

RAMADAN & COVID-19

Webinar #1 - 3 April 2020

Main messages:

- All conversations and other forms of targeted communication towards the Muslim community should begin with an understanding of Islam
- It is crucial to understand the social and community aspects of Islam, and Ramadan in particular
- Public health practitioners must work closely with religious leaders and local Islamic Centres to help the community to understand what is possible and how and why to adhere to social distancing rules.
- COVID-19 containment measures should build on the assets present in Muslim communities.

Webinar
series
2020



On 3 April, EuroHealthNet organised an informal online webinar with [Dr Farha Abbasi](#), a renowned psychiatrist and an international expert in Muslim Mental Health at the Michigan State University (USA), to talk about the topic of Ramadan (23 April – 23 May 2020) and COVID-19.

The aim was to

- understand the impact of the COVID-19 pandemic on the mental health and wellbeing of Muslims;
- provide guidance on deciding how best to communicate with Muslim communities about risks and prevention, also during the month of Ramadan.

Main conclusions

- All conversations and other forms of targeted communication towards the Muslim community should begin with an understanding of Islam;
- It is crucial to understand the social and community aspects of Islam, and Ramadan in particular;
- Public health practitioners must work closely with religious leaders and local Islamic Centres to help the community to understand what is possible and how and why to adhere to social distancing rules;
- COVID-19 containment measures should build on the assets present in Muslim communities.

Discussion

The importance of community

- Being in community is very important to many practicing Muslims, and those that identify as being part of or coming from a Muslim community.
- This connection to the community should be considered in the context of the physical displacement and trauma experienced and felt by many Muslims. Disruption, terrorism and conflicts are affecting Muslims more than other populations in the world.
- Religion is very central to Muslims' identity. Attachment to it at some level is always there.
- In countries where Muslims are a minority, they often do not have their families nearby, and turn to the community hub of Islamic Centres to fill this role. The centres become a home – a place of social and community interaction.
- Islamic Centres and Imams are very important to Muslims. Imams become 'go to' people for not only spiritual, but also personal issues.

Wellness and welfare in Islam, and the relationship between the individual and community

- Physical and mental wellbeing and wellness are highly valued in Islam. Mental wellbeing is a starting point.
- Individual wellness ripples out through the community as welfare.
- Equally, in times of pandemic, we see a societal welfare issue coming back to individual actions and confinement.

COVID-19, Ramadan and grief

We are seeing the process of grieving. This is an anticipatory grief. There is no grip of how bad the situation is in relation to the COVID-19. There is a feeling that the disease and socio-economic consequences are getting closer and closer to each of us. The intensity and unpredictability are increasing. People are preparing themselves for the worst.

The five pillars of Islam, including Ramadan

1. *The Shahadah, belief that Allah is the only God, and that Muhammad is his prophet.*
2. *Salat is the obligatory Muslim prayers, performed five times each day by Muslims.*

Muslims pray in the direction of Kaaba, which is the building at the centre Great Mosque of Mecca. Now, is the first time in many Muslim's lives that this place is almost empty, which is very troubling.

Muslim prayers are physically active. They combine physical and mental exercise almost like yoga and meditation. In this way, prayer is an action that supports both physical and mental wellbeing.

Muslims must be clean before they pray. The wudu is a physical and mental cleansing exercise; cleaning body and your mind. In community settings, hygiene is very important.

For prayers, Muslims stand shoulder to shoulder, which acts as an equaliser between different people. An individual can pray at home alone, but it is better in the community. When they pray together, they have a sense of how others are doing, whether they are taken care of. The Community also notices if someone is absent.

3. *Ramadan – fasting for 30 days. Ramadan can be observed and celebrated at the individual or community level.*

During the outbreak of COVID-19, the celebration of Ramadan becomes difficult. People may be experiencing anticipatory grief about not being together in this period. Over 30 days, Muslims recite the Quran finishing it on the last day of Ramadan. Normally prayer is lead in the mosque and Muslims have a physical presence behind the Imam. However, it is possible to offer reciting of the Quran online. Breaking the fast together with family and friends is as important to practicing as non-practicing Muslims.

The community and public health workers should work together with religious leaders to help the community to understand what is possible and how and why to observe social distancing rules. This should be part of a conversation. It may be better if a faith leader says that individuals should not go to the Islamic centres, alongside public bodies or medical experts. Social distancing can be understood differently by different people.

The situation can be reframed away from feelings of fear and grief:

- Observing Ramadan does not have to happen on the community level, individuals can do it themselves; in this way it could also become more spiritual rather than ritualistic.
 - It is not about losing faith but altering practice.
 - There are historical examples of these measures in Islam, for example during the black death.
 - Focusing on the links between individual and community wellbeing.
4. *Hajj, the yearly pilgrimage to Mecca which all Muslims must undertake once in their life. This takes place after Ramadan (from July 28 to August 1, 2020). This is highly likely to be cancelled this year.*
5. *Charity.*

It is a religious rite for Muslims to engage in charity, particularly during Ramadan. It is regarded as a type of worship and self-purification. For example, when an individual breaks their fast, no one around them can be left hungry. There is a need to be innovative and find safe ways that individuals could contribute to society and be charitable during Ramadan.

Experience in the UK during the outbreak of COVID-19, has shown that volunteering has considerably gone up. This is one of the ways for individuals to experience a sense of community and contribute to its wellbeing.

Final messages

- Many cultural centres are developing resources
- Be aware of links to financial issues, for example refugees feeling guilt and perceiving themselves as being a burden, especially in a time they would usually focus on giving.
- If you don't know, ask and listen. Be holding hands. Ask to be taught by the communities you are trying to reach.

From the public health perspective, it is important of how we are communicating our messages to minority communities. In case of engaging with Muslim communities, forging partnerships with local Islamic centres is essential. The training of trainers could also build new bridges and acceptance by Muslim communities.

The list of useful resources

- Somali mental health resources: [YouTube channel](#)
- Psychological support and learning kits for disease outbreak; separate guidance to 1-6 year old and 6-13 year old children (Arabic and English) – [here](#)
- Safe Ramadan practices in the context of the COVID-19 – [here](#)
- WHO provides Mental Health and Psychosocial Considerations During COVID-19 Outbreak – [here](#)
- [WHO Recommendations](#) for the faith-based organizations (FBOs)
- [WHO Practical considerations and recommendations](#) for religious leaders and faith-based communities in the context of COVID-19
- [Muslim Council of Britain guidance for COVID-19](#)

- Communication about the Covid-19 to children in [English](#) and many [other EU languages](#), as well as [Arabic, Turkish](#) and [Persian](#)
- Best practices working with Muslim patients – [here](#)
- Key messages on current limitation of movement due to the COVID-19 for Internally Displaced Persons (IDP's) and staff in formal IDP camps in Iraq based on Ministry of Health and Environment instructions – [here](#)

The meeting was attended by:

Dr Farha Abbasi, Michigan State University, USA

Maria Magnusson, Region Västra Götaland, Sweden

Eleonora Tosco, Centro Regionale di Documentazione per la Promozione della Salute (DoRS), Italy

Caroline Costongs, Director of EuroHealthNet

Alexandra Latham, senior communications coordinator, EuroHealthNet

Lina Papartyte, project officer, EuroHealthNet