

INTRODUCTION

Religious authorities remain important actors in the development and preservation of public health. Religious leaders and faith-based organizations (FBOs) assist in the facilitation of direct healthcare and social services as well as the sharing of crucial health information to protect larger communities, thereby saving lives and minimizing health complications. They also offer financial support and comfort during times of crisis (WHO, 7 April 2020). Research conducted by Rujs, Hautvast, Kerrar and van der Velden et al. (2013) found that religious leaders are discovered to provide support to the government and medical professionals in health-related initiatives devoted to encourage people to adopt healthier lifestyles.

Specifically, Imams play a crucial role in advancing public health initiatives in their communities, where they are mainly responsible for leading congregational prayers in a mosque setting. In collaboration with other mosque leaders like Noibul-Imams, Eketa-Adiini, Ekerin-Adiini, Muftis, Mufassirs, Alfas, Missioners or Wakeelul-Muslimeen, Imams provide spiritual guidance and address the health requirements of their congregants. They have the potential to increase Muslims' awareness of their health-related behaviors, inspire and inform them about their health requirements, and encourage them to embrace health prevention and protection practices that are in line with Islamic teachings, especially during epidemics (Mustafa, Baker, Puligari & Melody et al., 2017).

By the early 2020, the novel 2019 coronavirus disease (COVID-19) has swiftly spread from Wuhan, in the Hubei Province of China, to a number of other nations. COVID-19 was designated a public health emergency of international concern (PHEIC) by the International Health Regulations and Emergency Committee (IHREC) of the World Health Organisation (WHO) on January 30, 2020, at an extraordinary session (WHO, 2020). As a consequence, the pandemic has tragically resulted in a large number of deaths, hence more than 6.2 million deaths were reported as of May 8, 2022, affecting more than 517 million

individuals worldwide (Worldometer, 8 May 2022). Out of these, 25,107 deaths and a total of 11,725,027 confirmed cases were noted throughout Africa (BBC News, 8 May 2022).

The Nigeria Centre for Disease Control (NCDC) confirmed the first case of COVID-19 in Nigeria on February 27, 2020, in Lagos state, after an Italian national, who flew into the country, was tested positive, while the second case was confirmed on March 9, 2020 in Ewekoro, Ogun state (NCDC, 27 February 2020). There were 255,766 confirmed cases and 3,143 deaths in 36 states of the federation and the Federal Capital Territory (FCT) as of May 8, 2022 (NCDC, 8 May 2020). Although, various institutional, legal, health, and regulatory measures had previously been implemented to stop the spread of COVID-19 in accordance with World Health Organization (WHO) directives, other efforts geared towards halting its rapid spread saw the government imposing a total lockdown in Lagos, Ogun, and the FCT, commencing from March 30, 2020 for a period of two (2) weeks (Aljazeera, 30 March 2020).

The Federal Government's lockdown enforcement guidelines emphasized mandatory stay-at-home with few exceptions, immediate closure of mosques, churches, and other religious centers, and limiting mass gatherings to 20 people with social distancing rules (The State House, 2020). As a result, Muslims could no longer gather for daily and weekly obligatory prayers (Salat). Furthermore, government restrictions had resulted in the cancellation of religious ceremonies, Islamic festivals ('Eid-el-Fitri and 'Eid-el-Adha), and pilgrimage to Makkah (Hajj). However, the ban on religious gatherings was lifted on June 2, 2020, resulting in the limited re-opening of mosques as outlined in the "NCDC's COVID-19 Guidelines on Re-Opening Places of Worship" (2020). The Guidelines stressed the importance of disinfecting places of worship before and after they open; providing adequate soap, running water, and hand sanitizer at entry points; using face masks before entry; ensuring temperature checks at the point of entry; and maintaining 2-meters when praying to avoid body contact,

among other things (NCDC, 2020). Therefore, the implementation of these guidelines falls primarily on the Imams and other religious leaders at their respective mosques in Nigeria.

However, past research has paid little or no attention to the role of Muslim or mosque leaders in the management of pandemics such as COVID-19, notably in Ijebu North-East Local Government Area. Existing literature only addressed the effects of such an epidemic on religious activities. The objective of this study, therefore, is to fill this gap in the literature by investigating the involvement of religious leaders at various mosques in Ijebu North-East metropolitan in implementing the governments' directives to contain the spread of the COVID-19 epidemic. To this end, this study was organized into five sections. The first section included the introduction; the second section focused on the literature review on emergence and measures to combat COVID-19 pandemic in Nigeria. The third section concentrated on research methodology. The fourth section contained findings and discussion, while conclusion formed the last section of the study.

EMERGENCE OF COVID-19 PANDEMIC IN NIGERIA

Nigeria with the largest population in Africa remains one of the world's 226 COVID-19 transmitted nations. On February 27, 2020, a man from Milan, Italy, who had recently returned, tested positive for the virus, confirming the first case in Lagos state (NCDC, 28 February, 2020). The second verified case of COVID-19 was made after 217 people were located through contact tracing, and one of them tested positive for the virus on March 9, 2020 (PM News, 9 March, 2020). Out of the 15,759 blood samples examined from the beginning of the outbreak to April 30, 2020, there were 1,932 confirmed cases, 58 fatalities, and 319 discharged (Omaka-Amari, Aleke & Obande-Ogbuinya et al., 2020).

As of May 3, 2020, 2,558 confirmed cases have been reported across the 35 states and the Federal Capital Territory (FCT). These figures included 1,767

(69.1%) men and 791 (30.9%) women; 210 (8%) had traveled abroad before; 400 (15.6%) had been discharged; and 87 fatalities had been reported (NCDC, 23 April 2020). Due to the high volume of travel to and from China, the World Health Organization (WHO) classified Nigeria among the 13 other African nations at high risk for the spread of COVID-19, which caused an exponential rise in the number of confirmed COVID cases in Nigeria (WHO, 24 April 2020). However, Ajisegiri, Odusanya and Joshi (2020) have countered that the majority of the original cases were imported, and that the majority of the new cases had no relation to past travel. By the end of 2020, there had been 19,953 additional cases, bringing the overall number of confirmed cases to 87,510, 1,289 deaths, and 73,713 recovered patients (Nigerian Tribune, 1 January 2021).

Table 1. Number of Cases, Discharged and Deaths across the States and FCT in Nigeria

S/N	States Affected	No. of Cases (Lab Confirmed)	No. of Cases (on admission)	No. Discharged	No. of Deaths
1.	Lagos	99,364	533	98,062	769
2.	FCT	28,653	29	28,376	248
3.	Rivers	16,672	30	16,488	154
4.	Kaduna	11,273	14	11,170	89
5.	Plateau	10,253	2	10,176	75
6.	Oyo	10,224	4	10,018	202
7.	Edo	7,694	0	7,373	321
8.	Ogun	5,810	11	5,717	82
9.	Delta	5,394	113	5,170	111
10.	Ondo	5,173	315	4,749	109
11.	Kano	4,986	0	4,859	127
12.	Akwa Ibom	4,657	27	4,586	44
13.	Kwara	4,630	391	4,175	64
14.	Osun	3,311	36	3,183	92
15.	Gombe	3,307	83	3,158	66
16.	Enugu	2,952	13	2,910	29
17.	Anambra	2,825	46	2,760	19
18.	Nasarawa	2,727	343	2,345	39
19.	Imo	2,560	22	2,480	58
20.	Katsina	2,418	0	2,381	37
21.	Abia	2,176	1	2,141	34
22.	Benue	2,129	340	1,764	25
23.	Ebonyi	2,064	28	2,004	32
24.	Ekiti	2,004	50	1,926	28
25.	Bauchi	1,958	1	1,933	24

S/N	States Affected	No. of Cases (Lab Confirmed)	No. of Cases (on admission)	No. Discharged	No. of Deaths
26.	Borno	1,629	5	1,580	44
27.	Taraba	1,473	62	1,377	34
28.	Bayelsa	1,315	0	1,287	28
29.	Adamawa	1,203	68	1,103	32
30.	Niger	1,148	130	998	20
31.	Cross River	829	0	804	25
32.	Sokoto	817	0	789	28
33.	Jigawa	669	2	649	18
34.	Yobe	609	0	600	9
35.	Kebbi	480	10	454	16
36.	Zamfara	375	0	366	9
37.	Kogi	5	0	3	2
	Total	255,766	2,709	249,914	3,143

Source: Compiled from NCDC (8 May 2022) by the Author.

Figures in Table 1 shows that there were 255,766 confirmed cases as of May 8, 2022, 2,709 patients admitted, 249,914 patients were discharged, and 3,143 patients died across the 36 states and the FCT. With 99,364 confirmed cases and 769 fatalities, Lagos was the epidemic's epicenter. FCT came in second with 28,653 confirmed cases and 248 fatalities. With 16,672 confirmed cases and 154 fatalities, Rivers was the third highest COVID-19 state, and Kaduna state was the fourth with 11,273 confirmed cases and 89 fatalities. Plateau state came in fifth with 10,253 verified cases and 75 fatalities. With a total of five (5) confirmed cases, three (3) discharges, and two (2) fatalities, Kogi state had the fewest cases. The reason for Kogi's low record of COVID cases may not be far-fetched, given Governor Yahya Bello's claims against the existence of COVID-19 in his state and his rejection of vaccination to prevent its spread (Olatunji, 2021).

MEASURES BY NIGERIAN GOVERNMENT TO COMBAT COVID-19 PANDEMIC

Initially, there were obvious concerns about how Nigeria would respond to the pandemic due to a lack of institutional capacity, poor preparation, and limited capacity to prevent, detect, and respond to public health emergencies or sudden

health risk, but the country responded to the World Health Organizations' International Health Regulations (IHR) Emergency Committee's wake-up call on January 23, 2020, declaring that all countries should be prepared for containment of COVID-19 disease (WHO, 23 January 2020). Consequently, the Federal Government of Nigeria implemented several measures to declare COVID-19 a pandemic ravaging the world and to contain its dangerous spread in the country. By January 28, 2020, the Federal Government had proclaimed its preparedness to increase surveillance at the existing five (5) international airports, including Enugu, Lagos, Rivers, Kano, and the FCT, in order to prevent the spread of the plague (NCDC, 23 April 2020).

Accordingly, the government established the multi-sectoral Coronavirus Preparedness Group (CPG) through the Nigeria Centre for Disease Control (NCDC) to rapidly contain any potential outbreak. The CPG was in charge of screening visitors at their entry locations. In addition, the NCDC expanded the National Reference Laboratory's diagnostic capability for epidemic-prone pathogens. During this process, the NCDC assisted 22 of the 32 states in establishing Emergency Operations Centers (EOCs) and trained rapid reaction teams in all 36 states of the Federation, despite the fact that some of the states underestimated the severity of the pandemic. A State governor, for instance, posited that COVID-19 is a hoax and does not exist (Ihekweazu, 2020; Onyeji, 2020).

When the index case was confirmed positive on February 27, 2020, the NCDC quickly activated its national EOC and instituted stringent control measures in collaboration with the Federal Ministry of Health (FMoH) and Lagos State Health authorities. Furthermore, the agency provided relevant public health advice to Nigerians, shared case-definition and preventive information with networks of national and sub-national public health workers, built capacity for contact tracing and case management, and strengthened five diagnostic laboratories (Omaka-Amari, et al. 2020; NCDC, 28 February 2020). A

Presidential Task Force (PTF) was also established by the federal government to coordinate the National Plan Against COVID-19. Each state was instructed to form a State Task Force Against COVID-19. The force's mandate is to "draw up strategies, implement processes, and mobilise stakeholders to ensure a multi-sectoral response to the pandemic." Until recently, the PTF held daily press briefings to enlighten the public and address some pressing concerns, especially against those paid agents/bloggers determined to debunk the government's efforts and spread myths about COVID-19 (Amzat, et al., 2020). Because of the growing evidence of community transmission, the PTF recommended house-to-house searches, which resulted in a rise in detected cases, particularly in Lagos and Ogun states (NCDC, 23 April 2020).

Another important measure was a total lockdown to avoid COVID-19 transmission in the community. Following the restrictions on inter-state travels across the nation, Lagos, Ogun, and the FCT were placed under total lockdown for four (4) weeks beginning March 30, 2020 (Muanya, Olaiya & Afolabi, 2020). While relaxed lockdown started on May 4, 2020, a curfew was imposed from 8 p.m. to 6 a.m. Workers in essential services (such as health care and security) and those engaged in the movement of essential commodities (food and drugs) were exempted from the inter-state travel bans (The State House, 2020). The relaxed lockdown and curfew were implemented in the expectation that people would follow fundamental safety guidelines such as social distancing, hand-washing, and wearing face masks in public places. During the relaxed lockdown, however, Nigeria saw a relative rise in COVID-19 cases. For example, from May 18, 2020 to June 7, 2020 (a total of 20 days), Nigeria recorded 6,527 positive cases, indicating a 52 percent increase in COVID-19 cases, whereas the relaxed lockdown was seen as a precursor to the economy gradually reopening (The State House, 2020).

Similarly, with the reported index case in Lagos state, public health education and risk prevention efforts on coronavirus began early. Traditional and social

media platforms, such as television and radio stations, blogs, websites, WhatsApp, Telegram, Twitter, and Facebook, were used to disseminate virus information. The NCDC gave regular updates on the outbreak, with assistance from key telecom operators in the country, including MTN, GLO, Etisalat, and Airtel. Furthermore, the National Orientation Agency (NOA), NGOs, FBOs, and other development partners facilitated sensitisation activities on some roadways and through the media (Lawal & Amzat, 2020).

The NCDC published regular guidelines on coronavirus prevention strategies, such as social distancing, safe hand-washing, personal and respiratory hygiene maintenance, and use of nose masks, as well as a directory of helplines for each state. To address the general public, messages about the COVID-19 infection were translated into local languages. The NCDC used the phone's Short Message Service (SMS) and social media to launch a communication campaign with the hash tag "#TakeResponsibility". This is to stress the importance of individuals in both preventing and protecting their well-being during a pandemic. Regrettably, faith-based organizations, faith-based communities, and individual worshippers defied the instructions on mass gatherings for social activities and congregational services. Hence, the government implemented enforcement strategies that included the deployment of police officers, military troops, and paramilitary forces to enforce the implementation. However, this move sparked controversy due to allegations of brutality and harassment by security personnel (Kalu, 2020).

Furthermore, both the Federal and State governments provided palliatives and economic stimuli to mitigate the negative effects of the lockdown or limited movement on the people by distributing staple foods and sanitary items, although it was alleged that they were grossly inadequate and unevenly distributed. As a result, the susceptible citizens were confronted with the 'hunger-virus' alongside coronavirus (Eranga, 2020). Other health, social, and economic measures implemented included cash transfers of N20,000 to poor and vulnerable

households, a N3 million credit package from the Central Bank of Nigeria (CBN) to poor families affected by COVID-19, and the distribution of food rations to vulnerable households in the affected states (Dixit, Ogundeji & Onwujekwe, 2020). Moreover, the Federal Government approved the conversion of pilgrimage transit camps throughout the states to isolation centers in response to the rising number of COVID-19 cases, and it ordered all State Governors to establish at least 300-bed treatment facilities in anticipation of the disease's spread. It also released a N5 billion special intervention fund, an aircraft, and financial support totaling N10 billion to the Lagos State Government in order to help with emergency responses (Olaniyi, 2020). However, some of the policy responses were grossly implemented and thus recorded only modest results.

METHOD

This study used a combination of methods. Both analytical and qualitative research techniques were used. In order to evaluate the pertinent secondary sources drawn from literatures about the COVID-19 pandemic's emergence and the role of religious authorities in containing it, an analytical method was adopted. Journal articles, news stories, magazines, reports from the NCDC, and World Health Organization (WHO) resolutions, bulletins, and guidelines are among the sources used. Face-to-face interviews and participant observation techniques were used in qualitative research. The Ijebu North-East Local Government Area's central mosques made up the target population. For this investigation, ten (10) mosques were chosen at random (see Table 2). The Imams of these mosques were interviewed. The researcher set up meetings with them, and they were each met at their respective homes and mosques. Android smartphone was used to record interviews. The study used the contents of the thematically analyzed transcripts of the recorded interviews.

Table 2: Sampled Central Mosques and their estimated Populations

S/N	Central Mosques	Names of Imams	Population
1.	Isonyin Central Mosque	Al-Imam Kehinde Akeusola	~ 200
2.	Odosenlu-Alaro Central Mosque	Al-Imam Solihat Tijani	~ 250
3.	Ilese Central Mosque	Shaykh Al-Imam Noheem Lawal	~ 430
4.	Imewuro Central Mosque	Al-Imam Taoheed Shittu	~ 120
5.	Igbeba Central Mosque	Shaykh Al-Imam Daud Eniolohunda	~ 240
6.	Idode/Imomo Central Mosque	Al-Imam 'Isa Bello	~ 140
7.	Erunwon Ijebu Central Mosque	Shaykh Al-Imam Miikail 'Shile Rufai	~ 360
8.	Atan-Ilugun Central Mosque	Al-Imam Abd-Akeem Adebisi	~ 170
9.	Irewon Central Mosque	Al-Imam Ahmad Salisu Alejulehun	~ 130
10.	Imowo Central Mosque	Shaykh Al-Imam Alebiosu Hammed	~ 300

Source: Field Survey, 2022.

Study Area

Ijebu North-East Local Government is one of twenty local government areas in Ogun state, Nigeria. Its headquarters are located in Atan Ijebu. It was founded on December 13, 1996, by General Sani Abacha’s military administration and was previously known as Ilugun Alaro. It was formed from Ijebu-Ode Local Government. The local government shares borders with Ijebu East Local Government to the east, Ijebu North Local Government to the north, Ijebu-Ode to the south, and Odogbolu to the west. It has a total land area of around 118 square kilometres (Nkwede, et al., 2022). During the 2006 population census, the local government's population was 96,723 people.

Ijebu North-East is divided between urban and rural areas. However, 70% of the local government population resides in rural areas. Atan, Erunwon, Odosenlu-Alaro, Ilese, Isonyin, Igbeba, Imewuro, Ododeyo, Idode/Imomo, Ijari, Irewon, and Imowo are among the prominent towns under the local government. Christians, Muslims, and traditional worshippers make up the local government. There are cities and villages that are predominantly Christian, making it difficult

to locate a local or central mosque. Muslims in the villages must travel to the metropolis or surrounding towns with central mosques to pray *Salatul Jumu'at* and 'Eid festivities.

At the inception of Islam, Muslims banded together to build mosques in important cities so that they might worship Allah [SWT] and perform other religious rites. In most cases, new mosques are erected with the help of Muslim communities and benefactors, while ancient mosques are refurbished. The League of Imams and Alfas, a body of Islamic scholars and clerics responsible for coordinating religious activities and attending to Muslims' spiritual, educational, and moral needs, as well as their economic empowerment in the local government.

FINDINGS AND DISCUSSION

This section focuses on the conclusions drawn from the data gathered on the field and participant observation during total and eased lockdown periods. It pays particular attention to how the religious leaders in various sampled central mosques throughout the major cities in the Local Government Area responded to the implementation of the government's guidelines in order to stop the spread of the COVID-19 pandemic.

Compliance to the Governments' Guidelines during total lockdown

The Federal Government declared a total lockdown, which began with effect on March 30, 2020, at 11:01 p.m., and provided guidelines for its enforcement after holding extensive consultations with the stakeholders, including the Federal and State Ministries of Health, NCDC, State Governments, and FCT officials, among others. This was for a preliminary two (2) week timeframe. As a result, schools, organizations, mosques, churches, and other religious centers, retail shops and malls, and borders in FCT, Lagos and Ogun states, were shut. Stay-at-home order was enforced. Mass gathering was restricted to funeral services only for which social distancing rules must apply, while crowds must be limited to not

more than 20 persons. Inter-state movements between and within the affected states and FCT were equally restricted (The State House, 2020).

The Guidelines also mandate that any company or group that offers necessities like goods and services must disclose who works there. The only exceptions were individuals working for specific government agencies and ministries, as well as those providing important services, acquiring essential goods or services, or receiving essential medical attention. After the 5-weeks lockdown gradually ended on April 27, 2020, phase 2 of the lockdown began. A national nighttime curfew from 8 p.m. to 6 a.m. was implemented during the lockdown, which will end on May 17, 2020. The initial relaxed lockdown period was prolonged for an additional two weeks, ending on June 1, 2020. Beginning on June 2, 2020 and lasting until June 29, 2020, the second phase of the relaxed lockdown was then prolonged for an additional four weeks before coming to an end on August 6, 2020. The third phase of the eased lockdown commenced effective from October 19, 2020 (NCDC, 2020).

The analysis revealed that the religious leaders in the visited mosques across the local government recorded total compliance to the guidelines of both the Federal and Ogun state governments during full lockdown. In an interview with Chairman of the Ijebu North-East Local Government chapter and the Chief Imam of Erunwon-Ijebu Central Mosque, As-Shaykh Miikail 'Shile Rufai, he asserted that:

“The obedience to the government’s decision was inspired by what Allah (SWT) stated in Qur'an 4:59: “O you who have believed, obey Allah and obey the Messenger and those in authority among you.” It is very critical to protect our people’s lives by assisting the World Health Organisation (WHO) and both the federal and state governments in the prompt removal of COVID-19 from our society” (Field Survey, 2022).

He further maintained that:

“In collaboration with security officials, the League of Imams and Alfas of Ijebu North-East Local Government supervised mosque leaders’ adherence to the lockdown policy of closing all religious centers. Surprisingly, no

mosques defied the decree. Congregational prayers were promptly halted following the declaration by the governor of Ogun state, Prince Dapo Abiodun, in accordance with the Federal Government's lockdown policy, which went into effect on March 30, 2020" (Field Survey, 2022).

Additionally, Shaykh Rufai posited that the League had instructed all Islamic authorities to inform the populace about the necessity of lockdown during pandemics because the Prophet Muhammad (PBUH) had commanded, more than 1,400 years ago, that if there is an epidemic in a specific country, one should not enter it and, if they are already there, they should remain there until the plague has been contained. He also mentioned instances during the Prophet's (PBUH) lifetime in which Muslims were exhorted to pray at home rather than risk their lives in the face of impending heavy rain (Field Survey, 2022). Shaykh Noheem Lawal, the Chief Imam of the Ilese Central Mosque and the Secretary of the League of Imams & Alfas Ijebu North-East branch, expressed a similar viewpoint. They both concluded that the government's decision was in line with the Islamic principles of *hifdhu-n-nafs*, making it a welcome development for Muslim leaders (Field Survey, 2022).

According to participant observation and interviews with mosque leaders conducted between February 8 and March 22, 2022, every central mosque in the local government was closed during the pandemic as a result of lockdown enforcement policy orders from the federal and state governments. Every religious activity, including daily and weekly congregational prayers, was discontinued when mosques were closed. Furthermore, it was noted that during Ramadan, mosques throughout the local government region stopped holding the daily *Tafsir*, *Iftar*, *Tarawih*, and *Tahajjud* prayers that are essential to the fast. Moreover, due to the comprehensive lockdown policy, congregation prayers that are often held on the first day of Shawwal (the 10th month according to the lunar calendar), which marks the completion of the Ramadan fast and the start of a new month, were unable to take place. In addition, the customary 'Eid-el-Fitri picnics and congregational feasts were discontinued. Therefore, measures were taken to

guarantee total compliance with the support of security agents in the local government (Field Survey, 2022).

Compliance to the Governments' Guidelines during relaxed lockdown

One of the factors taken into account when the lockdown policy was lifted was the lifting of the prohibition on religious meetings and the opening of mosques, albeit under some restrictions, as stated in the COVID-19 Guidelines on Re-Opening Places of Worship published by the NCDC. The Guidelines emphasized, among other things, the need to open windows and doors to allow for fresh air, provide soap, running water, and hand sanitizer at entry points, use face masks before entering, maintain a distance of two meters when praying, and fumigate places of worship with consideration for the entire building, congregation space, parking lots, and touched surfaces before resuming services. The relaxed lockdown resulted in a restricted gathering of no more than 20 people initially, and no more than 50 people thereafter (NCDC, 2020). The responsibility for putting these rules into action falls on government organizations, security personnel, and especially religious leaders.

The study's findings demonstrated that throughout this time, the procedures outlined in the "NCDC's COVID-19 Guidelines on Re-Opening Places of Worship" (2020) were strictly followed. The first measure to be taken according to the Guideline is to ensure that the environment and premises of mosques are fumigated. It was found that every mosque visited prior to opening had undergone fumigation. In order to provide for a free flow of air among the worshippers during prayers, those mosques opened their windows and doors (Field Survey, 2022).

According to the Guidelines, entry points must conduct temperature checks, and anyone with a temperature of more than 37.50C is required to leave and seek medical assistance (NCDC, 2020). As such, the sampled mosques were found to have infrared temperature screening devices. The handlers were stationed at the mosques' entrances and ran the devices (Field Survey, 2022). It was reported that

the chosen handlers had had prior training from medical professionals who had been asked to instruct them on how to operate and handle the equipment while working under the direction of the League of Imams and Alfas, Ijebuland. Additionally, the League of Imams and Alfas had already urged mosques to purchase one in order to screen their adherents before allowing them admission into the mosque (Field Survey, 2022).

In addition, the results showed that all of the mosques examined made sure to prevent crowding as much as possible. In every mosque, separate entrance and exit points were offered (Field Survey, 2022). Additionally, it was discovered that, in accordance with the Guidelines, some mosques had built-in hand-washing facilities with running water, while others had hand-washing basins (see Figs. 1-2). Also, the attendees had been urged to conduct their ablution (*wudu*) at home beforehand. However, alcohol-based hand sanitizers were available next to the hand-washing sinks, and worshipers were advised—and occasionally told—to use them as soon as they entered the mosque grounds (Field Survey, 2022).

Fig. 1: Hand-Washing Facilities built in front of Erunwon Central Mosque



Source: Field Survey, 2022.

Fig. 2: Hand-Washing Basins with Alcohol-based Sanitizers positioned at the Entrance of Odosenlu-Alaro Central Mosque



Source: Field Survey, 2022.

Findings also demonstrated that the physical distancing technique was adopted to prevent the quick spread of COVID-19 during congregational prayers or physical contact. The Imams regularly reminded attendees to stay on specified zones and maintain a 2-meter distance from the nearest congregants (see Fig. 3). Several mosques had clearly marked areas to ensure this distance. Figure 4 depicts the configuration at Erunwon Central Mosque in accordance with the mentioned Guideline (Field Survey, 2022).

Fig. 3: Guideline on Clear Separation and Mark Area



Source: Field Survey, 2022.

Fig. 4: Clearly Separated and Marked Areas in Erunwon Central Mosque



Source: Field Survey, 2022.

The Guideline mandated the use of nasal masks during congregational prayers. There were two methods to put this into practice. First, the mosque's officials ensured that all visitors wore nose masks. Most mosques had notices on usage of nose-masks posted at the entrances, such as those in Erunwon Central Mosque (see Figs. 5-6). Second, some mosque managers initially purchased packets of nose masks with mosque funds and the assistance of Muslim leaders or philanthropists, distributing them to the faithful at the various mosques attended (Field Survey, 2022).

Fig. 5: Guideline on Use of Facemask



Source: Field Survey, 2022.

Fig. 6: Notice on Use of Facemask at Erunwon Central Mosque



Source: Field Survey, 2022.

Another area of implementation was regular reminders by mosque leaders, who took it upon themselves to remind worshippers on a regular basis about

hygiene guidelines to prevent COVID-19, such as coughing into their elbows or tissues, which must be discarded properly; avoiding shaking hands or hugs and other physical contacts that form part of religious rituals; and using personal religious items and avoiding sharing items like Qur'an, prayer mats, kettles, and rosaries. They, during sermons, lectures and talks, encouraged adult worshippers aged 60 and up, as well as those with underlying medical illnesses or symptoms of illness, to stay at home because they are more likely to contract the virus (Field Survey, 2022).

Obstacles impeded mosque leaders' efforts to mitigate COVID-19 transmission

This sub-section identified and examined the obstacles that served as impediments to religious leaders' efforts to effectively reduce COVID-19 transmission. The first difficulty was a lack of resources on the side of mosque leaders to meet the needs of the people. According to Shaykh Miikail Rufai,

“The poorer people randomly visited Imams' homes every day during the epidemic in search of assistance due to widespread hunger and starvation. This has a plausible explanation. Imams are thought to serve as a point of contact and a conduit between the fortunate members of society and the weaker members. Christians and Muslims together are closer to us than the government. They could find it challenging to visit those affluent homes. This is why, during the pandemic, I made an appeal to everyone Allah had blessed in society, and genuinely, they responded enthusiastically” (Field Survey, 2022).

However, Shaykh Rufai recognized that the government's policy responses were well received and appreciated. He was chosen by the Ogun State Government, under the leadership of Prince (Dr.) Dapo Abiodun, to be one of the religious leaders who participated in the distribution of the COVID-19 stimulus package for the residents of the local government. Despite the amount of money and materials donated, there are not enough resources, especially when you take into account how many individuals need help. (Field Survey, 2022).

Shaykh Miikail Rufai, among other Imams, were however, incensed by the traits of wealthy Muslims and their obligation to use their wealth to relieve the suffering of the underprivileged, particularly during the COVID-19 era. For instance, As-Shaykh Rufai remarked that:

“Other religions make the appropriate allowances for their clergy to give alms and support the needy, impoverished, and vulnerable in society, in addition to providing for their salary, housing costs, and children’s tuitions. However, Muslim leaders are not afforded the same opportunity, which makes it harder for them to help individuals in need. These Muslim leaders frequently go above and above to satisfy public expectations” (Field Survey, 2022).

Another obstacle to the efforts of mosque leaders to stop the disease's further spread is the misconception and lack of belief among certain Muslims regarding COVID-19’s existence. The closing of mosques and the suspension of congregational prayers incited some followers to protest. It was countered, however, that those who objected to the government’s decisions about the lockdown measures and other government efforts lacked sufficient knowledge of Islam (Field Survey, 2022). Islam is a religion of ease rather than difficulty. Religion places a greater emphasis on the sanctity of life, security, and safety. The noble Prophet Muhammad (PBUH) was primarily sent as a mercy to mankind (Field Survey, 2022).

The foregoing shows that mosque leaders played vital role in the fight against COVID-19 by enforcing rules and measures formulated by governments and relevant stakeholders in their various mosques and religious institutions.

CONCLUSION

Like in some other nations throughout the world, religious leaders in Nigeria play a key role in eradicating COVID-19. In Ijebu North-East Area of Ogun state, the evaluation of the role of mosque leaders in containing the COVID-19 pandemic has revealed that notable Imams and other religious leaders at various mosques in the study area largely complied with the rules of both the Federal and

Ogun state governments during the total lockdown. In accordance with government regulations, other religious activities, such as daily and weekly congregational prayers, Ramadan *Tafsir*, *Iftar*, *Tarawih*, and *Tahajjud*, congregation worships during the '*Eid-el-Fitri* and '*Eid-el-Adha* festivals, and *Mawlud-en-Nabiyy* celebrations, among others, were suspended. They instead preached about the necessity of lockdown during the pandemic.

Muslim officials in the local government strictly followed the COVID-19 Guidelines on Re-Opening Places of Worship as part of the relaxed lockdown, which were mandated by the NCDC. Among other things, mosque environments were fumigated before they were opened, infrared temperature screening equipment was purchased across the mosques and used by trained handlers to check worshippers before entry, hand-washing stations and alcohol-based hand sanitizers were placed at the entrance of every mosque, and the mosque grounds were clearly marked to ensure a 2-meter separation between worshippers. The lack of sufficient resources on the side of Muslim leaders and certain Muslims' misconceptions and lack of trust in the existence of COVID-19 are among the obstacles that have been identified as impeding mosque leaders' efforts to effectively curb the transmission of the virus.

Therefore, in order to make the mosque leaders more proactive in mitigating COVID-19 pandemic and other related diseases, the government, wealthy Muslims, and philanthropists should therefore provide the necessary financial and moral support for religious leaders in the course of implementing the guidelines instituted by governments towards curtailing community spread of COVID-19 pandemic. In addition, Muslim leaders should intensify efforts to support the government at all levels in its mission to rid the nation of coronavirus illness and other related ailments.

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