The Theology and Ethics of Vaccination Receptivity among Dutch Muslims

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Abstract

Muslim tradition has given significant attention to plagues and pandemics based on scriptural texts and theological-ethical norms. Yet, the outbreak of COVID-19 evoked varied reactions among Muslims due to enormous innovations in healthcare and media coverage. COVID-19 vaccination strategies demonstrate how Dutch Muslim attitudes are influenced by factors beyond Islamic theology of pandemics. Other reasons may be behind the unwillingness of some Muslims to vaccinate. These could be traced to certain readings and (mis)interpretations of relevant theological texts, shared cultural schemas among like-minded people, fear of vaccination, lack of clarity, online misinformation, language barriers and political mistrust in local authorities and global health measures. These conclusions are backed up by fieldwork research among Dutch Muslim detainees as an example of what might be called a “local vaccination culture.” It demonstrates that the vaccination decisions are pragmatic and less religiously informed. However, the role imams, religious leaders and representative organs play in this process should not be underestimated. As counter-narratives of anti-vaccinations arguments, theological incentives have a significant impact on Muslim attitudes towards restrictive measures and vaccination policies.
Keywords: COVID-19, (anti-)Vaccination, Islamic Theology, Cultural Schemas, Dutch Correctional Institutions

Introduction

Since the outbreak of the COVID-19 pandemic in early 2020, reactions have varied on the credibility of reports from international and national institutions. These include doubts about the severity of the virus, its very existence, and the effectiveness of the measures taken to combat the pandemic, as well as a conspiracy theory about hidden agendas to control populations. Religious groups all over the world had all the more reasons to react strongly to the pandemic. Inspired by certain religious and ethical values, religious groups usually evaluate, interpret, and react to exceptional phenomena in terms defined by representatives of the faith community. Recent studies examined how certain religious groups, such as Amish Americans and Dutch Bible Belt Orthodox Protestants, claimed exemption from governmental regulations regarding immunization or displayed lower vaccination coverage. Muslims would not be expected to be an exception to this phenomenon, particularly because Islamic authoritative texts and juristic-ethical regulations offer relevant rulings that can be activated in times of mass calamities and pandemics. The question arises whether religious factors could play a role, positive or negative, in the attitude of Muslims towards preventive measures against the spread of a pandemic and their willingness to vaccinate. In this paper we explore and review Islamic scriptural and ethical teachings that could relate to COVID-19 vaccination coverage among Dutch Muslims. To do so, we first investigate canonical scriptural texts and analyse the relevant interpretive traditions and classical theological discussions that still inform COVID-19 debates. We also tackle the Islamic juristic-ethical discourse pertaining to pandemics, including some contemporary fatwas. These teachings are crucial in directing the behavior of many Muslims, including their willingness to vaccinate. Finally, we focus on the sound case of Muslims in Dutch Correctional Institutions to determine whether this narrative affects the behaviour of Muslims in

detention and, if so, how. The context of detention involves detainees and imams, as well as the representative organ of the Muslim community. We demonstrate that Islamic teachings in general are pro-medication and vaccination, and that other factors may be behind the reluctance of some Dutch Muslims to receive it.

The theology of plagues and pandemics

Plagues (tawā‘īn, sing. ṭā‘ūn) and pandemics (awbi‘a, sing. wabā‘) have received special attention in Islamic tradition. Seventy-one works on plagues and pandemics can be traced back to pre-modern Muslim literature, between the third and the eleventh centuries of the Islamic era (ninth to seventeenth centuries C.E.). While Muslim chronologists, theologians, and jurists sometimes use ṭā‘ūn and wabā‘ as synonyms, the latter is more general (pandemic, pestilence) than the former, as every ṭā‘ūn is a wabā‘ but not vice versa. The theology on these historical incidents stemmed from


some Quran and Sunnah texts seen as references to relevant juristic and ethical discussions such as scholastic interpretation of pandemics, divine providence and destiny, human reaction and intervention, impact on ritual obligations and interpersonal interactions. This resulted in the emergence of a particular genre on the theology of plagues and pandemics. Scholarly productivity on the issue of contagion included (theology-informed) medical approaches, which resulted in an enriched debate between scriptural conservatism and medical rationalism. To this day, theological discussions, in particular, could still play a significant role in the way Muslims react on and interact with the COVID-19 pandemic. Vaccination then becomes correlated to the believer’s conceptualization of the idea of pandemic and the religious interpretation of its origin, etiology, objectives and proper reaction to its severity.

**Punishment, mercy, testing, or destiny?**

Several theological notions could determine a Muslim’s conceptualization and reception of a pandemic and his/her reaction to preventive measures and vaccination strategies. To begin, the idea of divine punishment is salient in Muslim discussions of the origin of catastrophic natural disasters, plagues, and pandemics. Classical scholar Ibn Ḥajar al-ʿAsqalānī (d. 1449) begins his work on plague epidemics with a chapter tackling prophetic reports which refer to a plague as a torment (ʿadhāb/riżā [s]) on former nations of unbelievers for forsaking the divine message. He associates these narrations with other Hadith reports that state that such an occurrence implies mercy (raḥma) and martyrdom (shahāda) for the Muslims believers. This could problematize a

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5 Al-Khatib, “Al-ṭāʿūn wa al-Wabāʾ,” 81. For a detailed account of this genre and plague chronology see Lawrence Conrad, “Arabic Plague Chronologies and Treatises: Social and Historical Factors in the Formation of a Literary Genre,” *Studia Islamica* 54 (1981): 51-93. It is beyond the scope of this paper to trace these incidents and the theological discussions that emerged around them, but rather to relate them to the question of Muslims receptivity of vaccination and the extent to which they could affect it.


7 Al-ʿAsqalani, *Badhl al-māʿūn*, 73-88; he dedicates a long discussion the whole issue of the plague being mercy and martyrdom, 178-203; Shabana, “From the Plague to the Coronavirus,” 7-9. Several prophetic hadiths address the issue of plague as a punishment of former folks for...
believer’s mind about a pandemic being conceived as a divine mercy, despite the illness, pain, and possible death. However, such a problematic can hardly appeal to mainstream Islamic theology. In this regard, the Islamic concept of theodicy functions as the general theological justification for divine mercy and providence being intertwined with suffering and tribulation (balâ’) through the rationale of ibtilâ’ (trial/testing). 8

This should form an impulse for a Muslim to view undesirable critical situations in a positive light, to move forward, and struggle to overcome various forms of evil and tribulations. 9 While a narrative about the punitive nature of COVID-19 against unbelievers prevailed among some Muslims, it was countered by the fact that a pandemic does not distinguish between a believer and a disbeliever. Many (pious) Muslims, reverent scholars, disobedience of God and martyrdom for a believer who dies because of it. For example, Aisha, the wife of the prophet narrated “I asked Allah’s Messenger about the plague. He told me that it was a punishment sent by Allah on whom he wished, and Allah made it a source of mercy for the believers, for if one at the time of the spread of a plague epidemic stays in his country patiently hoping for Allah’s reward, and believing that nothing will befall him except what Allah has written for him, he will get a reward similar to that of a martyr.” Mohammad Ibn Ismail Al-Bukhari, The Translation of the Meanings of Sahîh Al-Bukhârî. Arabic-English, trans. Muhammad Khan (Riyadh: Darussalam, 1997), vol. IV, kitâb aḥâdîth al-anbiyâ’ (the book of the stories of the prophets), hadith 3474. In another narration she says: “Plague was a means of torture sent on a group of Israelites (or on some people before you).” Al-Bukhari, vol. IV, kitâb aḥâdîth al-anbiyâ’ (the book of the stories of the prophets), hadith 3473. Another hadith, vol. IV, hadith 2830, reports the prophet to have said “Plague is (the cause of) martyrdom for every Muslim (who dies because of it).” Al-Bukhari dedicates a separate chapter, under kitâb al-ṭibb (the book of medicine) to prophetic reports on the plague, titled bâb mā yudhkar 1fî al-ṭā‘ūn (what has been mentioned about the plague), vol. VII, hadiths 5728-5734. Cf. Muslim Ibn al-Hajjaj, English Translation of Sahîh Muslim, Nasiruddin Al-Khattab (Riyadh: Darussalam, 2007), vol. VII, bâb al-ṭâ‘ūn ..., hadiths 5772-5787. Cf. Q. 7: 133-137. See also Stearns, Infectious Ideas, 88.


and imams were severely afflicted by COVID-19 and plenty of them died.\(^\text{10}\) Universal cosmic laws (\textit{sunan kawniyya}) correlate to divine laws (\textit{sunan shar'iyya}) because both are originated and created by God. Therefore, reliance on modern scientific knowledge and guidance should go hand in hand with religious compliance. To ignore the first is as unethical as ignoring the latter.\(^\text{11}\) Prominent medieval Shafi’i scholar Al-‘Izz ibn Abdel-Salam (d. 1262) underlines the link between the objectives of medication and those of the Shari‘a; he states that “Medicine is, just like the Shari‘a [Divine law], set to attract the benefits of health and safety, and prevent the evil of damages and diseases ..., He who has instituted the Shari‘a is He who has instituted Medicine; each of them is instituted to attract humans benefits and prevent evil.”\(^\text{12}\)

The prophetic reports (hadiths) which deal with plagues as a mercy and potential martyrdom for a believer precondition these rewards by preventive-protective actions against the spread of a pandemic and proactive prevention. Telling examples that recall the modern measure of quarantine can be found in hadiths such as “If you hear the news of an outbreak of an epidemic (plague) in a certain place, do not enter that place; and if the epidemic (plague) breaks out in a place while you are present in it, do not leave that place to escape from the epidemic,”\(^\text{13}\) and “for anyone who is residing in a country in which this disease has spread, and he remains there and does not leave that country, but remains patient and hopes for Allah’s reward, and knows that nothing will befall him except what Allah has written for him, then he will get such reward as that of a martyr.”\(^\text{14}\) Other preventive measures are mentioned in the Islamic historiographies of pandemics. During the plague of ‘Amwās, the Caliph Umar asked his governor of the Levant, the companion Abu ‘Ubayda ibn Al-Jarrah, who eventually passed away from the plague, to move the people away from plain valleys and morasses to the heights of fresh air. It is also reported that his successor, governor ‘Amro Ibn al-‘Aāṣ, took the initiative to order the people to split up over the heights to avoid the spread of the contagion, and that this measure

\(^{10}\) Cf. Al-Khatib, “\textit{Al-tā‘ūn wa al-wabā‘},” 88.


\(^{13}\) Al-Bukhari, \textit{The Translation}, vol. IX, \textit{bāb al-ḥiyal} (the book of tricks), hadith 6973.

brought the epidemic to an end.\(^{15}\) The question remains of how to relate these reports to the current situation, and how these pious companions and predecessors would react to modern measures to counter pandemics, including vaccination. Vaccination has been found as a modern medical means to combat the dangers and reduce the spread of the Corona pandemic. Thus, through the legal method of unrestricted interests (\(\text{maṣāliḥ mursala}\)) and its subcategory of \(\text{ḍarūriyyāt}\) (essentials),\(^{16}\) it can be considered in line with these prophetic injunctions and traditional measures, as the ultimate goal is to take measures against a pandemic and preserve human life.

The concept of \(qadar\) which in this context could refer to fatalism, divine destiny, and providence could impact Muslims' receptivity to the vaccination measure. Some Muslims might vindicate their rejection of vaccination referring to the divine will and providence behind the pandemic, and that there is no refuge from God's predestined fate other than compliance.\(^{17}\) Both the epidemic and the remedy are in God's providence; whoever is destined to die will die and whoever is destined to survive will survive. This could result in apathy and may lead some Muslims to regard vaccination as human intervention into God's creation and will.\(^{18}\) However, this view can hardly be in line with traditional authoritative texts. During the famous plague of 'Amwas, when the Caliph Omar was advised by his companions not to proceed to the plagued areas and to return back to Medina, he was asked by Abu 'Ubayda, who seemed to rebuke Omar, whether he is running away from God's fate. Omar replied “Yes! we flee from God's fate to God's fate.”\(^{19}\)

\(^{15}\) Al-Tabari, \(Tārīkh\), IV, 60–62; Imad al-Din Ismail Ibn Kathir, \(Al-bīdāya wa 'l-nihāya\) (Beirut: Bayt al-Afkar al-Duwaliyya, 2004), I, 1063. For the verification of different narrations see Ibn Hajar, \(Badhl al-mā‘ūn\), 257ff.

\(^{16}\) A \(\text{maṣlaḥa mursala}\) is one of the legal methods developed in Islamic jurisprudence, pioneered by the Maliki school, to establish rulings for issues that are not directly covered by scriptural texts. It entails bringing an interest, preventing a harm, difficulty or discomfort, by preserving the higher objectives of the Shari'a (protecting Life, Belief, Intellect, Progeny and Wealth). See Abu Ishaq Ibn Musa Al-Shatibi, \(The Reconciliation of the Fundamentals of Islamic Law\), transl. Imran Nyazee (Reading: Garnet Publications, 2014), vol. II, the Book of \(Maqāṣid\) (Purposes of the \(Shari‘a\)), 9–51.

\(^{17}\) Similar anti-vaccination reasoning is traced by orthodox Dutch Christians of the Bible Belt, Mud, “(Anti-) vaccination reasoning,” 2.

\(^{18}\) For a discussion of apathy as a behavioral response in fatalist cultures during times of crises, see Ásthildur Bernhardsdóttir, \(Crisis-Related Decision-Making and the Influence of Culture on the Behavior of Decision Makers\) (New York: Springer, 2015), 131–133. The idea of diseases as part of sin and that vaccination is an intervention in God's will is also salient among Christian groups in the United Kingdom; Mud, “(Anti-)vaccination reasoning,” 5.

\(^{19}\) Al-Bukhari, \(The Translation\), vol. VII, \(bāb al-ṭibb\) (The Book of Medicine), hadith 5729; Muslim, \(English Translation\), vol. VI, \(ktiāb al-salām\) (the book of greetings), hadith 5784.
This means that following natural laws and taking necessary measures to safeguard one’s life is fully consistent with scriptural evidence.

Contested traditions and interpretations

Muslim advocacy for pro-medicament scriptural corroboration and consistency with modern scientific evolution is not without contest. The Sunni corpus of highly authoritative authentic hadiths of al-Bukhari and Muslim includes traditions that seem to offer contradictory prophetic injunctions. For example, a hadith reports that the prophet said “no contagion and no ornithomancy (birds-divination; as bad omen) ...,” while another prophetic injunction states “run away from a leprous person as you run away from a lion,” and another testifies on the authority of the prophet that he said “no sick should be put with a healthy,” all added to the aforementioned report which dissuades from entering or leaving a land where a plague has broken out. The first report suggests a negation of infection, while the others reinforce the fact that some diseases can be dangerously contagious and that preventive measures should be taken. The first hadith could contradict scientific facts of infectiology and may endorse negative attitudes toward a plethora of contagious diseases, especially during a pandemic. However, Muslim classical scholars of hadith methodology developed a rigorous genre of mukhtalif (ikhtilāf) al-hadīth to deal with similar traditions and reconcile between them. The potential negation of contagion in the hadith does not necessitate denial of the direct or indirect transmission and spread of a disease from one person, animal, or organism to another. Classical scholars suggested a conciliatory interpretation: the prophet’s aim was to disqualify a pre-Islamic convention that contagious diseases act

20 Al-Bukhari, The Translation, vol. VII, bāb al-ṭibb (the book of medicine), hadiths 5707, 5717, 5757, 5770, 5773, 5775; Muslim, English Translation, vol. VI, ktiāb al-salām (the book of greetings) hadith 5788, 5800. In al-Bukhari, 5717, and the latter narration of Muslim, a Bedouin asked, “O Messenger of Allah, what about camels that are running about in the sand like deer, then a mangy camel comes to them and they all get infected?” He said: “Who infected the first one?”


22 Muslim, English Translation, vol. VI, ktiāb al-salām (the book of greetings), hadith 5791.

independently from divine intervention. The prophet underlines herewith that nothing happens beyond God’s will and fate, being the original Cause and Healer, including the very first infection (patient zero). Another suggested interpretation of the report “no contagion...” could be that the particle “no” denotes inhibition and forbiddance not negation; i.e., avoid contagion. During the COVID-19 crisis, the Mufti of Egypt issued a fatwa titled “the denial of the infection of Corona,” which anticipates a probable erroneous reliance on these traditions to repudiate restrictive measures and vaccinations.

Another example comes from a modern tafsīr of Q. 105: “Have you not considered, [O Muhammad], how your Lord dealt with the companions of the elephant? Did He not make their plan into misguidance? And He sent against them birds in flocks, Striking them with stones of hard clay, And He made them like eaten straw.” Sheikh Mohamed Abdu (d. 1905), grand mufti of Egypt between 1899-1905 and a renowned scholar and reformist of the late 19th and early 20th century, known for his progressive approach and views, tried to offer a pro-modern scientific interpretation of these verses. Speculating on the miraculous nature of the ‘birds’ and ‘stones’ that demolished the hostile army as a divine punishment, Abdu suggests an allegory to flies and mosquitoes loaded with germs and microbes that hit

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24 In the abovementioned narrations of al-Bukhari, 5717, and Muslim, 5788, a Bedouin asked, “O Messenger of Allah, what about camels that are running about in the sand like deer, then a mangy camel comes to them and they all get infected?” He said: “Who infected the first one?” For the discussion of the different opinions on the claim of contradiction between the hadiths see Ibn Hajar al-‘Asqalani, Faṭḥ al-Bārī bi sharḥ ṣaḥīḥ al-Bukhārī (Beirut: Dar al-Ma’rifa, 1379 H/1959), vol. X, 158-163, and Yahya Ibn Sharaf al-Din Al-Nawawi, Al-minhaj bi sharḥ šaḥīḥ Muslim ibn al-Hajjāj (Amman: Bayt al-Afkar al-Duwaliyya, 2000), 1385-1387. Both refer to a group of scholars who rejected the narration of “no contagion,” as there is another narration (Muslim, 5791) where the narrator-companion Abu Hurayra denied this part of the narration and only acknowledged the report of “No sick should be put with a healthy.” See also Ibn Qutayba, Ta’wil mukkhtalif al-hadith, 96-97.


27 The verses recall a historical event that took place in the same year the prophet is believed to have been born, 570/571 CE (Year of the Elephant). A Christian king of Yemen, Abraha, led an army accompanied with giant elephants against Mecca, willing to attack and destroy the Ka’ba. His ultimate goal was to put an end to the Ka’ba as the pilgrimage house of the Arabs and to redirect pilgrimage to his newly built cathedral (Qullays) in Yemen. According to this Quranic narrative, in a miraculous divine intervention, the king and his whole army were destroyed by small (clay) stones thrown from the sky by flocks of birds.
the army and transmitted an epidemic infection of measles and smallpox.\(^{28}\) He refers to two traditional narrations that allude to the demolishment of the army by these diseases.\(^{29}\) To him, the term *ṭayr* (birds) includes all that flies in the air whether big or small, visible or invisible. He then comments, “It is thus permissible for you to believe that ... many of these weak birds are considered to be of God's mightiest soldiers to demolish whom He wants among humans; that this small organism they nowadays call microbe must be one of them, being of different variants and groups that only the Creator can enumerate.”\(^{30}\) This interpretation, which roused much criticism in Muslim circles,\(^{31}\) mainly meant to rationally reconcile the Quranic narrative with modern science. However, it could also reinforce the notion of widespread diseases and plagues as being a divine punishment against unbelievers. Some Muslims found an easy liaison between Q. 105 and the Corona-epidemic, interpreting the latter as one of God's soldiers against contemporary forms of unbelief, deviation, and corruption. Though the sacred pilgrimage season was repeatedly called off, and the holy city of Mecca was not spared the effects of the pandemic, such views were shared among Muslims on social media and communicated by some religious leaders.\(^{32}\) This could negatively impact reactions to preventive measures

30 Abdu, *Tafsīr*, 158.
32 See e.g. Altaf Abdullah, “#Cōrōna: Sura al-Fīl, mawā’iz wa ‘ibar,” accessed January 25, 2022, https://www.youtube.com/watch?v=06Se4eeqzt0; Abbas al-Tarabili, “‘Āam al-fil .. wa ‘āam Cōrōna,” accessed December 25, 2021, https://www.almasryalyoum.com/news/details/1936641; Mohammed al-Nabhan, “Cōrōna wa al-ṭayr al-abābīl,” accessed December 25, 2021. http://www. dr-mfalahhban.com/كورونا_الطيور_الابئيل. An Indonesian imam stated “God gave evidence to humans witnessed by thousands of people. If you want to punish people with diseases because they are disobedient to God, then the Abābīl Bird army can be sent down, this is the same as the corona...
and vaccinations. However, the way both official and non-official Islamic institutions and authorities reacted to the discourse around the epidemic significantly increased the implausibility of these claims.

Fatwa’s

The fatwa mechanism in the Islamic tradition has always sought to reinvigorate the fundamental theological-juristic roots and ethical principles of Islamic jurisprudence and re-localize them in the here and now. Currently, almost all official fatwa councils within and outside the Muslim world are pro-vaccine. Several fatwa’s were issued, whether responsive or active, urging Muslims to take all measures to avoid contamination and get vaccinated. These fatwa’s, albeit not binding, form a significant directive factor for many Muslims in making decisions. Relying on Islamic scriptural, juristic and ethical proofs, they form the frontline of contact between average Muslims and the entangled world of interpretations, jurisprudence and ethics.

Over the past few decades, Muslim jurists have put forward arguments in favor of vaccines.33 During the COVID-19 pandemic, governments, including the Dutch, employed fatwa’s, religious institutions, and imams to recruit Muslim pro-vaccine commitment. The Dutch governmental website published a video of a theologian and mosque board member explaining the legislative rulings on vaccination as a preventive treatment and the permisibility of vaccination even during the fasting period in Ramadan.34 Despite the existence of fatwas that tend to forbid the use of vaccines produced with porcine ingredients, other fatwa’s concerning a claimed pork ingredient in disease that comes from bats.” Angkasa Yudhistira, “Heboh Virus Korona, Mahfud MD Teringat Surat AlFil,” accessed January 27, 2022, https://nasional.okezone.com/read/2020/02/06/337/2164560/heboh-virus-korona-mahfud-md-teringat-surat-al-fil. Some other Indonesian religious leaders suggested to recite Sura 105 to avoid Corona, Rakhmat Setiawan, “Mari Berdoa Membaca Surat Al-Fil Agar Terhindar dari Virus Corona,” accessed January 27, 2022, https://medialampung.co.id/mari-berdoa-membaca-surat-al-fil-agar-terhindar-dari-virus-corona/.


the COVID-19 vaccines stated that it is permissible even if some pork-derived ingredients, such as porcine gelatin, are used in the vaccine. The reasoning utilizes the Islamic juristic concept of *istiḥāla* ((chemical) transformation of the original substance to another) which renders the medical use of products processed from non-permissible substances through *istiḥāla* permissible.

Collective fatwa councils were also eager to encourage Muslims worldwide to receive the vaccination. A collective fatwa from the International Islamic Jurisprudence Academy (IIFA) stipulated that the vaccination is obligatory (*wājib*) if the “one in charge” (*waliy al-amr*), or the authorities, require it for public interest and the disbursement of *zakāt* (legal obligatory alms) money to finance vaccination. It also called upon Muslims worldwide to abide by the instructions of public health authorities in their communities. There is no doubt that these fatwas played a very positive role not only in stimulating positive attitudes toward the vaccination strategies, but also in combatting anti-vaccination arguments.

**Religion, culture or politics?**

Assuming that the social category ‘Muslim,’ including Dutch Muslims, entails a homogenous religious group with the same set of beliefs is wrong. If a strong argument could be made for a pro-vaccination—to a certain extent mainstream—Islamic theology of pandemics, a legitimate question would be whether other factors could determine a ‘Muslim’ reception of the vaccination measures. Could ethno-cultural affiliation influence this attitude, especially considering that most Dutch Muslims are strongly connected with their countries of origin and significantly influenced by its culture, family ties, and shared media propagation?

According to the cultural schema theory of cognitive anthropology, socio-cultural schemas distributed among a group of people based on shared knowledge and experiences, play a significant role in their beliefs.

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and perceptions. The interpretation of these schemas can be influenced by personal knowledge and experiences, and result in varying behaviors among individuals. The collectivization of decisions in times of crisis is a strong social phenomenon. Beliefs about disease etiology, ideas about the efficacy of modern medicine, and views on the need for preventive health measures, are all notions that give birth to what may be called 'local vaccination cultures.' (Anti-)vaccination reasoning is thus likely shared by friends, relatives or neighbors who share their vaccination experiences. As John Grabenstein argues "in multiple cases, ostensibly religious reasons to decline immunization actually reflected concerns about vaccine safety or personal beliefs among a social network of people organized around a faith community, rather than theologically based objections per se."

As a heterogeneous, yet collectivist, social-cultural group, Muslims in the Netherlands are often in close contact with their countries and cultures of origin. It is natural to infer that, during the pandemic, contact with family members and friends in those countries became more intensive and focused on the current situation. Sharing information among like-minded people about the vaccination policies, positive or negative experiences of vaccinated cases, and fears and reservations against the process, are all factors that influence vaccination tendencies. In those countries of origin, some extra measures may raise questions and create doubts about the vaccines. A telling example is a declaration issued by the Egyptian Ministry of Health which was required to be signed before the vaccination. The hyperbolic restrictive formulation of some articles in the declaration, related to the personal legal responsibilities of the vaccinated, can easily promote reluctance, create doubts and mistrust. It states,

I declare that ... I am conscious that the vaccination has only been granted Emergency Use Authorization, that I am aware of all the side effects and possible complications related to the vaccination, ..., that I am aware of

38 Mud, "(Anti-)vaccination reasoning," 8.
40 Mud, "(Anti-)vaccination reasoning," 9. The WHO report, "Vaccination and trust: How concerns arise and the role of communication in mitigating crises" (March 14, 2017), refers to 'social norms' of a group community as a modifying factor in vaccination decision-making.
the possible risks and benefits of the vaccine .... I hereby exempt the state, its health authorities and institutions, employees, agents, companies, vaccine manufacturers, their employees, vaccine importers, partners and agents from any and all responsibilities or legal claims for any of the known or unknown reasons that may result, relate or be attributed in any way whatsoever to the vaccination.43

The declaration was massively spread among social media groups and family networks, mainly urging people to refrain from vaccination, wherever they were. Imported doubts about the vaccination from the countries of origin can interdependently affect the vaccination coverage among Dutch populations with migrant backgrounds, including Muslims. This is because an anti-vaccine sentiment could be treated as a ‘cultural pathogen’ and a culturally transmitted trait.44 Although prior evidence-based research supporting this hypothesis is scarce, a recent study traces the reluctance to receive the vaccination among Middle Eastern populations and shows that the major source of information about COVID-19 and its vaccines is social media.45

Religious affiliation may be one of many reasons to decline the vaccination among some groups.46 Nevertheless, the political tendencies of Muslim communities in the Netherlands, and in the West in general, could be another factor in determining their (anti)vaccination reasoning. Due to some governmental policies and political actors, many Muslims may feel...

46 For an analytical evaluation of different perspectives behind vaccination (non-)acceptance see Streefland, Chowdhury and Ramos-Jimenez, “Patterns of vaccination acceptance,” 1705–1716; Mud, “(Anti-)vaccination reasoning,” 5.
alienated, develop less confidence and resistive inclination against some state (health) measures. In addition to conspiracy theories, political apathy, victimization narratives on targeting Muslim minorities, and experience of a ‘hated society’ in certain non-Muslim secular states,\(^47\) vaccination hesitancy among some Muslims could also be attributed to a ‘minority trust syndrome.’ Added to this is a political mistrust, not only in the local system, but also in the globalized system, particularly for managing crises and caring for the world population.\(^48\) Moreover, lack of clear, accessible, and simplified information about certain health issues and risks in communal minority languages (e.g., Arabic and Turkish) may increase the vulnerability of a considerable segment of this social group due to problems of language barriers or illiteracy, as was indicated for example in the case of organ donation.\(^49\)

**From theology to praxis: Muslims in Dutch Correctional Institutions**

In the previous section, we provided an overview of various theological notions, doctrines, prophetic and Quranic principles, religious decrees (fatwa’s), and other politico-cultural considerations that could contribute to the attitude of Muslims towards the corona pandemic and the vaccination program. We could classify these as primary (e.g., restrictive measures) and secondary rules or norms (e.g., vaccination policies, religious, and politico-cultural representations). “Primary norms simply enjoin us to perform or


refrain from performing this or that action”\textsuperscript{50} and thus “make demands on individual agents concerning what they are permitted, forbidden, and required to do.”\textsuperscript{51} Secondary norms are more abstract and “specify the ways in which the primary rules may be conclusively ascertained, introduced, eliminated, varied, and the fact of their violation conclusively determined.”\textsuperscript{52} Secondary norms include ethical values, but also the whole network of (religious) beliefs, representations, traditional authoritative texts that give context and meaning to values or concrete norms.

To examine these in a real-world context, we will now focus on Muslims in Dutch Correctional Institutions as an example of what might be called a ‘local vaccination culture.’ This group is chosen because it involves a ‘closed society’\textsuperscript{53} with several key characteristics such as a) a symmetrical target group liable to specific patterns under somewhat equal circumstances, b) independence from certain vaccination privileges (travel, access to public areas, and entertainment sectors, etc.), c) less vulnerable to external influences (shared cultural ideas, social media, etc.), and d) closely exposed to theological notions such as theodicy, \textit{qadar}, punishment, trial, etc. Moreover, for this group, prison imams (Muslim spiritual care givers) form a common religious-spiritual reference whose influence can be measurable. It is also noteworthy that Dutch prisons are “characterized by extensive religious diversity,”\textsuperscript{54} where Muslim prisoners are overrepresented, as we will see below.\textsuperscript{55} It is therefore likely that they represent a substantial (religious) subculture. Our aim is to establish a global picture of how the prison population with an Islamic background (inter)acts with the pandemic crisis and vaccination programs. We also explore the extent to which theological narratives influence their behaviour.

\textsuperscript{50} Geffrey Brennan et. al., \textit{Explaining Norms} (Oxford: Oxford University Press, 2016), 41.
\textsuperscript{52} Brennan et. al., \textit{Explaining Norms}, 41.
\textsuperscript{53} A prison involves a closed “totalitarian institution that has fundamental impact on all aspects of life. The caged man is not only deprived of his freedom, but also confronted with the limits of existence.” Tom Daems, Pieter De Witte and Geertjan Zuijdwegt, ed., \textit{De gekooide mens. Gevangenisstraf als doorleefde realiteit} (Leuven: Universitaire Pers Leuven, 2016), 9.
Furthermore, we examine the role of the prison imams as religious leaders in this process. Questions that arise are: what is their position in the theological debate on the pandemic and vaccination? What is their role in assisting Muslim prisoners in this? How do they reflect on the theological debate raised? Are they encouraging, discouraging, or neutral? An important background question is: to what extent do the aforementioned primary and secondary norms determine Muslim prisoners’ attitude towards vaccination? Here, we assume that as Islam is a law-oriented religion (nomocratic), such primary and secondary norms already exist should they be required.

In our research we used (internal) documents from Dutch Correctional Institutions that were made available and short interviews with a sample of nine prison imams. They work in large prisons where several imams are available. Some were interviewed by phone, others assessed through a short questionnaire. Two main questions were asked: how did prisoners react to the pandemic restrictions and the vaccination program? And, how did imams shape their counseling role in this process?

Context

The Dutch prison population consists of approximately 11 thousand detainees. The proportion of detainees with an Islamic background is estimated at 36%. Around 40 full-time prison imams are available to support detainees “to freely profess and practice their religion or worldview, either individually or in community with others.” Since 2008, they have been appointed and paid by the state, and tested for their religious suitability and competence by a Sending Body which represents the Islamic community. Imams are also supervised by a director and a deputy director. Their services consist,


58 Judicial Department, individual Affairs Division, DJI Capacity Report, January 2022.

59 Sander Dekker, (Minister for Legal Protection), letter to the Lower House, number 2174982, 8 January 2018. This proportion is indirectly derived from the percentage of detainees who indicate a preference for the services of an imam. There is no registration based on religious background.

60 Article 41, paragraphs 1, 2 and 3 of the Dutch Custodial Institutions Act (Penitentiary Beginselenwet), accessed April 10, 2022. https://wetten.overheid.nl/BWBR0009709/2021-12-01.
among other things, of confidential private conversation, discussion group, and prayers services (Friday sermons).61

Because prisons are public institutions, current government pandemic policies apply there. These include restrictive measures to prevent the spread of the coronavirus and the launch of a vaccination program. The most important restrictions during the COVID-19 pandemic included mandatory social distancing, face masks, lockdowns, restriction of outside, visits including family visits, established quarantine units, and so on. All these contributed to further loneliness and isolation of detainees. In addition, there were restrictions placed on the exercising of religious practices. For example, prayer services were regularly cancelled or shortened, the number of participants in prayer services was reduced, and the nature of prayer services changed: praying at a distance while Muslims should pray next to each other for valid prayer, and often only online services (Friday sermons) were offered, which perhaps infringes on the principle of “practicing one’s religion in community with others.”

Imams’ interventions

The role of the imams was obvious in maintaining these restrictive measures, given that these almost all belong to primary norms. They are clear rules that should be followed. Of course, in this context there is a whole network of secondary norms to legitimize these rules. Prison imams do not question these primary rules, however, they make theological secondary norms available for additional legitimization or consolation and reasoning where possible, as we will demonstrate further. The vaccination policy, on the other hand, has been declared an ethical secondary norm: “That is really a medical-ethical issue,” according to Prime Minister Mark Rutte.62 No direct or indirect coercion or mental pressure can be exercised on individuals, not even via a pastor or an imam, they should be neutral. A neutral position means informing individuals as honestly as possible and leaving the choice to them. Imams were asked to, in accordance with current service policy, simply lend an ear for people who struggled with their choice.

61 Ibid.
In addition to the formal position of imams as public servants, they also hold an informal position. As we alluded to, as representatives of a nomocratic religion, they must have a range of primary and secondary norms ready to inform individuals about the pandemic and the vaccination program, if desired. Given their religious status, they take a position anyway. In other words, a neutral position is, in the Islamic context, actually a positive position. In addition to having primary and secondary norms ready, imams bear a moral responsibility from their informal position to encourage people to do the right thing.\(^{63}\)

Furthermore, prison imams (over 50, including part-timers), representing a range of positions within Islam, have their own preferences and personal views, serve a diverse group in terms of religious affiliation, ethnicity, ages and religious profiles, and consult their own religious networks or sources. In this particular situation, there was a need to establish a specific mindset and framework. This framework would come from the aforementioned Sending Body,\(^{64}\) and from the prison imams themselves through peer consultation (shūra).\(^{65}\) As a first step, the Sending Body, responsible for the ‘religious policy’ of the imams, was asked to provide a religious framework for the vaccination program. After consulting its religious scholars, the Sending Body then came up with a document called: ‘Religious note’ addressed to all prison imams. The document begins with an authoritative hadith and a Quranic verse that set the tone:

Jabir reported Allah’s Messenger (may peace be upon him) to have said: There is a remedy for every malady, and when the remedy is applied to the disease it is cured with the permission of Allah, the Exalted and Glorious\(^{66}\)

and:

Glory to Him [God] who has subjected this to us, and we could never have it.\(^{67}\)

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\(^{63}\) Quran, 3:104.

\(^{64}\) Contactorgaan Moslims en Overheid (Contact Organ Muslims and Government), founded in 2004 and recognized by the Government as a Sending Body for imams in prisons and army in 2006/2007. This national representative body consists of representatives of various mosque organisations and was a frequent interlocutor with the government on pandemic crisis and vaccination program in the free society. The Contactorgaan Moslims en Overheid has supported the policy in these issues.

\(^{65}\) See Quran 42:38.


\(^{67}\) Quran 43:13. The verse is an expression of gratitude. Literally ‘this’ refers to ships and cattle on which man can ride. Generally, it refers to all facilities that make life easier. The ‘Religious
The tone set here is that the corona pandemic is an ordinary disease that must and can be fought (with God's will), and that the vaccines developed should be classified among God's provisions, and require gratitude. The document also refers to the damage the global community is experiencing from the pandemic, and to the efforts of medical specialists who were able to develop the vaccine at a rapid pace, and thus contribute to limit the damage. In order to place additional emphasis on the legitimacy of the policy, it was pointed out that a vaccination program was also rolled out in Islamic countries. Finally, reference was made to the Netherlands in which the vaccine was made available. The note, originally in Dutch, concludes with the framework with which prison imams should think about the call for vaccination:

1. There are no religious objections to vaccination, 2. The importance of vaccination has been endorsed and supported by the positive campaign of Prison services to be vaccinated. These conclusions are based on: authoritative religious institutions in the Islamic world, government policies in Islamic countries, a survey among prison imams, the view of religious institutions affiliated with the Sending Body. Muslim spiritual caregivers [prison imams] are therefore asked to propagate this unambiguous starting point if they are asked.

As previously mentioned, pandemic restrictions as primary norms are not at issue. Imams reported that there was indeed resistance to and lack of understanding of these limitations. Imams demonstrated an understanding of these restrictions and underlined their importance to public health. With regard to the vaccination program, it is reported that Muslim prisoners in general were more resistant to vaccination than other detainees. Most of their concerns were about health risks and possible side effects. There was too little confidence in the effectiveness and necessity of vaccination:

“Most concerns and questions were about health risks. Sometimes I am asked for mental support to dispel doubts, for example just before vaccination. Rarely questions whether vaccination is halal or haram [religious concerns],” imam 2.

note’ alludes to the available vaccines which could save lives and contribute to lift pandemic restrictions.
“I did not receive many [religious] questions. If there are questions, they mainly relate to doubts about vaccine effectiveness and concerns about risks and side effects,” imam 3.

In addition, conspiracy theories played a role in the attitude of Muslim prisoners (the virus was deliberately sent in the world, placing a chip in the vaccine that allows more control over citizens, etc.).

To a lesser extent, there were concerns and questions about religious and existential issues. For example, the imams were asked how the issue was discussed among Muslims in general and Muslim scholars especially, which positions were taken, and what the imam himself thought about it.

“The detainees clearly attached great value to the imam’s viewing method. Not to follow it necessarily either, but more to seek reliable information, for verification. They did not fully trust the medical service. They obviously needed the words of the ‘independent’ imam. My neutrality reassured them, because I explained the points of view of both sides (proponents and opponents),” imam 2.

The most common explicitly religious question was: does the vaccine contain harām (forbidden) substances? Religious-existential concerns manifested in questions such as: have I sinned if I do not get vaccinated and infect someone else resulting in his death? Have I sinned if I do not get vaccinated and I die as a result of infection? But also: how should I reply to God in the day of judgment (Hereafter) if I take the vaccine and become infertile? Was the pandemic caused by humans or by God? Is the pandemic a sign of the end of the world? Is corona a kind of eschatological beast (dābbat al-ard)?

Imams’ input showed that vaccination rates have been slowly going up. According to this input, the following factors could play a role in this:

– Pragmatic reasons: avoiding the restrictions. With vaccination, for example, visiting arrangements of family become more flexible, certain activities are more accessible, and one can avoid quarantine in case of infections.

– Fear of getting sick or dying (they see and hear stories of seriously ill people).

68 With reference to Quran 2:195: “… and do not throw yourselves into destruction.”
69 With reference to Quran 27:82: “And when the Word is fulfilled against them (the unjust), we shall produce from the earth a beast to (face) them: He will speak to them, for that mankind did not believe with assurance in Our Signs.”
- Exemplary behaviour where staff, imams included, are vaccinated in the same room as detainees with the same type of vaccine.
- The snowball effect: the more detainees took the vaccine, the more followed.
- Regarding the contribution of the imam as a religious authority in vaccination coverage, the following factors play a role:
  - The behaviour of the imam: imams let it be known that they had been vaccinated and they referred to other staff who had been vaccinated.
  - The neutral position of the imam in which he explicitly left the choice to the detainees. It is plausible that a neutral position of the imam (not being dismissive), is experienced as a positive signal and thus makes vaccination more accessible.
  - A clear delineation by the imam of the aspect he can speak authoritatively about, not the medical aspects (for these he refers to the medical staff), but the ethical aspects (refer to *maṣlaḥa, ḍarūra*, etc.).
  - Provide opportunity for inmates to freely express, share, and discuss their doubts with the imam or in by the imam in supervised group settings.
  - During Friary sermons, during group discussions, or in individual conversations, promoting awareness and pointing out the individual responsibility in making own choice regardless of peer pressure.
  - To assist individuals in case of doubts or existential needs related to (non-)vaccination.
  - To make theological secondary norms available when requested or to discuss them when brought in by detainees (often in the context of an anti-narrative).

What is striking in this context is that most of the considerations with regards to vaccination are more or less non-religious (health risks, distrust in the government, conspiracy theories) and the consideration to be vaccinated is predominantly pragmatic. With regard to the latter, it is plausible that the neutral attitude of the imam (which, given his religious authority in Islam, can be seen as a positive incentive), his exemplary behaviour, and his active participation in the debate on several fronts has an encouraging effect. It is also noticeable that the resistance of inmates sometimes causes religious conscience problems (am I sinful if I do not get vaccinated?). Another important point is the absence of appeal to God's providence as legitimation for an anti-vaccine stance, something we often see among Christian denominations.
Conclusion

Muslim theological discussions on pandemics could still play a significant role in the way Muslims react to and interact with the COVID-19 pandemic. A Muslim's attitude to vaccination is correlated to their conceptualization of pandemics and the religious interpretation of its origin, etiology, objectives, and proper reaction to its severity. It is reasonable to surmise that Islamic teachings and ethics—based on the Quran, the Sunna, and classical, modern and contemporary literature—can be read as promoting pro-vaccination attitudes. Other reasons may be behind the unwillingness of some Muslims to vaccinate. These could be traced to certain readings and (mis)interpretations of relevant theological texts, shared cultural schemas among like-minded people, fear of risks of vaccination, lack of clear information, online misinformation, language barriers and political mistrust in local and global health measures. These conclusions are corroborated by the results of field research focusing on Muslims in Dutch Correctional Institutions as an example of what might be called a 'local vaccination culture.' The research employs (internal) documents from these institutions, a religious framework note on the vaccination program by the Sending Body of Muslim spiritual care givers, and short interviews with a sample of nine prison imams. It demonstrates that the consideration to be vaccinated is predominantly pragmatic and less religion-informed. However, the role theological discourse, (prison) imams, religious leaders and representative organs play in this process should not be underestimated. Theological incentives have a significant impact on the attitude of Muslims towards restrictive measures and the vaccination program, as counter narratives of anti-vaccination reasoning.

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