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## **Interreligious Responses to Health Crises: Assessment of Adherence to Principles for Dealing with Health Crises in Religious Communities in Croatia**

### **Međureligijski odgovori na zdravstvene krize. Procjena pridržavanja načela za rješavanje zdravstvenih kriza u vjerskim zajednicama u Hrvatskoj**

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#### **Abstract**

The global health crisis caused by the coronavirus prompted various social entities to implement measures recommended by health institutions to mitigate and prevent the spread of the pandemic. This study focuses on the communication of religious institutions with their members in Croatia during the global health crisis. By examining documents from the World Health Organization and international religious institutions, ten principles of religious communities that can be used to address health crises are identified. It then assesses how religious communities in Croatia incorporated these principles into their official communications. The findings demonstrate that the guidance provided by religious communities in Croatia generally aligns with these principles. However, the analysis also reveals a lack of emphasis on the importance of inter-religious cooperation, the promotion of human rights protection, and the condemnation of hate speech and violence. Furthermore, none of the documents highlight the significance of the witnessing character of faith.

*Keywords:* COVID-19, religious leaders, World Health Organization, religious communities in Croatia, crisis communication

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## Sažetak

Globalna zdravstvena kriza uzrokovana koronavirusom potaknula je različite društvene entitete da implementiraju mjere koje su preporučile zdravstvene institucije kako bi ublažile i spriječile širenje pandemije. Istražujući dokumente Svjetske zdravstvene organizacije i dokumente međunarodnih vjerskih institucija, identificirano je deset načela vjerskih zajednica koje mogu biti od koristi prilikom suočavanja sa zdravstvenom krizom. Nakon toga istražilo se u kojoj su mjeri vjerske zajednice u Hrvatskoj usvojile te principe i uvrstile ih u svoje službene poruke koje su komunicirali. Rezultati pokazuju kako su smjernice koje su vjerske zajednice u Hrvatskoj objavile uglavnom u skladu s navedenim načelima. Međutim, analiza također pokazuje nedostatak naglašavanja važnosti međureligijske suradnje, promicanja zaštite ljudskih prava i osuđivanja govora mržnje i nasilja. Također, ni jedan dokument ne ističe načelo važnosti svjedočkog karaktera vjere.

*Ključne riječi:* COVID-19, vjerski vođe, Svjetska zdravstvena organizacija, vjerske zajednice u Hrvatskoj, krizno komuniciranje

## 1. Introduction

The coronavirus caused a health, social, and economic crisis globally (Hiscott et al., 2020, 1). All social players, from state and religious institutions to individuals, attempted to manage the spread of the disease by applying various mechanisms and processes recommended by health institutions. More specifically, the coronavirus pandemic showed that cooperation between political, health, and religious institutions in crisis can help preserve health and provide pastoral care to members of religious communities (Wildman et al. 2020, 115-116; Hong and Handal 2020, 2267; Modell and Kardia 2020, 2249).

During the lockdown, many individuals found a place where they could deal with all the problems and stresses they were experiencing: religion (Thomas and Barbato 2020, 9-11). For example, one indicator that interest in prayer grew during the coronavirus crisis is the increase in the number of Google searches for »prayer« (Bentzen 2020, 552). Cooperation between health and religious institutions could make health protection measures more widely accepted and effective (Manguvo-Mafuvadze, 2015). Gozum et al. (2021, 112) emphasize the importance of a multi-disciplinary approach that acknowledges the crucial roles of state and religious actors in resolving the crisis. It has been shown that, in general, being part of a religion or belonging to a particular religious community is an essential factor in health promotion (Barmania and Reiss 2021, 20).

There is a connection between attitudes on social and political issues and normative opinions of religious issues (Wald et al. 1988, 545-546). Beliefs

that are legitimate and confirmed by a particular religious community and confirmed by individuals with a high degree of authority in a religious community can influence the attitudes of other members in various ways (Jelen 1992, 693; Wald et al. 1988, 545). Religious leaders can influence health preservation and disease prevention (World Health Organization 2020, 1) and the implementation of health recommendations (Barmania and Reiss 2021, 17). They play a significant role in shaping and influencing the attitudes and behaviors of their members. Such influence is even more critical and significant for preserving public health in crises like a pandemic. The influence of religious leaders during times of crisis can be profoundly significant in addressing and resolving such challenges. This underscores the critical importance of effective communication between religious leaders and their constituents during these periods.

This paper examines how the statements issued by religious institutions in Croatia were grounded in general principles for managing health crises. It begins by analyzing the content of documents from the World Health Organization (WHO) and international religious institutions to serve as a foundation for interpreting and responding to health emergencies within each religious community. The study conducts a content analysis of documents from the WHO and religious institutions. It then investigates how religious communities in Croatia meet these principles in their official communications when managing health crises.

## **2. Communications During a Crisis**

A crisis always signifies a challenge and a pivotal moment after which things are never the same. The outcome—whether improvement or deterioration—depends on the preparedness, careful consideration, and speed of response to the given crisis (Obrovac Lipar 2020, 74). To establish the best possible communication during a crisis, it is necessary to recognize the course of the crisis's development, i.e., its cycles. According to Coombs (2023, 66-162), there are three stages in a crisis: pre-crisis (proactive preparation for potential crises and effective crisis communication), crisis response (swift and effective reaction to the crisis), and post-crisis (evaluation of the crisis, learning from the crisis experience, managing the organization's reputation, and engaging with stakeholders to rebuild trust and restore relationships).

For communication management, these three stages require communication analysis and continuous crisis monitoring, a sustainable communica-

tion strategy, and implementation through the most effective channels. According to Lerbinger (2012, 45), communication is a prerequisite for containing damage before the crisis takes on wider proportions.

Therefore, during the COVID-19 pandemic, it was crucial, due to the public perception of the crisis, to communicate reliably and promptly. This involved explaining to the public what had happened, why it had happened, who was affected, and what was being done to resolve the crisis (Grue, 2020). Grue (2020) argues that it was easier to communicate information, such as instructions and advice on how to avoid infection, but more challenging to convey a clear and credible picture of the seriousness and expected development, as many unknowns left room for speculation and rumors.

This crisis influenced and enhanced religious leaders' communication practices. It prompted religious communities and their leaders to adapt to digital environments and utilize various communication channels to reach their community members (Arasa et al. 2022, 240). Due to restrictions on gatherings and personal contact, websites and social media platforms such as Facebook, Instagram, and TikTok (for the younger generation) and digital messaging platforms like Twitter and WhatsApp became essential tools for everyday communication and discussion. Social media is a powerful tool for disseminating information and spreading misinformation and fake news. This challenge has prompted numerous studies on the role of religious leaders in online communication. Researchers have explored leaders' concerns over social media use (Obi-Ani et al. 2020, 13; Goel et al. 2021, 46; Le Duc 2022, 98), strategies for preventing rumours on social media (Chitsime et al. 2024, 386), and the maximization of social media for evangelization and religious activities during the COVID-19 pandemic (Gozum and Sarmiento 2021, 110).

When discussing religious leaders during the COVID-19 pandemic, »the COVID-19 pandemic has presented a particularly urgent need for religions to take an active role in addressing the crisis« (Le Duc 2021). Religious leaders had a unique opportunity to use their integrity, credibility, and »authority not only in religious and spiritual matters, but also in other spheres of life. Because their adherents view religion as having the best interests of the people in mind, voices from leaders of religion are often heeded over those of political and social leaders, sometimes even scientists« (Le Duc 2021). This was reflected in their adherence to the World Health Organization (WHO) recommendations and their communication of these guidelines to religious communities. Accordingly, some studies analyzed the impact of religious leaders' engagement in helping the success of government COVID-19 vaccination programs

globally (Simon et al. 2021; Omidvar and Perkins 2022, 712) and in specific countries, such as Sri Lanka (Wijesinghe et al. 2022), Israel (Essa-Hadad et al. 2022, 1-14), Nigeria (Obi-Ani et al. 2020, 13) and Ethiopia (Yibeltal et al. 2024, 6-7).

During the health crisis, representatives of religious institutions worldwide issued various documents offering recommendations and guidelines to ensure appropriate behavior during religious gatherings, rituals, and while assisting those in need. Those documents primarily encouraged compliance with health recommendations and measures adopted by governments in individual countries.<sup>4</sup>

The World Health Organization (WHO) has had relations with religious leaders for over fifty years to promote global health. There have been three notable periods during this time: cross-pollination and institutionalization (1970-1980), cooling-off and crisis (1990-2000), and renewed interest (2000–present). (Winiger and Peng-Keller 2021, 2). Based on present cooperation, the WHO has issued two documents supporting cooperation between religious institutions and health organizations titled »Strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies« World Health Organization 2021 and »Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19« (World Health Organization 2020). Also, the WHO established the »Faith Network for the COVID-19 Pandemic and Beyond« to formalize and support this essential collaboration (Hess et al. 2024).

Although there is a strong incentive from the UN to establish the best possible cooperation between health and religious institutions, the extent to which religious communities have respected the recommendations of the WHO and interreligious institutions is unknown, nor are there the criteria that would enable such an evaluation. Wijesekara and Jayasinghe (2021) presented the eight desired roles of religious leaders based on their research of focus group discussions and interviews of religious leaders in Sri Lanka. They highlighted the following roles of religious leaders: Faith-Setter (promote hope, kindness, etc.), Health Promoter (cancel or postpone mass gatherings, etc.), Be-Friender (compassionately look at those in need), Social Worker (assist those in need), Community Mobiliser (mobilize resources to support those in need), Networker (connect those who are in need with those who can help

<sup>4</sup> Documents and statements of representatives of certain religious communities can be found in various databases that are still in the documentation collection phase: <https://web.colby.edu/coronaguidance/other-sites/>; <https://berkeleycenter.georgetown.edu/publications/faith-and-covid-19-resource-repository> and [www.diresom.net](http://www.diresom.net).

them), Peace Maker (actively engaged in the management of conflicts) and Advocate (advocate for adherence to healthy behaviors).

### 3. Materials and Methods

The research question is: During the COVID-19 pandemic, to what extent did religious communities in Croatia base their guidance to members on principles from interreligious organizations and the World Health Organization?

When creating principles for religious communities to deal with the health crisis, the guidelines issued by the World Health Organization and interreligious organizations were analyzed. The recommendations of the following documents were considered: 1. »Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19« (PCR) World Health Organization 2020, 2. »Strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies« (SERL) World Health Organization 2021, 3. »Global Pledge for Action by Religious Actors and Faith-Based Organizations to Address the COVID-19 Pandemic« (GPA), (ACT Alliance 2020)<sup>5</sup>, 4. »Serving a Wounded World in Interreligious Solidarity« (SWW), (Pontifical Council for Interreligious Dialogue and World Council of Churches 2020)<sup>6</sup> and 5 »Urgent Action Needed to Prevent COVID-19« (UAN), (Karam and Bueno de Faria 2020).

The principles presented here are based on the fact that the recommendations issued by the World Health Organization are relevant because the organization primarily represents the opinions and guidelines of scientists and experts in the field of health around the world. Also, those principles assume that the remaining three documents (GPA, UAN, and SWW) represent the voices of religious communities worldwide regarding the global health crisis.

Given the diverse structural frameworks inherent within religious communities, this assumption warrants careful consideration. Additionally, it is important to consider that different religious communities have varying management structures. Some religious communities in certain countries are highly autonomous without a global governing body, while others have a clear universal governing body, such as the Catholic Church. For instance, the Pope or an individual Dicastery within the Roman Curia of the Catholic Church

<sup>5</sup> Document is available at: <https://www.ohchr.org/sites/default/files/Documents/Issues/Religion/GlobalPledgeAction.pdf>

<sup>6</sup> Document can be downloaded from here: [https://press.vatican.va/content/dam/sala-stampa/it/bollettino/documentazione-linkata/ServingWoundedWorld\\_.pdf](https://press.vatican.va/content/dam/sala-stampa/it/bollettino/documentazione-linkata/ServingWoundedWorld_.pdf)

authentically presents beliefs and positions on specific issues that all Catholic believers worldwide are expected to follow to some extent, depending on the nature of the document. Nevertheless, such hierarchical models encounter limitations when shifted to other religious contexts; a singular authoritative body may not be universally representative elsewhere. To mitigate the risk of inauthentic representation and ensure comprehensive inclusiveness, this study incorporates documents from collaborative interreligious endeavors or those deliberated upon by representatives from diverse religious affiliations. Including different documents is deliberate, as it enhances the examination of the principles under study.

The GPA was signed by 21 religious alliances, centers, foundations, archdioceses, committees, seminaries, councils, societies, and institutes. These institutions include the activities of religious communities with the most significant number of believers: Christianity, Islam, Hinduism, Buddhism, and many others. However, considering that Christianity, Islam, Hinduism, and Buddhism together constitute 79.1% of the world's population and that a further 14.4% declare they do not belong to any religious community, it can be assumed that this document broadly represents the opinions and guidelines of the majority of members of religious communities.<sup>7</sup>

UAN is the document signed by the secretary general of the organization Religions for Peace, Prof. Dr. Azza Karam, and the general secretary of ACT Alliance, Mr. Rudelmar Bueno de Faria. Religions for Peace is a large international interreligious movement with interreligious councils in almost 100 countries. It is managed by over 100 leaders representing religious communities.<sup>8</sup> ACT Alliance is a global religious alliance operating in over 120 countries with over 140 members representing various institutions and alliances. These two large organizations are also among the signatories of the GPA document.

The Pontifical Council jointly publishes the SWW for Interreligious Dialogue and the World Council of Churches. This document represents the views and guidelines of the largest religious community in the world: Christianity. The Pontifical Council for Interreligious Dialogue, which has been named the Dicastery for Interreligious Dialogue since 2022, is a body of the Roman Curia whose task is to promote interreligious dialogue and represent the views and opinions of members of the Catholic Church. On the other hand, the World

<sup>7</sup> See: <https://www.statista.com/statistics/374704/share-of-global-population-by-religion/>

<sup>8</sup> See: <https://www.rfp.org/who-we-are/>

Council of Churches is an alliance of all other Christian churches that gathers 352 churches from more than 120 countries, which includes more than 580 million Christians<sup>9</sup>.

Five documents issued by health and religious organizations (PCR, SERL, GPA, UAN, and SWW) will be analyzed to compile the principles of religious communities when dealing with the health crisis. Table 1 lists the guidelines and recommendations for behavior during the coronavirus crisis.

**Table 1** Opinions and recommendations arising from the documents: PCR, SERL, GPA, UAN AND SWW

	PCR	SERL	GPA	UAN	SWW
1.	Sharing evidence-based information. (p.1)	Co-develop and deliver clear evidence-based risk communication and community guidance on conducting faith-based gatherings safely. (p. 3)	Respect and protect human rights. (p. 2)	Listen to the wisdom of the scientific community and their advice.	Find ways of bearing witness to suffering, drawing attention to it, and challenging any forces that aim to silence or exclude the voice of the wounded and vulnerable among us. (p. 18)
2.	Avoiding large group gatherings. (p.1)	Provide clear guidance on strengthening mental and spiritual health, well-being and resilience. (p. 4)	The implementation of the 2030 Agenda will guide responses to the pandemic to build a healthier, safer, fairer and more inclusive world. (p. 2)	Respect human rights and humanitarian principles and ensure protection to everybody.	Promote a culture of inclusivism which celebrates difference as God's gift, to counter all signs of exclusivism we see today in our societies at various levels. (p. 18)
3.	Ensuring that any decision to convene group gatherings is in line with guidance from national and local authorities. (p.1)	Provide health care, education and social support. (p.4)	Stand up and speak against hate speech and hate crimes, xenophobia, racism and all other forms of discrimination (p. 2)	But endangering the lives of our loved ones and our communities at large by gathering in large numbers is not an act of worship.	Nurture solidarity through spirituality, considering how traditional spiritual practices such as prayer, fasting, self-denial and almsgiving can be more deeply infused with an awareness of the needs of the wider world. (p. 18)
4.	Ensuring safe faith-based gatherings. (p.1)	Communicate health information to constituents and communities that aligns scientific evidence with religious values. (p.4)	Address disinformation and misinformation, and to disseminate science based information. (p. 2)	We need to listen to our faith leaders, armed with faith and science, and to our medical establishments, and our governments, and common sense.	Widen the formation of clergy, members of religious communities and orders to foster empathy and to equip them with the best knowledge and the tools to work for a wounded humanity in cooperation with others. (p. 18)

<sup>9</sup> Data are available at: <https://www.oikoumene.org/about-the-wcc>

5.	Strengthening mental and spiritual health. (p.1)	Protecting freedom of religion and belief whilst minimising risk of disease transmission. (p.5)	Prioritize education. (p. 2)	Build on the positive experiences of faith institutions that have canceled physical gatherings but are experiencing new forms of engagement.	Engage and support young people. (p. 19)
6.	Ensuring that a human-rights-based approach to advocacy, messaging, and service delivery is systematically upheld. (p.1)		Working collaboratively in the promotion of interfaith initiatives that will support religious actors and faith-based organizations in the responses to COVID-19. (p. 3)	This is the time to show that faith is part of taking preventive and responsive actions to protect one another in every corner of our world.	Create space for dialogues that are embracing and inclusive. Learn from members of other religions about their motivation, principles and recommendations for working in inter-religious solidarity. (p. 19)
7.	Addressing stigma, violence, and the incitement of hate. (p.1)		Implement initiatives that will strengthen social cohesion and knowledge sharing and will help build resilience at the local level with special focus on youth. (p. 3)	Create spaces for discernment and cooperation to respond to this crisis in a compassionate and effective way.	Restructure projects and processes for interreligious solidarity through an examination of ongoing projects, and existing strengths, to establish where these would gain from work in cooperation with other communities, organizations or agencies. (p. 19)
8.	Promoting ecumenical and interfaith collaboration, and peaceful coexistence. (p.1)		Renew efforts at disarmament and arms control (...) to strengthen global preparedness for future pandemics. (p. 3)		
9.	Ensure that accurate information is shared with communities; counter and address misinformation. (p.1)		Promotion of gender equality, women's and girls' empowerment, and the fight against all forms of gender-based violence in our responses to the COVID-19 pandemic. (p. 3)		
10.			Help implement the United Nations Global Humanitarian Response Plan for COVID-19 and the Secretary-General's call for a global ceasefire. (p. 3)		
11.			Ensure that recovery policies are respectful of the protection of the environment. (p. 3)		

#### 4. Principles of Religious Communities for Dealing with Health Crisis

The documents list nine PCR guidelines, five SERLs, eleven GPAs, six UANs, and seven SWWs. The documents mainly present similar guidelines, which is why their list is classified into four categories: basic knowledge about the coronavirus (knowledge), organization of religious ceremonies (organization), organization of assistance (help), and spiritual incentives (spirituality). The guidelines of these five documents are outlined in Table 2.

Based on the guidelines above, the principles followed by religious communities when dealing with health crises are knowledge, organization, help, and spirituality.

##### 4.1. Knowledge

1. Sharing evidence-based information. Table 2 shows that all documents emphasize the importance of this principle. Sharing information could be very successful if religious representatives cooperate with the public media and »combines medial spiritual guidance with medical education« (Yendell et al. 2021, 120). Religious leaders are important mediators of accurate information as their messages significantly influence decision-making in the population. Religious leaders have a significant impact on people's social behaviors connected to their health (Heward-Mills et al., 2018). During a pandemic, religious leaders are crucial in enhancing community involvement (Marston et al. 2020, 1677). They can mediate conflicts between communities and health authorities and between scientific, policy, and religious viewpoints (Essa-Hadad et al. 2022, 8).

2. Ensuring accurate information with communities. Religious communities support »a variety of public health initiatives as conduits of information and service distribution points« (Rogers and Powe 2022, 1). They ensure accurate information and share it among their members, which is vital when dealing with health crises. This principle includes the third principle from the table, the only SERL mentioned.

##### 4.2. Organization

3. Follow the guidance from authorities regarding group gatherings. This principle is closely related to the eighth principle, which emphasizes the connection between faith and concern for the health of others. Three documents

state the importance of this principle, but no one recommends rejecting the instructions set by authorities. It should be noted that the instructions released by religious leaders during the coronavirus pandemic contained some instructions that contradicted the recommendations of health institutions (Østebø 2021, 340). Stoddart (2021, 10-13) classifies the atypical responses of leaders in Christian communities to the pandemic in three categories: retreat (resisting lockdown based on a misinterpretation of religious freedom), rebuke (attributing the virus to religious evil and holding the belief that God will protect and heal us), and recite (gathering conspiracy theories by preachers).

4. Promoting interfaith collaboration. All three documents represent the voices of religious communities and emphasize the importance of interreligious cooperation. Like all others, the health crisis is an opportunity for religious communities to join their voices in promoting the dignity of all and preserving health.

#### 4.3. *Help*

5. Strengthening mental and spiritual health. During the coronavirus pandemic, it was observed that an increase in psychological illnesses led to higher suicide rates (Mamun and Misti 2021, 245). One study emphasizes the importance of religious communities' social roles in spiritual, social, and theological areas (Yendell et al. 2021, 100-120). Religious communities can significantly contribute to the preservation of mental health and the reduction of mental illness risk (Thomas and Barbato 2020, 10; Koçak 2021, 2; Fardin 2020, 2). Adhering to this principle enables religious communities to enhance their preparedness for analogous situations and to formulate spiritual and educational initiatives aimed at preventing psychological disorders.

6. Addressing human rights, violence, and the incitement of hate. Ensuring respect for the religious affiliation of patients during the coronavirus pandemic and preventing the stigmatization of religious persons can be achieved through the cooperation of religious leaders and health professionals Hashmi et al. (2020, 2697) consider how »the inclusion and collaboration of spiritual leaders with healthcare professionals are needed to ensure a holistic understanding and overcome the stigma that can shape as a barrier for reaching an optimal therapeutic outcome.«

7. Provide health care, education, and social support. This principle also includes supporting young people, which was highlighted only by the SWW

document. Religious education can contribute to a better understanding of the connection between faith and reason (Yendell et al. 2021, 1-19). The principles »Reduce defense budgets and dedicate additional financial resources to strengthening global preparedness for future pandemics« and »Ensure that recovery policies are respectful of the protection of the environment« are not taken into account, as both principles pertain to public authorities and policies rather than the activities of religious communities and the guidelines provided by religious authorities to their members.

#### 4.4. Spirituality

8. Faith is a part of preventive and responsive action to ensure mutual protection. Religious beliefs can sometimes cause undesirable behaviors that are dangerous to public health. For instance, findings from one study point out that religious fundamentalism is related to COVID-19 conspiracy beliefs (Łowicki et al. 2022, 6). Religious communities should point out that caring for the health of others is an integral part of religious identity. This can prevent undesirable behaviors resulting from coronavirus conspiracy beliefs.

9. Find ways of bearing witness to suffering. In challenging times, the faithful's responsibility is not only to perform ritual prayers and engage in acts of assistance but also to demonstrate their faith to those who are suffering. This involves actively participating in prayer and offering help with the aim of fulfilling and bearing witness to one's own purpose within one's religious community.

Table 2 lists the principle »Promote a culture of inclusivism which celebrates difference as God's gift against exclusivism.« The principle is not singled out but is included within principle no. 6, which addresses »human rights, violence, and the incitement of hate.«

10. Nurture solidarity through spirituality. Different religious practices, such as prayer and almsgiving, could be directed through people in need.

**Table 2** Overview of guidelines according to the four categories derived from the documents: PCR, SERL, GPA, UAN and SWW.

	PCR	SERL	GPA	UAN	SWW
<b>Knowledge</b>					
Sharing evidence-based information.	1,9	4	4	1	1
Ensuring accurate information with communities.	9	–	4	–	–
Communicate health information to constituents and communities that aligns scientific evidence with religious values.	–	4	–	–	–
<b>Organization</b>					
Follow the guidance from authorities regarding group gatherings.	2, 3, 4	1	–	3,4	–
Promoting interfaith collaboration.	8	–	4	7	6,7
<b>Help</b>					
Strengthening mental and spiritual health.	5	2	–	5	–
Ensuring human rights and addressing violence and the incitement of hate.	6,7	5	1, 2, 3, 9	2	–
Provide health care, education and social support.	–	3	4, 7	–	4
Engage and support young people.	–	–	–	–	+ (5)
Renew efforts at disarmament and arms control, reduce defense budgets and dedicate additional financial resources to strengthening global preparedness for future pandemics.	–	–	8, 10	–	–
Ensure that recovery policies are respectful of the protection of the environment.	–	–	11	–	–
<b>Spirituality</b>					
Faith is part of taking preventive and responsive actions to protect one another.	–	–	–	6	–
Find ways of bearing witness to suffering.	–	–	–	–	1
Promote a culture of inclusivism that celebrates difference as God’s gift to counter all signs of exclusivism we see today in our societies at various levels.	–	–	–	–	2
Nurture solidarity through spirituality.	–	–	–	–	3

These principles can be used to investigate the extent to which individual documents comply with them. An examination was conducted on the compliance of the documents sent by religious communities in the Republic of Croatia to their members during the coronavirus pandemic in relation to the principles presented here. Due to the timing of the publication of various documents outlining behavior during the coronavirus pandemic, some religious leaders were unable to reference certain documents because they had not yet been released. However, the focus of this research is not on how well individuals followed those documents but rather on their adherence to the underlying principles derived from them.

The materials used in this research include officially published documents and guidelines on behavior during the coronavirus pandemic issued by religious communities in Croatia. According to data from the Registry of Religious Communities in the Republic of Croatia of the Ministry of Justice and Administration of the Republic of Croatia, 53 religious communities are registered in Croatia.<sup>10</sup> The total should include the religious communities of the Serbian Orthodox Church and the Catholic Church in Croatia, as they have established their statuses differently through specific agreements with the state.

**Table 3** Demographic characteristics of the citizens of Croatia

Variable	Whole sample (n=3871833)	
	N	%
<i>Gender*</i>		
Women	2.006.704	51,83
Men	1.865.129	48,17
<i>Religion**</i>		
Catholics	3057735	78,97
Ortodox	128395	3,32
Protestants	9956	0,26
Other Christians	186960	4,83
Muslims	50981	1,32
Jews	573	0,01
Oriental Religions	3392	0,08
Other religions, movements and life philosophies	37066	0,96
Agnostics and skeptics	64961	1,68
Not religious and atheists	182188	4,71
Not declared	66581	1,72
Unknown	83045	2,14

\* The State Bureau of Statistics of the Republic of Croatia has not published data on the gender of members of religious communities; therefore, we are unable to provide this information.

\*\* The research also examines the texts of religious communities, for which there is no available data on their numbers. According to the 2021 population census, the religious communities of the Baptist Union of Croatia, the Christian Adventist Church in Croatia, and the Protestant Reformed Christian Church in the Republic of Croatia can be categorized under the variables »Protestants« and »Other Christians,« which together make up 5.09 % of the population. Similarly, Croatia's Bahá'í National Spiritual Assembly falls under the »Other religions, movements, and life philosophies« category, representing 0.96 % of the population.

Table 3 indicates that, based on the 2021 census, Catholics comprise 78.97 % of the population, the largest religious group in Croatia. They are followed by Orthodox Christians at 3.32 % and Muslims at 1.32 %.

<sup>10</sup> Ministarstvo pravosuđa i uprave Republike Hrvatske - Evidencija vjerskih zajednica u Republici Hrvatskoj (gov.hr)

Research was conducted on the official websites of religious communities to find their email addresses. In October 2023, inquiries were made to publicly available email addresses to determine if any documents or specific guidelines for behavior during the coronavirus pandemic had been released. From November to December 2024, religious communities that did not respond to the questions by e-mail were contacted again through publicly available telephone contacts. The inquiry was not sent to the Catholic Church and Orthodox Church representatives in Croatia because their religious community's documents were found on the official websites.

Twenty religious communities responded to the inquiry by e-mail or telephone, and the other 33 did not respond. Of the 20 faith communities that responded to the inquiry, the following six faith communities have issued guidance documents for behavior during the global health crisis: the Baptist Union of Croatia, the Christian Adventist Church in Croatia, the Bahá'í National Spiritual Assembly of Croatia, the Islamic Community in Croatia, and the Protestant Reformed Christian Church in Croatia. If we add to these communities the documents published by the Catholic Church in Croatia and the Orthodox Church in Croatia, then seven religious communities in Croatia issued twelve documents during the coronavirus pandemic with instructions and guidelines on behavior in a health crisis.

All the documents of the mentioned religious groups are published on their websites, except for the document of the Bahá'í National Spiritual Assembly of Croatia, which used a letter the organization sent to their members. They kindly shared this letter with the authors. The other 14 religious communities that responded to the inquiry by e-mail or telephone stated that they did not issue the document in Croatia but encouraged their members to follow the documents of the central bodies of their religious communities. The list of religious communities that issued documents and the names of the documents are shown in Table 4.

**Table 4** List of religious communities that issued documents and names of documents

Religious community	Baptist Union of Croatia	Christian Adventist Church In Croatia	Bahá'í National Spiritual Assembly of Croatia	Serbian Orthodox Church in the Republic of Croatia	Islamic Community in Croatia	Protestant Reformed Christian Church in Croatia	Catholic Church in Croatia
Document	»Letter to churches on handling during the coronavirus epidemic (COVID-19)« 13. 3. 2020 (A)	»Council of the administration of the Croatian Conference of the Christian Adventist Church in the Republic of Croatia regarding the coronavirus« 28. 2. 2020. (B)	»Messages from the Administrative Board of the Bahá'ís of Croatia« 15. 3. 2020 (C)	»Statement of the Serbian Orthodox Church in the Republic of Croatia«, 19.3. 2020. (D)	1. »Information related to performing the Eid prayer and sacrifice.« 28.7. 2020 2. »Instructions for the beginning of the school year«, 8. 9. 2020. 3. »Due to epidemiological measures, the sermon can be followed via the YouTube channel« 3. 12. 2020	»Pastoral letter of the bishop of the Protestant Reformed Christian Church in the Republic of Croatia,« 29.3. 2020. (E)	1. »Covid-19 disease pandemic: a test of solidarity and brotherhood«, 17.9. 2020, Đuro Hranić, Archbishop of Đakovo-Osijek, President of the Iustitia et Pax Commission of the Croatian Conference of Bishop (F) 2. »Pandemic and earthquake - a call to conversion« Vlado Košić, Bishop of Sisak, President of the Council of the Croatian Conference of Bishops for the Doctrine of the Faith, 18. 3. 2021. (G) 3. »Let love overcome the pandemic of fear,« Đuro Hranić, Archbishop of Đakovo-Osijek, President of the Iustitia et Pax Commission of the Croatian Conference of Bishop, 6. 12. 2021 (H)

The documents of the Islamic Community in Croatia refer to technical information and instructions related to the performance of religious practices and the beginning of the school year and do not contain other information about the coronavirus epidemic, religious support (etc.). (Islamska zajednica u Hrvatskoj 2020a; 2020b; 2020c). Therefore, these three documents were not taken into account in this research.

The study measured the compliance of the following documents with the principles of religious communities for coping with a health crisis:

1. »Letter to churches on handling during the coronavirus epidemic (COVID-19)«, 13. 3. 2020, Baptist Union of Croatia<sup>11</sup> (A), (Horvat and Mraz 2020),

<sup>11</sup> Pismo crkvama o postupanju tijekom epidemije koronavirusa (baptist.hr)

2. »Recommendation of the administration of the Croatian Conference of the Christian Adventist Church in the Republic of Croatia regarding the coronavirus,« 28. 2. 2020 Christian Adventist Church In Croatia<sup>12</sup> (B), (Uprava Hrvatske konferencije Kršćanske adventističke crkve 2020),
3. »Messages from the Administrative Board of the Bahá'ís of Croatia« 15. 3. 2020 Bahá'í National Spiritual Assembly of Croatia«, 15. 3. 2020. (C), (Administrativno vijeće Bahá'ija Hrvatske, 2020),
4. »Pastoral letter of the bishop of the Protestant Reformed Christian Church in the Republic of Croatia«, 29. 3. 2020, Protestant Reformed Christian Church in Croatia<sup>13</sup> (D), Milić 2020,
5. »Statement of the Serbian Orthodox Church in the Republic of Croatia«, Metropolitan and bishops of the Orthodox Church in Croatia<sup>14</sup> (E), 19. 3. 2020, (Porfirije et al.),
6. »Covid-19 disease pandemic: a test of solidarity and brotherhood«, 17. 9. 2020, Đuro Hranić, Archbishop of Đakovo-Osijek, President of the Iustitia et Pax Commission of the Croatian Conference of Bishop<sup>15</sup> (F), (Hranić 2020),
7. »Pandemic and earthquake - a call to conversion«, 18. 3. 2021, Vlado Košić, Bishop of Sisak, President of the Council of the Croatian Conference of Bishops for the Doctrine of the Faith<sup>16</sup> (G), (Košić 2021) and
8. »Let love overcome the pandemic of fear,« 6. 12. 2021, Đuro Hranić, Archbishop of Đakovo-Osijek, President of the Iustitia et Pax Commission of the Croatian Conference of Bishop<sup>17</sup> (H), (Hranić 2021).

## 5. Results with Discussion

The principles of religious communities for dealing with the health crisis are shown in Table 5.

<sup>12</sup> <https://adventisti.hr/adventpress-bilten-13/>

<sup>13</sup> <https://ipaprkc.org/2020/03/29/pastirsko-pismo-biskupa-protestantske-reformirane-krscanske-crkve-u-rh/>

<sup>14</sup> SAOPŠTENJE SRPSKE PRAVOSLAVNE CRKVE U REPUBLICI HRVATSKOJ | Sveštena episkopija Gornjokarlovačka

<sup>15</sup> <https://hbk.hr/pandemija-bolesti-covid-19-ispit-solidarnosti-i-bratstva/>

<sup>16</sup> <https://hbk.hr/pandemija-i-potres-poziv-na-obracenje-vijece-hbk-za-nauk-vjere/>

<sup>17</sup> Izjava - Ljubavlju nadvladati pandemiju straha - Hrvatska biskupska konferencija (hbk.hr)

**Table 5** Principles of religious communities for dealing with the health crisis

<b>Knowledge</b>
1. Sharing evidence-based information.
2. Ensuring accurate information with communities.
<b>Organization</b>
3. Follow the guidance from authorities regarding group gatherings.
4. Promoting interfaith collaboration.
<b>Help</b>
5. Strengthening mental and spiritual health.
6. Ensuring human rights and addressing violence and the incitement of hate.
7. Provide health care, education, and social support.
<b>Spirituality</b>
8. Faith is a part of preventive and responsive action to ensure mutual protection.
9. Find ways of bearing witness to suffering.
10. Nurture solidarity through spirituality.

Selected excerpts from the following documents reveal their alignment with specific principles: document B matches three principles, documents A and F with four, documents D, G, and H with five principles, and document C with six principles. This information is included in the appendix. These results are summarized in Table 6. The results show that all documents support one of the first two principles in the first category, which refers to knowledge and communication of information within the community. Documents B, C, F, G, and H support the first principle, and A, D, and G the second principle.

**Table 6** Results of measuring the compliance of the principles of published documents with the Principles of religious communities for dealing with the health crisis

<b>Knowledge</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>
1. Sharing evidence-based information.		+	+		+	+	+	+
2. Ensuring accurate information with communities.	+			+	+		+	
<b>Organization</b>								
3. Follow the guidance from authorities regarding group gatherings.	+	+	+	+	+	+	+	+
4. Promoting interfaith collaboration.								

Help								
5. Strengthening mental and spiritual health.			+		+		+	
6. Addressing human rights, violence, and the incitement of hate								+
7. Provide health care, education, and social support.			+	+		+		
Spirituality								
8. Faith is a part of preventive and responsive action to ensure mutual protection	+	+	+	+	+	+	+	+
9. Find ways of bearing witness to suffering.								
10. Nurture solidarity through spirituality.	+		+	+	+			+

### 5.1. First Category: Knowledge

Six documents (B, C, E, F, G, and H) stress the importance of sharing accurate information, and four (A, D, E and G) stress the importance of ensuring accurate information with communities. Barua et al. (2020, 6) point out how »religious misinformation belief on COVID-19 individual responses suggests that the religious faith leaders have a strong influence on their respective religion’s believers.« The success of any future adaptation to the health crisis will also depend on the extent to which religious leaders will successfully communicate accurate information within their communities, which largely depends on cooperation between religious leaders and political authorities in individual countries.

### 5.2. Second Category: Organization

In the »Organization« category, all documents note that following the instructions of health and political authorities regarding group gatherings is essential. These data show how religious communities in the Republic of Croatia accepted these instructions and recommendations and tried to ensure they were implemented in practice.

The results indicate that no document mentions the importance of inter-religious cooperation (principle 4). Highlighting this principle during health crises could strengthen cooperation between religious communities. On the other hand, religious leaders’ instructions and guidelines regarding preserving health could be more effective if this principle were included in their documentation.

### 5.3. *Third Category: Help*

Six documents in the »Help« category align with one of the three stated principles. Documents C, E, and G support the fifth principle; document H the sixth principle; and documents C, D, and F support the seventh principle. Principle 6, which refers to respect for human rights, was only touched upon by Document H. It can be assumed that human rights were not a priority at the time of document publication due to other pressing issues.

However, a health crisis, like any other, can be an opportunity to encourage respect for human rights and reject hate speech and violence. When such occasions occur, religious communities have many opportunities to provide health care and social support to their members and everyone in need. A good example of this during the coronavirus pandemic can be found in Detroit, where different religious communities undertook the following activities: drive-through food pantries, carry-out soup kitchens, free grocery delivery to unemployed workers, single mothers, senior citizens, and physically disabled, lunch delivery to health care workers, and student laptop loans (Modell and Kardia 2020, 2251).

Principle 7 emphasizes that the cooperation of health and religious institutions is needed to promote accurate data and provide health care. This could, for example, avoid misinterpretations of Christianity, an issue that could lead to the adoption of risky health behaviors and decisions through Christian fundamentalism connected with Christian nationalism (Corcoran et al. 2021, 6619).

In this context, the proposal by Tan et al. (2022, 7-8) on the inclusion of subjects dealing with the relationship between religion, spirituality, and health in the curricula of medical schools seems rational. Saxena (2021, p. 389) also agrees with this approach when she points out: It is therefore important now to recognize and appreciate religion as a precursor to public health as we know it today and engage in a strategic discourse with religion in the interest of working together in fortifying health education.« Also, Tan et al. (2022, 4-8) highlight the effectiveness of religious institutions in promoting health. Therefore, a more potent synergy of health and religious institutions, as well as additional state investment in the education of religious leaders, can also be a factor in the success of the promotion and preservation of public health.

This is especially important when religious leaders are reluctant to take on some aspects of the roles and functions of health institutions; for example, findings from one study show that religious leaders do not want to promote the vaccination of children (Ruijs et al. 2013, 6-7). Stronger interreligious co-

operation, as well as cooperation between health and religious institutions, should also be aimed at familiarizing health institutions with the reasons why religious leaders cannot take on the roles of health institutions in certain aspects of public health promotion, as well as informing them of the challenges faced by religious leaders when promoting health preservation. This means that religious communities should be involved in strategic health promotion and preservation planning, especially during health crises.

#### *5.4. Fourth Category: Spirituality*

In the »Spirituality« category, all documents relate to one of the stated principles, emphasizing the importance of religion in promoting the protection of fellow human beings. Documents A, C, D, E, and H encourage solidarity in prayer practices, yet no document emphasizes the importance of faith's witnessing character.

A health crisis can be an opportunity to witness one's religious commitment to those in need. Žalec (2020) points out that the Church is faithful to its mission only when it devotes itself to the weakest and most vulnerable groups. In this way, precisely because of their inner dimension of faith, religious communities can encourage their members to show by example what it means to be a member of their religious community through acts of love and care during health crises. This means that when dealing with health crises – or other types of crises – it is essential to explain how religious identity and beliefs are related to the issues at hand.

## **6. Conclusion**

By analyzing the content of documents from WHO and religious communities, ten principles of religious communities for dealing with the health crisis were created. The extent to which the stated principles coincide with the documents issued by religious communities in the Republic of Croatia during the coronavirus pandemic was investigated.

In conclusion, the seven documents issued by five religious communities during the coronavirus pandemic in Croatia largely coincide with the principles of religious communities for coping with the health crisis. In their official statements, all religious communities recognized the importance of following competent authorities' instructions and health recommendations to organize and implement religious practices. Also, in their announcements, religious

communities emphasized the connection between religion and concrete activities that protect the health of their neighbors.

However, it was revealed that religious organizations lack emphasis on the importance of interreligious cooperation, the promotion of human rights protection, and the rejection of hate speech and violence. Further, no document emphasizes the importance of faith's witnessing character.

The research suffers from several shortcomings. For a complete insight into the statements and recommendations of religious communities, a content analysis of all published documents should be performed. In that case, language barriers should be overcome, and all documents should be successfully collected. Also, to obtain an overall picture of the recommendations of religious communities in the Republic of Croatia, qualitative research should be carried out with representatives of those religious communities that have not issued documents.

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