IMPRESSIONISTIC REPORTING



The Role of Clerics in Confronting the COVID-19 Crisis in Iran

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Accepted: 20 May 2021 / Published online: 30 May 2021 © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2021

Abstract

Clerics were an authoritative and prominent group in society during the spread of the COVID-19 in Iran. Some of them contributed to social welfare services to assist Iranians. However, others engaged in improper activities, such as calling the COVID-19 pandemic a hoax, standing against the quarantine rules, questioning the scientific methods of preventing COVID-19, and offering incorrect strategies that affected prevention and treatment. Yet, clerics are powerful social assets in Iranian society who have the status to help minimize the spread and effects of pandemics upon Iranian people. As a result, their assistance and influence must be used to combat the COVID-19 crisis. This paper argues that clerics in Iran should motivate people to uphold and obey health norms in four ways: (1) health promotion and encouragement, (2) material and instrumental support, (3) spiritual support, and (4) the mobilization of people to combat the disease. Conversely, it highlights the negative roles of clerics, such as (1) opposing social restrictions and opposing the closure of religious places, (2) countering the scientific-hygienic principles appropriate to COVID-19 prevention, and (3) opposing vaccination.

Keywords COVID-19 · Pandemic · Clergy · Clerics · Iran

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Introduction

The new coronavirus (COVID-19) broke out from Wuhan, China, and spread rapidly around the world within a short period (Bao et al., 2020; SoleimanvandiAzar et al., 2021; Yoosefi Lebni et al., 2021). Gradually, it became the world's biggest health crisis and one of the deadliest epidemics in the last century (Ferguson et al., 2020; Williams et al., 2020). Furthermore, the disease has had a significant economic effect and caused economic, social, and psychological problems in the affected countries (Li et al., 2020; Özatay & Sak, 2020; Usher et al., 2020; Yoosefi Lebni, Abbas, et al., Yoosefi Lebni, Abbas, et al., 2020, Yoosefi Lebni, Khorami, et al., 2020).

Until April 19th, 2021, the total number of people infected with COVID-19 exceeded 142 million, and more than 3 million died of it. Iran, like other countries, is affected by the disease, and statistics show that it is one of the ten countries with the highest number of patients and deaths; on April 19, 2021, the total number of COVID-19 patients in Iran reached 2,237,000, with 66,732 deaths (Worldometer, 2020).

The role of religion in disasters and social problems has grown significantly over the last decade, and therefore, many researchers are interested in studying the role of religion and religious beliefs during disasters and destuction (Gaillard & Texier, 2010; McGeehan & Baker, 2017). It is because people's religious beliefs can influence how they think about disasters, how they respond to them, and even how they survive and cope with them (Gianisa & Le De, 2018; Holm-gaard, 2019; Yoosefi Lebni, Khorami, et al., Yoosefi Lebni, Abbas, et al., 2020).

People have always been able to use religion to soothe themselves in times of natural and unnatural disasters and calamities, and religion has always played a crucial role in easing their miseries. The COVID-19 crisis also strengthened religious faith and spirituality (Kowalczyk et al., 2020).

Moreover, religion has been shown to have an effect on people's attitudes during a crisis (Nuryana & Fauzi, 2020; Pirutinsky et al., 2020). In the study of Dutra & Rocha, 2020, the engagement of religious leaders to educate people has been reported as one of the crucial ways to prevent COVID-19 disease (Dutra & Rocha, 2021). Religion played a significant role in the COVID-19 crisis in some developing countries, especially in Islamic countries. In some cases, Muslims disobeyed medical advice, claiming that God has authority over life and death, while in others, they believed COVID-19 was triggered by God's wrath on humans. As a result of these problems, people are hesitant to adhere to health norms (Hashmi et al., 2020).

In Pakistan, religious leaders have repeatedly urged people to follow the safety norms provided by the health department, especially to stay at home (Farooq et al., 2020). COVID-19 was viewed as God's wrath by some religious leaders in Ethiopia, and in Pakistan, some people considered COVID-19 as a part of the government's religious propaganda to keep them under pressure (Rafi, 2020).

With the rise in the number of patients and deaths caused by COVID-19, clerics, one of the most powerful groups in Iranian society, began to contribute to welfare activities and provide useful social and cultural services. However, in certain cases, their entrance challenged the medical community, leaving religious adherents torn between following the guidance of clergy and that of medical professionals. Clerics have a good political position in Iran because they can participate in most planning and policy-making processes. This paper argues that clerics in Iran should use four strategies to persuade people to pay attention to health norms: (1) health promotion and encouragement, (2) material and instrumental support, (3) spiritual support, and (4) the mobilization of people to combat the disease.

The Clerics and the Crisis of COVID-19

During the COVID-19 outbreak in Iran, clerics played two roles: they supported constructive measures to fight and prevent the disease, as well as they thwarted the attempts by health organizations and the government to control and prevent the disease with certain measures. These positive and negative actions are listed in Table 1.

Social Welfare Activities of the Clerics

Health Promotion and Encouragement

When the COVID-19 crisis hit Iran, the majority of clerics released a statement urging people to obey health guidelines and doctors' instructions in order to avoid and control the disease (Hosaini & Marzband, 2020). Furthermore, they played an active role in encouraging people to avoid large-scale religious gatherings, such as the closing of mosques, and ceremonies, as well as motivating people to perform religious rites at home (Bozorgmehr, 2020; Chitsaz, 2020).

Positive contribution	Negative contribution
Health Promotion and encouragement	Opposing social restrictions and opposing the closure of religious places
Material and instrumental support	Countering the scientific-hygienic principles of COVID-19 prevention
Mobilization of people to combat the disease Spiritual Support	Opposing the vaccination programs

Table 1 Summary of Positive and Negative Contribution of Islamic Clerics regarding COVID-19

Material and Instrumental Support

Because of their status and dignity in society, clerics gathered a large amount of material aid, such as food, and distributed it to the people. Mosques are situated in the center of Iranian society (Hosaini & Marzband, 2020); so, it was easier for them to identify the needy. Thus, it helped the clerics to provide more material and non-material assistance to the vulnerable groups, and this was one of the positive activities of them. In many mosques and religious places, despite the closed doors, the clerics continued their social welfare activities. Furthermore, they used religious places to produce and pack disinfectants.

Spiritual Support

With the spread of the COVID-19, most people were terrified and stressed, and since religious places were closed, some clerics took measures, such as using cyberspace to portray religious places for the people and showing various types of prayers. They partially controlled the stress of religious believers (Chitsaz, 2020). Another problem was that COVID-19 patients were homesick and even scared in the hospital because they had no companions. Following the health guidelines, some clerics went to the hospitals, and sat next to the patients, and spiritually strengthened them (Qom University of Medical Sciences, 2020). Besides, after the first death caused by COVID-19, many people became concerned with how to bury the deceased. Because according to Islam, which is the common religion of the majority of Iranians, the dead must be buried in a special ceremony. They were anxious that the ceremony would not take place due to the nature of the death. But the clerics took action spontaneously and performed religious rites for the deceased. This has made it easier for families to deal with the loss of a loved one. The clerics' intervention did not stop there; they also helped the deceased's families during the grieving process, since it was sorely required for moral help.

Mobilization of People to Combat the Disease

Through their influence and powerful position in society, the clerics have been able to entice a large number of people to participate in voluntary activities to prevent and control the COVID-19. Some of these volunteers were introduced to other organizations, such as the Red Crescent, the municipality, etc., in order to disinfect and clean urban and rural roads. Others visited the hospitals to assist the nurses in caring for the COVID-19 victims. Despite the supportive roles that clerics have performed, they also often played divisive roles that have the potential to make the condition much more difficult for medical professionals. In other words, clerics' efforts to battle scientific trends in the fight against this disease could exacerbate the spread.

Opposing Social Restrictions and Opposing the Closure of Religious Places

The Iranian government decided to close religious places at the onset of the COVID-19 outbreak. Some clerics, however, did not accept the closing of religious institutions, so they called on their followers to assemble at the doors of religious institutions, and attempted to open the doors themselves (Jafari & Gharaghani, 2020). Clerics and religious people believe that a religious place is a "House of Healing" and a place to find peace and control people's spiritual wellbeing. Therefore, the closure of these places will cause more harm to the religion and religious beliefs of the people and will have more consequences. In this case, they believe that the structures of these places are antibacterial and the virus is not transmitted in these places and religious ceremonies should not be closed (Chitsaz, 2020). Also, some clerics questioned the issue of quarantine and social restrictions and did not consider it necessary (Alimardani & Elswah, 2020).

Countering the Scientific-Hygienic Principles of COVID-19 Prevention

Some clerics have played an unfavorable role in challenging scientific-health values and questioning scientific approaches for COVID-19 prevention (Ahmed M et al., 2020; Ghadyani et al., 2020). According to a small number of these clerics' followers, these approaches were ineffective, and they burned the book of Harrison's Principles of Internal Medicine, which is one of the most reliable medical sources in the world (Faghihi, 2020). These less-known clerics proposed treatments, such as drinking camel urine and using traditional medicine (using violet oil) (Alimardani & Elswah, 2020), which were rejected by doctors, health officials, and all prominent clerics. In this regard, clerics criticized healthcare organizations for designing health protocols and showing a lack of commitment to spirituality and religion in the prevention and treatment of COVID-19. They stated that religion could play an important role in the prevention and treatment of COVID-19. In other words, they prioritized spiritual faith over scientific and physical measures. This posed a challenge for health planners to control the fatality of the COVID-19.

Opposing the Vaccination Programs

Some clerics opposed the COVID-19 vaccination programs, and they claimed that injecting these vaccines would cause more diseases and inconveniences, such as

homosexuality. Some stated that the vaccines would be used to spy on Muslims and instigate them to follow Western cultures, although none of these claims are scientific and have been dismissed by other clerics (Tabrizian, 2021).

Conclusion

The COVID-19 experience in Iran demonstrates that clerics may have a significant effect on people's thoughts and behavior because of their social status and dignity. As a result, these individuals are important societal assets in society that can be effectively used during disasters, social, and health crises. But at the same time, they can act on the opposite front and contribute to disease transmission, or disrupt the scientific interventions of disease prevention and treatment.

Funding No funding was received for this study.

Declarations

Conflict of interest The authors declare they have no conflicts of interest.

Ethical Approval This article does not contain any studies with human participants or animals performed by any of the authors.

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