

Risk Communication Messaging in the Midst of the Covid-19 Pandemic and the FIMA Experience

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Introduction

COVID-19 affects different cohorts in the population differently and disproportionately. Older people, the male sex, certain ethnic groups, and certain geographical regions have a higher risk of acquiring the infection, experience a more severe form of the disease and have a higher risk of death.

In the UK, the highest age standardised diagnosis rates of COVID-19 was 486 and 649 per 100,000 population in ethnic Black females and males respectively compared to 220 and 224 in the Caucasians. The risk of dying from COVID-19 is much higher among Black, Asian and Minority Ethnic (BAME) groups.

Their lower socioeconomic status, large family members living under one roof and lack of health-seeking behavior are some of the contributory factors. Persons from the BAME communities were more likely to hold jobs and use public transport to their place of work which makes them more likely to be exposed to COVID-19.

COVID-19 exposed the chronic inequalities affecting BAME communities in the UK and further amplified them. Their poorer socioeconomic circumstances led to poorer health outcomes which was compounded by the increased prevalence of smoking, obesity, non-communicable diseases and their complications.

In the short term, the disproportionate impact of COVID-19 on the BAME communities demands interventions to mitigate the deleterious effects of the pandemic by

promoting health protective behaviour which can minimize the risk of the coronavirus.

COVID-19 health messaging to BAME communities needs to be culturally sensitive to trigger behavior modification and improve their health outcomes. This is because their beliefs and attitudes is influenced by socio-cultural factors different from their Caucasian countrymen.

Behavior changes occurs as a consequence of the interplay of 3 factors namely; baseline knowledge and skills, the available resources and opportunities and the motivation to change old ways and habits.

A successful communication strategy will target all these 3 situations to enhance knowledge and skills, increase resources and drive motivation.

A community leader or NGO known to the BAME communities will more likely earn their respect and trust and would be more receptive to their health messages. In this respect the British Islamic Medical Association (BIMA) and their partners (e.g. Muslim Council of Britain - MCB) have been very smart and savvy in their health messaging on various health, ethical and religious issues related to COVID-19 and this was acknowledged by the Scientific Pandemic Influenza Group on Behaviors (SPI-B) for the Scientific Advisory Group for Emergencies (SAGE) (see Example 6).

BIMA's key health messages, infographics (see below in the Appendices) and a template sermon (*khutbah*) have

been shared with 50 other affiliates in the Federation of Islamic Medical Associations (FIMA) fraternity. They have been translated into their respective national languages.

In Malaysia, the Islamic Medical Association (IMAM) has shared them with the religious authorities in the various states which has helped to make it more easily understood and comprehensible to the lay public and ensuring compliance to mitigate the effects of the coronavirus.

The following are graphs (see below in the Appendices) which summarizes the COVID-19 situation in FIMA affiliate countries as at 13 October 2020. It was not possible nor smart to capture all the data on one graph due to overcrowding. So we divided them into 4 regions, namely Asia Pacific, Middle East, Europe with the US and Africa. There was no online data from Jordan, Khmer and Tanzania.

The first set of graphs looked at new daily confirmed COVID-19 cases. It is on a log scale (not linear), so we are able to compare large populations with smaller populations with smaller case numbers. More important is the trending of the curve for each country- flattening or bending the curve or a rise after an initial plateau/decline (new wave). The colour of the curve tells the positive rate of testing. Best countries doing appropriate testing are <3% (blue and blacklines) while grey means no testing data.

The second set of graph examines the new daily confirmed COVID-19 deaths. The WHO COVID-19 dashboard (2) reports 38.0 million cases and 1.08 million deaths as of 10:00am EDT on 14 October 2020.

References

- 1- <https://www.gov.uk/government/publications/spi-b-consensus-on-bame-communication-22-july-2020>
- 2- <https://covid19.who.int>

Appendices

Example 6: information shared via faith organisation that is more trusted by some BAME groups

3 Hadith/Aya to protect against CORONAVIRUS (COVID-19)

- 1** The Prophet (s.a.w.) said: **Cleanliness is half of faith.**
 - The virus is spread by saliva from infected people sneezing, coughing and if landing on your eyes, nose or mouth
 - Wash your hands with soap for 20 seconds frequently
 - Avoid sharing cups and drinks
 - Avoid touching your face / eating or drinking without washing hands
 - Avoid hugging and shaking hands for the near future
 - Avoid touching communal areas like airplanes on public transport
- 2** The Prophet (s.a.w.) said: **If you hear of a plague in a land, do not enter therein. If it befalls a land and you are in it, then do not go out of it.**
 - If you have come back from an area where it is prevalent - self isolate
 - If you have even mild cold or flu like symptoms, stay away from the public, including mosques/jamats/ work (there may be a difference of opinion amongst scholars)
 - Avoid visiting those who are unwell until they are better
- 3** Allah (swt) says: **Then ask those who possess the expertise (ahli al-din)**
 - If you do not know:
 - There is much misinformation about Covid-19 online
 - Media aren't particularly helpful
 - Please do not spread unverified information
 - If you are worried you may have it, call 111
 - For genuine information: www.doh.gov.uk/coronavirus/coronavirus-covid-19
 - For more info, contact: covid19@jbima.org
 - or visit: www.mcib.org.uk/communities

THE VIRUS IS RARELY FATAL, SO LET US TAKE PRECAUTIONS AND MAKE DUAA

BRITISH ISLAMIC MEDICAL ASSOCIATION | This is a public service message by British Islamic Medical Association & the Muslim Council of Britain | **MCB** The Muslim Council of Britain

Information that draws on aspects of personal identity which increases likelihood of following guidance

Faith based credible source more trusted than HM Government for some Muslim communities

#SmartLockdown FOR MUSLIM INDIVIDUALS

PHYSICAL DISTANCING
2metres or 6 feet apart at all times

AVOID TOUCHING
Door handles, trolleys etc..

CLEAN PHONE
Keys & other objects we touch regularly

WASH HANDS
Regularly for 20 seconds

AVOID VISITING
Sick people unless allowed by Doctors

NO HANDSHAKE
Say salaam verbally with hand on heart

WEAR MASKS
When going out or cover with cloth or scarf

HIGH RISK
If you are >65 years old or have illnesses that make you high risk, continue to self-isolate

All information here is general advice and should be applied in context and with the input of local medical experts and scholars
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#SmartLockdown 3 HADITHS TO REFLECT

- The Prophet ﷺ said, "A believer should not be stung twice from the same hole." [Bukhari]
- The Prophet ﷺ said, "There is no wisdom equal to good planning." [Mishkat]
- The Prophet ﷺ was walking around the Kaaba and said, "The sanctity of a believer's blood and property in the sight of Allah is greater than your (the Kaaba) sanctity." [Ibn Majah]

Between the lockdown being eased and a COVID-19 vaccine, we are at increased risk of a 2nd wave. We must protect ourselves and learn to live the "new normal" life until a vaccine is developed.

Certain ethnic or socio-economic groups may be more impacted. We must plan at all levels to protect the high risk groups.

Post-lockdown & pre-vaccine, we must ensure our Lifestyle and choices we make do not endanger the safety & lives of others. Stick to activities that would prevent a 2nd wave.

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#SmartLockdown WHY DO MUSLIMS NEED THIS?

2nd wave

- Often **more deadly** than the 1st because of complacency & risk taking

More affected

- Lower socio-economic & vulnerable group **disproportionately impacted**. We must protect them

Unique features

- We have a few unique features e.g. multi-generational households, mosques and **socio-economic disadvantages**

HIGH RISK HIGH RISK

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#SmartLockdown FOR MOSQUES & MADRASAHS

The authorities decide when a Mosque or Madrasah re-opens. Here are 8 steps to improve safety in post-lockdown, pre-vaccine period if it is re-opened

COVID SAFETY OFFICER
A volunteer entrusted to ensure compliance with safety rules

MOSQUE TIMES
Very restricted opening hours

DOORS OPEN
Separate entrance & exit + open doors

ONLINE MADRASAH
and Quran classes to remain if possible

WUDHU AT HOME
To avoid touching the taps

OWN PRAYER MAT
To avoid touching Mosque carpet

MARK SPACES
2 meter apart in ALL directions with tape

DO NOT COME!
If you are high risk, sick, live with a high risk person or a frontline healthcare worker seeing patients

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#SmartLockdown 10 STEPS FOR MOSQUES

The authorities decide when a Mosque or Madrasah re-opens. Here are 10 steps to improve safety in post-lockdown, pre-vaccine period. If it is re-opened

DO YOU FEEL IT IS SAFE?
If your committee does not feel it is safe, then you are under no obligation to open.

WUDHU AT HOME
To avoid touching the taps please do wudhu at home

COVID SAFETY OFFICER
Ideally each Mosque should have volunteer who ensures compliance with safety advice

MARK SPACES
Mark 2 meter gaps clearly in all directions using tape or other means, not just between rows

DO NOT COME!
If you are high risk or live with someone who is, if you are sick or see patients

OWN PRAYER MAT
From home to avoid touching Mosque carpet. Also bring own Quran/ use App

LIMITED TIMES
Please shorten opening times considerably

ONLINE MADRASAH
If possible, we advise Madrasah & Quran classes to remain online

DOORS OPEN
Use door stop so no touching door handles. Try different entrance/ exits

FINANCIAL STABILITY
Consider starting campaign to donate money to Mosque for financial stability

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8th May 2020

#SmartLockdown FOR MUSLIM COMMUNITIES

SAFE BURIALS
Continue with COVID protocol ghusl, limited to immediate non-isolating family members

ONLINE MEETINGS
Avoid physical meetings

RESTAURANTS
Takeaway service rather than dine in

AVOID TRAVEL
Unless absolutely necessary

NO CASH
Use card payments if possible

SMALL CELEBRATIONS
Weddings etc... limited to immediate family only

SHOPPING
Once a week max Try online shopping

CHOOSE YOUR BUBBLE
Decide on which small group of people (ideally family) will interact with each other

All information here is general advice and should be applied in context and with the input of local medical experts and scholars
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8th May 2020

#SmartLockdown SHOULD I GO TO THE MOSQUE?

The authorities decide when a Mosque or Madrasah re-opens. Here's how you decide whether you go to Mosque in post-Lockdown, pre-vaccine period.

Red X (Do Not Go):

- If your Mosque is not taking precautions to prevent infections
- If you are bringing kids too young to keep physical distancing
- If at risk group or live with a high risk person
- If any symptoms of COVID-19 e.g. Fever, Cough or flu
- If you are frontline health care worker exposed to COVID-19

Green Checkmark (Go):

- If your Mosque is putting in place measures to protect public
- > 10 years old able to understand importance of physical distancing
- If neither you or anyone in your household are in a high risk group
- If feeling well with no symptoms
- If you are not exposed to patients regularly

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8th May 2020

EID AL ADHA PRAYERS ADVICE TO MUSLIM COMMUNITIES

OUTDOORS
Work with your Council to see if a suitable outdoor venue can be used

APPROVAL
Make sure outdoor space is approved by the local council and police

MULTIPLE
Hold multiple congregations if you cannot organise an outdoor space

TIME
Allow enough time between congregations and keep khutbahs short

EID TAKBEER
One person to recite takbeer loudly indoors, and only a few if outdoors. Others to recite quietly

NO HUGS
Give Salaam or Eid greetings without hugging or shaking hands

GATHERINGS
If you are meeting other families, keep the numbers to a minimum and meet outdoors

UDHUYA
Consider Udhuya to help those in need in the UK or abroad. If sharing locally, make contactless drop offs

EID MUBARAK

This is general advice based on public health and government guidance. It needs to be implemented according to local context with local scholars & medical input. Rules differ in Scotland & Wales so follow guidance from MCS or MCW respectively
mcb.org.uk/coronavirus covid@mcb.org.uk

8th July 2020

MUSLIMS & COVID-19 WHAT EXPLAINS THE SPIKES?

Some are saying that BAME or Muslim communities (which make up at least 1 in 3 BAME) have increased rates of COVID-19 because they are "not taking it seriously." **Here are some facts:**

- FACT**  20% healthcare staff are BAME/ Muslim
33% of all medical staff are BAME/ Muslim
These are on frontline and most exposed.
- FACT**  53% of all taxi drivers and 53% of London bus drivers are BAME/ Muslim. Along with delivery drivers they are more vulnerable.
- FACT**  30% of Bangladeshi & 15% of Pakistani households are overcrowded. Also more risk in Multigenerational households.
- FACT**  Discrepancies in testing make figures difficult to interpret. There are reports that Blackburn testing 4x more than rest of UK.
- NO EVIDENCE**  While there are some who do not adhere to guidance, there is no evidence that BAME / Muslim communities in general are not taking the pandemic seriously.

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BRITISH ISLAMIC
MEDICAL ASSOCIATION

1st Aug 2020

MUSLIMS & COVID-19 ASSUMPTIONS ARE DANGEROUS

Making unsubstantiated assumptions about how COVID-19 is spread is not just wrong, it's irresponsible. **Here are examples:**

- ASSUMPTION**  There is a genetic susceptibility to COVID-19 in BAME populations. → There is no evidence of this.
- ASSUMPTION**  Cases of BAME individuals breaking COVID-19 guidance can be generalised to the entire community → You can't.
- ASSUMPTION**  BAME and Muslim communities are breaking social distancing by visiting each others homes → No evidence of this.
- FACT**  Discrepancies are due to many factors especially socio-economic. Making assumptions or oversimplifying is inaccurate & dangerous. It also gives a false sense of reassurance to other communities.

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MUSLIMS & COVID-19 WHAT ARE THE FACTS?

Unfortunately, there are people attributing the current spike in COVID-19 cases on BAME communities in general and Muslim communities in particular. **Here are some of the facts:**

- FACT**  We were the first to voluntarily close our places of worships – more than 1 week before the Government ordered it.
- FACT**  We proactively suspended many events during lockdown – daily prayers and Friday congregations, Ramadan, Eid Al-Fitr, and even cancelled our Hajj delegation.
- FACT**  BIMA along with the MCB had advised face coverings in mosques before officials mandated them. Many are still observing 2m distancing.
- FACT**  Many members of the Muslim community are key workers / on front line working in healthcare so are more exposed to COVID-19

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MEDICAL ASSOCIATION

1st Aug 2020



HOW TO CELEBRATE EID AL-FITR IN LOCKDOWN

Do..

-  Pay Zakat in advance
-  Perform Salah at home, either Eid/Nafi prayer
-  Call out Eid Takbiraat at home
-  Wash, wear your best clothes and wear perfume
-  Eat something sweet (dates) in the morning
-  Connect virtually with others
-  Exchange gift within households
-  Enjoy home-cooked food

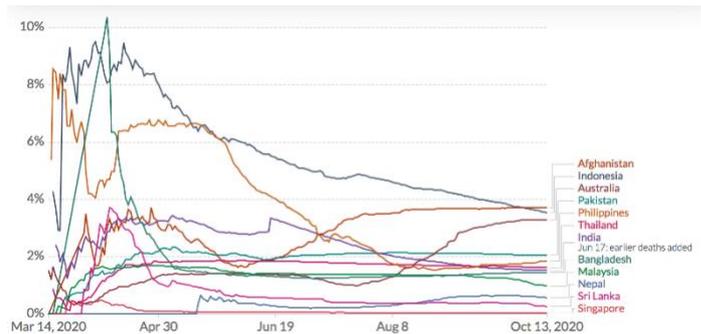
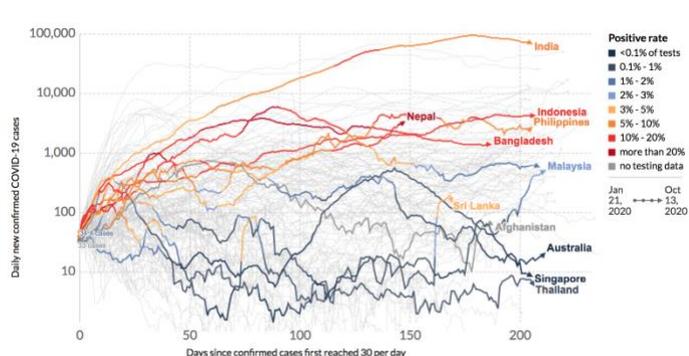
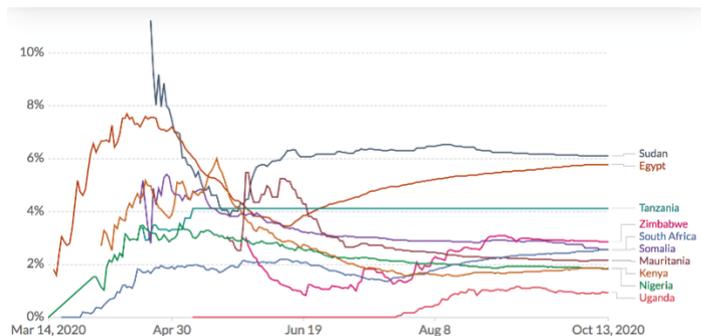
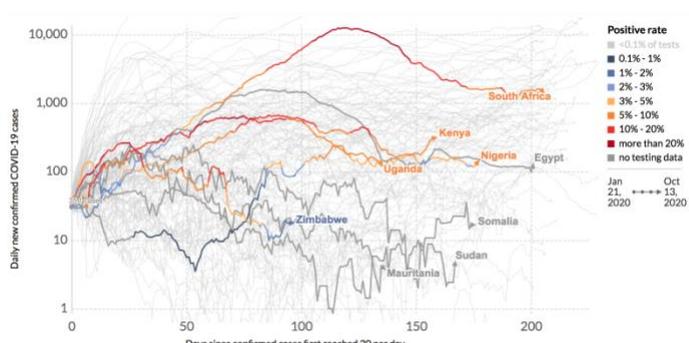
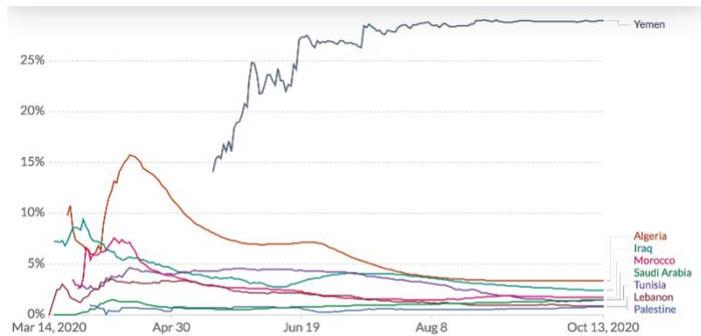
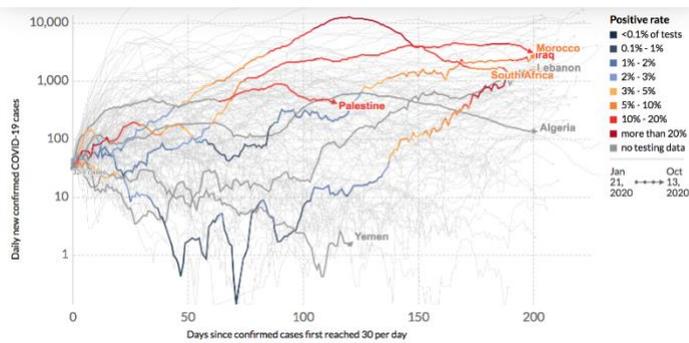
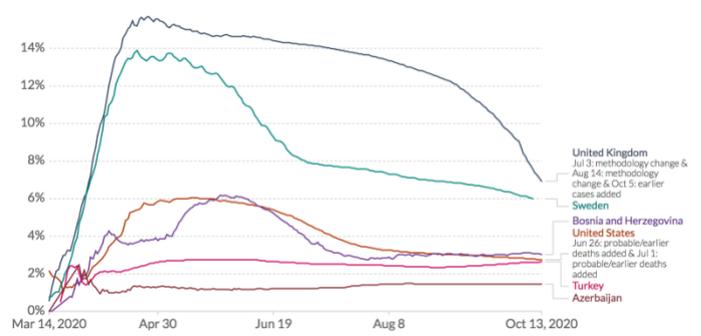
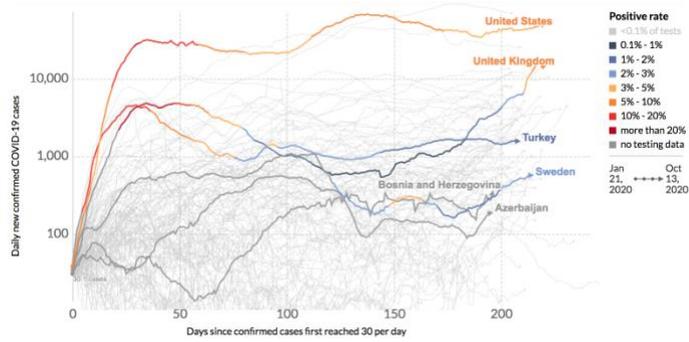
Do Not..

-  Go to the mosque. Community gatherings are not permitted
-  Visit non-family members in their homes
-  Gather in a group of >20, or with those who are not from your household

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Eight Graphs which summarize the COVID-19 situation in FIMA affiliate countries as at 13 October 2020