COVID-19 is nothing more than a seasonal flue		.870

Table 3 comprised the results of the exploratory factor analysis on indigenous conspiracy theories. The principle component analysis with Varimax rotation were used for factor extraction. The sampling adequacy (χ^2 = 1144.407, p<.05) and the Bartlett's Test of Sphericity (p>.05) are satisfactory to proceed the further analysis. The result produced two factors that accounted for by 64.3% of variance in the data. The 1st factor (Eigen value = 3.2, % of variance = 46.3) and the 2nd factor (Eigen value = 1.3, % of variance = 17.99) were labelled as myths about, and denial of, COVID-19 pandemic.

The study also measured the difference of the explored factors by gender and participation in vaccination campaign. It was explored that religious preventive measures were highly practiced by females (M = 20.78) than males (M = 18.83), *p*<.05. However, rest of the factors were not significantly different by gender (*p*>.05).

Table 4
Difference of factors by gender

Factors	Gender	N	Mean	Std. Deviation	Std. Error Mean	*p*
Religious Instructions	Female	86	20.7791	4.95248	.53404	0.001
	Male	361	18.8310	5.06751	.26671	
Social Instruction	Female	86	15.6860	3.08034	.33216	>.05
	Male	361	15.1745	3.11894	.16415	
Hyper Social Instruction	Female	86	13.2209	2.29783	.24778	>.05
	Male	361	13.4072	2.37647	.12508	
Myths about COVID 19	Female	86	15.7907	5.12919	.55310	>.05
	Male	361	15.3380	5.60872	.29520	

Denial of COVID 19	Female	86	8.3023	1.84754	.19923	>.05
Existence	Male	361	8.0582	2.30686	.12141	

Conclusion

The study attempted to explore the prevalent preventive measures of COVID-19 among Muslims and the prevalent myths about this pandemic. Using the multivariate statistical analysis, the study explored the prevalent measures among Muslims which are social, religious and hyper preventive measures. The social preventive measures were those preventive measures which were instructed by the scientists. On the contrary, the religious preventive measures were the use of social preventive measures in the religious matters. The hyper preventive measures were the extraordinary prevention from the pandemic which may cause a phobia.

The study also explored the prevalent myths about the pandemic which stated that either the people were mythical about the pandemic or they completely deny its existence. Such as they used to believe the pandemic is nothing but a seasonal flue. The study concluded that these types of preventive measures and the myths about the pandemic are prevalent among Muslims. However, females were more preventive in religious matters than males.

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