

Article

Living Well As A Muslim Through The Era of Pandemic - A Japan Qualitative Study

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Abstract: This study explored the living situations, financial conditions, religious obligations, and social distancing of Muslims during the covid 19 pandemic. In total, 20 Muslim community members living in the Kanto region were recruited, 15 of them were included in the in-depth qualitative interview and five in the focus group interview. The Snowball method was used, and the questionnaires were designed into four themes. The audio/video interviews were conducted via Zoom and NAVIO was used to analyse the data thematically. The major Muslim events were cancelled, and the recommended physical distancing was maintained even during the prayers at home and in the mosques. The Japanese government's financial support to each person was a beneficial step towards social protection, which was highlighted and praised by every single participant. Regardless of religious obligations, the closer of all major mosques in Tokyo demonstrates to the Japanese community how serious they are about adhering to the public health guidelines during the pandemic. This study highlighted that the pandemic has affected the religious patterns and behaviour of Muslims from inclusive to exclusive in a community and narrated the significance of religious commitments.

Keywords: Migrants; Islam; COVID-19 pandemic; Public Health

1. Introduction

Governments around the world have mobilised resources to combat the COVID -19 pandemic and non-pharmaceutical interventions have been introduced, including staying at home and closing all unimportant businesses. In April 2020, a state of emergency was declared in Tokyo and other prefectures in Japan, although it was not a strict lockdown that restricted the activities of the population. During this time, infection control measures were taken by religious authorities, including Buddhism, Shintoism, Islam, Christians, and others. [1-3] In many places around the world, restrictions were imposed on people's gatherings to fulfil their religious needs. [4,5] In this pandemic situation, the Islamic community faced many problems to perform their religious activities, which every Muslim should perform. Islamists, on the other hand, believe that practising religion (praying together) not only strengthens the connection to God but also to each other. Therefore, communal prayer meetings are a particularly important part of religious life.

Islam is often referred to as the religion of prayers. In the Quran, the words "Perform prayer (five times a day) and give zakat (a certain type of property or annual payment according to Islamic law that is used for charitable and religious purposes as one of the five pillars of Islam)" are repeated many times. [6] Faithful performance of this divine

command is an act of man's gratitude to Allah (SWT) for his blessing and expression of boundless submission to His will. With the appearance of communicable diseases, the Islamic community became aware of its responsibility. During the plague, Prophet Muhammad (PBUH) advised Muslims to restrict all mobility, including travel, visiting each other, and avoiding the sick. Quarantine was also recommended by Prophet Muhammad (PBUH) to prevent the spread of epidemics. The Sunnah emphasises the following, "If you hear that there is a plague in a land, do not enter it; and if it (the plague) visits a land while you are in it, do not go out of it" (Sahih al-Bukhari, 2005b). Prophet Muhammad (PBUH) thus laid down strategies that are still used today by public health organisations. The rules propagated by Islamic health sciences for dealing with infectious diseases and thus maintaining cleanliness and hygiene were far ahead of the Prophet Muhammad's time.

The Muslim population represents one of the largest immigrant and religious groups in Japan. It is estimated that the number of foreign Muslims was about 59,000 in 2004 and 100,000 in 2010.[7] Muslims in Japan have diverse backgrounds, such as nationality, ethnicity, culture, lifestyle and dress, and they adhere to a variety of customs and traditions, including prayers and fasting. As a result, people who have never met or interacted with Muslims may have stereotypes and misconceptions about them. [7] Indonesia, Pakistan, Bangladesh, Malaysia, Iran, and Turkey are among the main countries of origin in Southeast Asia and South Asia. Although the majority of Muslims in Japan live in the three major metropolitan areas (Greater Tokyo, Chukyo, and Kinki), the Muslim network has continued to grow throughout the country. There is a growing concern that the Muslim community in Japan is particularly vulnerable to Covid-19 because of religious obligations, such as praying in a large group of people, and because they follow social norms, such as sharing the same utensils at meals or intimate social behaviours, such as the blessing kiss on the forehead and hand of elderly family members which are the potential risk factors for the spread of COVID-19. This makes it difficult to isolate or distance oneself socially, which increases the risk of COVID-19 infection. In this way, COVID-19 social distancing and self-isolation measures are both unusual and ridiculous in the eyes of Muslims. However, this can be interpreted as 'othering' and victim-blaming. The need to disentangle these different factors and gain a better understanding of how Muslim migrants reacted during the pandemic is also crucial for the Japanese community to gain a better understanding of their perceptions.

1.1 Objective: This study aimed to present the attitudes of Muslim communities toward the influence of the COVID-19 pandemic, with high contagious factors in the context of religious practices. An important element of the article is to show the Muslim perception of the epidemic; how they responded to the directives about COVID-19 from the Japanese government; practising Islam during emergencies and experiences of social distancing social isolation; and faith.

2. Materials and Methods

2.1 Study design and sample

This study is part of an ongoing project funded by the Japan Society for the Promotion of Science (JSPS [KAKENHI 19H04354](#)) research grant that focuses on Asia; the origins of large-scale migration and refugees to improve the living conditions of people in this region as "global-welfare". This branch of study understands the background of the migration of overseas Muslims living in Japan, despite the harsh conditions; devise various ways to make a living in Japan during the pandemic.

This qualitative study used semi-structured questionnaires for the in-depth interviews; the duration was from September 2021 to January 2022.

Participants n=20 were recruited through the snowball sampling method[8] using social media, this approach allows the researcher to explore the study objectives in-depth, particularly useful in under-researched areas because a deeper interpretation of the phe-

nomenon under investigation can be gained.[9] The fetched knowledge through this ongoing project can't be generalised as a quantitative study, although it can provide a better comprehensive picture of local phenomena.

Inclusion and Exclusion Criteria

- Aged over 18 years
- English/Japanese/Urdu/Hindi speakers
- Living and working in the Kanto region
- Participants were excluded with severe sickness and not residing in the Kanto region.

2.1 Data collection and Target Population

In the purposive sampling of the Muslims living in the Kanto region (Greater Tokyo), adults (aged 18-60 years) were requested to take part in the study. The Potential participants were invited via social media. We also made a study website with the outline and objectives: <https://harmoniamonde.wixsite.com/globalwelfare2021>, we used this website for the recruitment process and a better understanding of the participants. The information sheet and consent form were provided electronically to potential participants as soon as they registered for the study. Following up on the study details and to ensure the agreement on their role was done through a phone call the next day according to their convenient times. Regarding the focus groups, participants who agreed to participate were invited to join the scheduled zoom online focus group session. Participants gave their permission to record video/audio interviews, which lasted from 40 to 50 minutes. We asked participants to read the consent form, sign it (consent and recorded verbal consent) and send it back to us via email before they were interviewed. According to participants' preferences, interviews were conducted in English, Hindi, and Urdu languages. Researchers transcribed the audio verbatim, after which they reviewed and anonymized the transcripts before importing them into NVIVO software for analysis and coding.

2.2 Data analysis

To interpret the results of the study, the research team blind coded the transcripts then collectively identified the codes and derived overarching themes. One researcher transcribed the English interviews verbatim. When translating and transcribing the Urdu and Hindi interviews, the same person translated and transcribed simultaneously. We conducted a thematic analysis that involved the following steps:

1. Familiarisation with the data
2. Collection of initial codes
3. Search for themes
4. Verification of themes
5. Definition and naming of themes
6. Production of results

Using this framework, the researchers categorised the interview transcripts into potential themes. Data from the focus groups were used to further explore the initial themes and to add new themes to the framework. Overall, we reviewed the initial themes and sub-themes from both data sets and identified a few overarching themes and sub-themes.

3. Results

Most of the participants were employed; three were self-employed and engaged in part-time work respectively. Table No: 1 shows, that the age of the participants ranged from 18 to 60 years. One housewife was employed and one engaged part-time, three participants were enrolled in university/school and the remaining participants had full-time jobs. The ethnicity of the participants was mainly described as Arab, Asian (Pakistani, Indian, Bangladeshi, Afghan) and European Muslims. Even after the deliberate efforts to include the elderly, we were unable to include anyone older than sixty. The

intention was to recruit members of the Muslim community of all ages through active and purposeful engagement. For this reason, we were unable to directly explore the perspectives of this older age group, although some participants spoke about the perspectives of older members of their families and community.

Table 1. Participant characteristics

	Frequency	Percentage%
Age		
18-30	4	20
31-40	12	60
41-60	4	20
Gender		
Male	16	20
Female	4	80
Material status		
Married	14	67
Unmarried	5	29
Widow	1	4
Education		
High School	4	20
Graduation	10	50
Master	2	10
PhD	4	20
Occupation		
Part-time	3	20
Restaurant worker	2	10
IT	1	5
Self-employed	3	15
Company worker	2	5
Engineer	1	5
Factory worker	2	10
House wife	1	5
Professor	1	5
Researcher	1	5
Student	3	15

3.1 Qualitative findings

Muslim communities in Japan are not a homogeneous group, as they are diverse in terms of ethnicity, language, background, cultures, and traditions. To represent the diversity of Muslim groups in the Kanto region, the study aimed to include participants from different Muslim backgrounds. In total 20 participants took part in the study, 15 of whom participated in individual interviews and 5 in focus group interviews. Four main themes and subthemes (Appendix A) are listed to understand the perception of the participant about the risk and restriction-imposed experiences.

1. Living in Japan (Motivation to live abroad)
2. Importance of public health directives (precautions messages and information)
3. Living and practising Islam in Japan
4. Faith

3.2 Living in Japan (Motivation to live abroad)

All participants, including the focus group, spoke in the context of economic needs and good job opportunities as the main reason to live abroad (Japan), and low wages, not being eligible for financial assistance and livelihood responsibilities as the main reason to

leave their country. Participants cited concerns, fears, and potential barriers to their families' financial hardship during the ongoing pandemic.

Participant: 1 "I think the number of jobs and opportunities for foreigners, Japan has a lot of job opportunities. If i talk about my country, there are no jobs but in Japan, even housewives can also find a job".

Participant: 3 "...there are two reasons, I think. First, we all belong to the professional background, so we came here to enhance our skills, secondly to become economically stable."

Participant: 4 "I was interested in Japanese manga and Japanese animation, so I wanted to come and live in Japan. I also wanted to explore their culture, and language and to have a better life."

Participant: 5 "In my case, I left my country to get a good life, job and education that's why I come to Japan."

3.3 Importance of public health directives (precautions messages and information)

In the beginning stages of the pandemic, most participants reported that they were unable to obtain adequate information and advice. A focus group participant mentioned that "I was diagnosed with COVID, and the local hospital advised me to stay at home because I was having mild symptoms, the everyday morning I received to online fill the health status, in the beginning, I couldn't understand because all the messages were in the Japanese language". Participants generally said, "I think it is best to provide information in English." The main criticism of public health measures was their inconsistency, which some said 'made no sense. Some participants said public health policies contained contradictory messages, such as instructing people to stay 2 metres away from others in certain situations but not in others, such as in schools or on public transport. Public health interventions require more resources, such as offering masks for free or providing additional resources to support distancing in schools.

Participant: 6 "... providing facemask in the early days of the pandemic was a great step by the government... we were unable to find mask, that was a great step"

Participant: 3 "Yeah, they did their best and their information was very good in conveying the message every city hall was doing its best. "

Participant: 7 "I think there was one issue of information the covid19 information was all on the government websites and TV but people who can't understand Japanese they can't understand about the information so I think the government should distribute other big languages in form of a pamphlet or anything. "

Focus group participant: 2 "... I received very good support from the Japanese government when I got infected with Corona; city hall provided me necessary food I asked for..."

3.3.1 Satisfaction on COVID-19 Vaccination and health care

Studies found that willingness to be vaccinated against COVID -19 was associated with higher trust in information from government sources. [10] Public vaccination in Japan began in February 2021 with medical workers (about 4.7 million people), followed in April by the elderly (about 36 million people) in June 2021, and then by all ages in July 2021. The vaccination process in Japan was very slow as compared to other countries but now they have vaccinated about 84.5% of the country's population.[11] Regarding this question, one of the participants stated that when I got an infection I got the vaccination appointment but it was very late as I was already infected when I received a letter from City Hall, most of the clinics were full it was hard to get an appointment for first shot".

There was a mixed response regarding taking a COVID-19 vaccine; all age groups said they would get the vaccine immediately.

Participant: 13 "... I think throughout the world Japan did take a lot of time. I think because they wanted to do their best and they chose the safest one like Pfizer. They are dedicated to their work, especially to the COVID situation. They are properly arranged and organized"

Participant: 12 "Yes! about the covid vaccine, I can say the Japanese government was not serious about it last year because all over the world people were getting vaccinated, but the government was not taking it seriously now from this year I have seen a rapid increase in the vaccination process and people are getting vaccinated."

Participant: 3 "In my thinking, the Japanese government only publicize such information in the Japanese language. I think they should adopt multiple languages because some of the people who come to Japan are not educated."

Participant: 5 "I appreciate the vaccine process according to global news; I think Japan vaccine was a little bit late. Yes, I feel like other countries were fast in terms of the vaccine."

Participant: 10 "Yeah, I think there was no negligence from the government about covid 19 sops. They did their best even though many other countries were unable to do anything like they were not able to understand the situation. But the Japanese government did its fine and stop all regular stuff to cope with the situation. Yes, there was and is the difficulty of language as for us we know little bit Japanese, so it was not so difficult for us but for other people it was."

Focus group Participant: 1 "I tested positive with Corona, I didn't have Oximeter and thermometer, I requested to city hall using their online application and next day they sent me, also every day I received the call to report my health condition. The only problem I faced was to translate the Japanese language messages into English".

3.3.2 Social isolation and the Barriers to local communication

Participants discussed their experiences of isolation and their narratives pointed out that belief in the seriousness of the virus influenced how social distancing measures adhered to them. The main problem aroused when cut off from the community and friends, in addition, it was argued that the initial messages did not convince people about the severity of the virus.

Participant: 6 "I think we possibly need to communicate with the community members within those areas, especially in our Asian communities, many things we depend on each other including information and some other matters."

Participant: 4 "I've seen those people now; I feel that people if they're not necessarily listening to the guidance, it's just a case of you doing what you want to do. Very early on when we were all hearing a lot of young people are fine, it's the older people that are being affected as if that was ok and we were supposed to be ok with older people being at risk. I was like ok I understand what you're trying to say and like it's not necessarily like the plaque that's wiping everyone out, but there's still a significant risk and people were just kind of like 'oh well if it's not affecting me and my friends, I don't have to change the way I am.'"

Participant: 14 "... Well in the start we did follow. We followed the social distancing it took two years sometimes we forgot, even Japanese does follow it previously but now they are not for example, in trains, all I can say is they follow sops to some extent but not much."

Participant: 2 "I think this is one part of the hard situation caused by covid that we can't meet each other, difficult communication, umm yes impacted such as meet up my mates meet up

with friends work remote difficult in communication with worker and clients. During the covid 19 in Japan communication got more difficult."

Participant: 11 "The closer of mosques for all kinds of prayer was the worst decision because it was the usual channel for communication with community for Muslims which was absent during lockdown, ... I was lost."

Participant: 6 "We live in a Muslim community area where there are many masjids, there was no such big effect on my life because we were maintaining the social distancing whenever we go out for prayers. So, it was fine for me to follow the sops and to say the prayer. We were going to university every day and following sops."

3.3.2 Financial condition and perceptions of self-cultural challenges

In addition to their perceptions about the seriousness of covid-19, participants expressed their opinions about the possibility of contracting the virus as well as their perceptions of how the virus is transmitted. Some participants hadn't paid attention to the virus until they were infected with it or their family or friend fell ill with it.

Focus group participant: 4 "I must say thanks to the Japanese government, they did support everyone. They give 100,000 YEN to everyone. They even set many categories to expect the money. Everybody got the benefit."

Participant: 3 "...Yeah Japanese government took the step and they provided everyone with 100,000 yen so it was a good step I can't say it fulfil my all need but yeah it was fine to get myself together and cope with the situation. No, we didn't get any support from Pakistan because we are a developing county and I belong to the industry sector if the industry sake whole-cell get shaken"

Participant: 2 "The financial support from the government was good but not enough if a person loses his job, he can't compensate his expenses with this low amount so all I can is it was good but not enough according to Japanese life standards. They also supported children"

Participant No: 8 "Alhamdulillah I've been. I think it's my job that's kind of like grounded me. Perhaps and this is the truth perhaps if I'd worked in a different field maybe I wouldn't have been as firm and stricter as I am now."

3.3.3 Social distancing and limitations of the environment

There was considerable uncertainty about the possibility of self-isolation among participants. For instance, one subject discussed the difficulties of self-isolation as a mother of young children.

Participants: 1 Well...huh.... I I do isolation, but I will also attach with my kids... in Islam, it's not like that the real thing I have been travelling a lot in Tokyo but none of my kids got covid. But if it ever did happen, I will never separate I will never hospitalize them.

Participant: 7 "in a small office place is challenging to make sure isolation.... I work from home"

Focus group participant:5 "I have been very unproductive with my work at home, I was not used to do the things at home."

3.4 Living and practising Islam in Japan during the pandemic

3.4.1 Assessing the risk of COVID-19– taking precautions

Muslims must perform the five daily prayers at home or work, however, Friday collective prayers are recommended in mosques. While women and children can receive such education in some mosques [7], adult men are generally offered it in most mosques.

Some mosques decided to cancel Friday prayers and Qur'an classes, as well as restrict entry to buildings, during the early stages of the outbreak. Participants thought social distancing and isolation measures were important for reducing the risk of virus transmission, but their experiences showed that sticking to them was difficult for them as well as others. Droplets inhaled through the air 'easily' spread and transmitted the virus, according to participants. Participants were advised to practice good hygiene and maintain social distancing.

Participant: 9 "...The closure of the mosques was another important cue or sign as to the seriousness of the virus, identified as important by participants because the mosques are central to community worship that is a key part of Muslim community life and consequently mosques are rarely if ever closed."

Participant: 3 "Islam already taught us about such diseases our beloved prophet Harazt Muhammad says that "if such disease happens you are not allowed to leave the city or any place you are in. so we already knew about the action". We believe if any person gets expire it's because God wants him so if any accident happens or any other thing which causes his death it's natural. So, it believes death is from Allah. If any person in my family gets this infection, I will attach one person with him to take care of him like shower food and stuff and with the precautions like gloves mask etc. because in Islam we don't leave any person behind."

Participant: 12 "Yes there was the issue of our prayers like they suddenly stopped all the prayers in Masjids, so it was a difficult time but on the other hand, it was for the benefit of us. We Muslims did our best to follow the rules."

Participant: 5 "I know a few people who have had the corona at first they just thought it was nothing, it didn't show, they didn't have the temperature but they had like sort of a cough or whatever but they worked through that because it's just that 'oh I need to work through that and just carry on' but it was only until they'd get tested and then they go 'oh yes I've got it but you would have never thought."

Focus group participant: 2 "I think closing down the Mosques was a big message for the community that we are experiencing serious disease yeah so you know Mosque can never be closed just if not this, coronavirus)."

Focus group Participant: 4 "The fact that lockdown took place during the month of Ramadan and the celebration of Eid where members of the Muslim community would usually break the fast in the congregation, was a particular challenge, with one participant reporting that whilst they had stayed at home, they had heard of other households meeting up."

Focus group participant: 4 "As Muslims, we shake hands and give hugs to each other and thus it's our nature we can't just give it up just easily and this is a big challenge for all of us as Muslims. We want to protect ourselves as a community and protect others of course I can see a lot of Muslims just following these measures."

3.4.2 Prayers cancellation (Including the holy Moth Ramadan and Friday) the practice of cleanliness

Members of the Muslim community must maintain cleanliness before regularly scheduled prayers, the Salaat (Namaz), which takes place throughout the day. Religious teachings and practices play an important role in promoting hygiene practices, including frequent hand washing. Several participants stated that all mosques in the Kanto region have taken several measures to prevent the outbreak, such as refraining from mass prayers and closing mosques when the pandemic broke out, cancelling major events during Ramadan and moving to the online medium, ensuring proper ventilation inside

mosques, and maintaining a safe distance when attending personal prayers. [7] Furthermore, mosques, including those serving members of the Muslim community, have provided support to those affected by COVID -19, as they have done during natural disasters in the past. However, many Japanese are unaware of what mosques can be used for shelter and home if needed during any emergency. Therefore, the above measures can compensate for their lack of knowledge and reduce the risk of COVID19.

Participant:3 "Yes it affected our prayers, I often pray with my wife at home for Juma prayer especially we gather some other people like my neighbours, and we offer prayer in the gathering but not every prayer. During prayer, we always make sure to keep a social distance. Yes, it affected our Ramadan life, we could not be able to gather in the mosque for Iftari but we tried to gather to keep our mosque alive, we reduce the person to 15 people, so only 10 to 15 people were allowed to come to the mosque to pray Juma prayer and to do Iftari."

Participant: 6 "Yes you know the covid impacted our prayer very much. When the government impose an emergency only a few peoples we coming to the masjid for prayer only the imam or some peoples. We stopped many religious activities due to corona and SOPs from the government. 5-time prayers are mandatory but if you have any symptoms our Ulama's were advising us not to come to the masjid and stay home and pray there."

Participant: 12 "I heard of people meeting up on Eid ... like different households so that's obviously up to them. Personally, I didn't I didn't meet up with anyone."

Participant: 13 "One thing I do like is the emphasis on cleanliness you know we have that within our communities anyway you know we wash 5 times a day for prayer."

3.4.3 A sense of responsibility (duty)

As a Muslim, the strong belief is the responsibility of following the saying of the Prophet Muhammad (PBUH). Almost all the participants mentioned sense of responsibility reinforced the need to follow state guidelines about COVID-19. Also, participants emphasised that they wanted to show as responsible foreign Muslims.

Participant No: 3 "We believe trusting in Allah during troubled times is essential, but opposing sanitary rules is a bad idea since these are necessary to stop viruses from spreading"

Participant No: 5 "As Muslims, we have a responsibility to God, to our relatives' other peoples and ourselves. So, it's one of our responsibilities to follow the government guidelines and to act accordingly".

Participant No: 2 "as most of us depend upon on social media, so it was sort of reflecting what the Government was telling us and, we knew that Covid was spreading quite rapidly in other countries. So, we were unsure what the severity of coronavirus would be and but knew some restriction to follow as responsible".

Participant: 13 "my bother in Japan doesn't get her information from the news, I don't know the conversations he's having with his friends, and I don't know whether they are acknowledging the seriousness of this".

3.4.4 Provision of support (Donations)

Having support outside the home was also important for isolation and self-shielding. Participants described early challenges where there were no systems in place to help vulnerable individuals to isolate themselves, while others described how members of the community delivered essentials to those in need so they could protect themselves.

Participant: 4 “ I think there was an increase in the donation, people lost their jobs but the government did not support them but we have a zakat system so we help poor people but in Japan, I think there are no poor people like my county.”

Participant: 5 “Yes donations got increased we also collected the money from Japan and sent it to Bangladesh we were trying to give money to people who don't have a job in my country.”

3.5 Faith and adherence

As the participants' faith influenced their beliefs, actions to minimise the risk of getting infected to themselves and others were in turn influenced by their beliefs. It was important to refer to key religious texts that offered instructions for action to support the instruction to distance socially and isolate them when needed.

Participant: 9 “...Islam mandates you to take necessary precautions and at the time of the Prophet Muhammad there was a plague epidemic, and he guided his companions to take precautions and to make sure the essential practised isolation”

Participant: 13 “Religious texts were important in the context of the closure of the mosques and disruption of usual religious practices such as breaking fast in congregation at the end of Ramadan. Participants described how they felt these changes regarding their faith and in so doing, did not feel they were making unacceptable compromises, which might have influenced their adherence.”

Participant: 4 “The correct understanding is that this situation allows you to pray at home and your prayers will still be acceptable permissible and you are not meant to risk yourself for any such situations.”

4. Discussion

This study has observed that the Muslims in Japan are facing numerous problems since the beginning of the pandemic. During this period, there has been an increased social distancing between the communities. In other words, this distancing has nothing to do with the virus prevention but a lack of social contact within the Muslim community, which is leading to loneliness and a sense of alienation. That gives depression-like symptoms, along with constant concern for one's own and loved one's health.[12] Additionally, participants were concerned about their economic conditions and those with poorly protected jobs with low wages. It's much needed to pay more attention to low-paying jobs and part-time employment. Among the three part-time workers, one stated that “I got Corona and my company didn't pay me for the days I quarantined at home”. Furthermore, economic hardship was identified as a primary factor driving greater exposure to the virus, as people fear losing their jobs if they cannot get financial support. Psychological instability is exacerbated by the economic stress associated with the COVID-19 crisis, such as rising poverty and unemployment. [13, 14]

It is not easy for most of the local people to understand what kind of infection control measures are implemented in mosques because they are unfamiliar with Islam.[15] The spread of misinformation is the polarizing public debate on COVID-19-related topics and Islam, raising the possibility of conflict in religion, and social cohesion. [16] Having access to this information will help the people to gain a better understanding of unfamiliar Islamic ways of hygiene and contribute to a multicultural society. We found that perceived consequences for others were not a motivator for hygiene behaviours in a recent survey conducted in the United States during the early stages of COVID-19. [17]

Participants this study considered adherence to social distancing rules as a religious duty that compiles them to take the virus seriously. Ramadan, for example, celebrates the

fasting month every year, in which healthy adult Muslims fast from dawn to dusk every day.[18] A recent study has shown that daily intermittent fasting during Ramadan has beneficial effects on COVID -19. [19] There is evidence that intermittent fasting during Ramadan may have a limited beneficial effect on immunity due to sleep habits during the blessed month of Ramadan. However, several COVID -19 studies have shown that total sleep time decreases by about 1 hour during Ramadan nights, while daytime sleepiness increases as people stay at home or even work from home. [20, 21] Islam emphasizes praying and having faith, as shown in the holy Quran many times as well as during the holy month when Muslim prayers tend to increase more than usual.

According to our study, the information provided by different Japanese authorities related to COVID 19 was unsatisfactory because most of it was in the Japanese language. Participants have shown their concerns which is very crucial, as the credibility of the information provided by the authorities can be called into question if it is not understandable.[22] This is because the decision-making requires the integration of information from different sources which increases the relative reliability. [23] The lack of relevant information in an inappropriate format, not including community languages, was identified as a problem in our research. Recent research on youth adherence to COVID-19 measures endorses disseminating public health messages through trusted resources. [24] A recent survey found that a significant proportion of the population received conflicting information that coronavirus is an artificially modified virus; this kind of information may lead to depression. [25] This is consistent with existing research showing that exposure to inappropriate and risk-increasing messages causes stress, worry and anxiety in the public.[26]

According to Murphy et al, compliance with COVID-19 social distancing requirements is influenced by demographic, instrumental and normative factors. According to these, a study on Australians comply not out of concern for themselves or others, but out of a sense of responsibility to help the authorities. [2] Risk perceptions and protective health behaviours in times of a pandemic have been linked in several studies. A 2010 study on protective behaviour during a pandemic[27] and a telephone survey in Italy found that perceptions of the severity of the illness and the risk of contracting the virus were related to adherence to some recommended behaviours. [28] An earlier study on beliefs and attitudes found the perceptions of vulnerability to covid-19. The perceived risk of contracting covid-19 and trust in government was less important predictors of taking health protection measures than beliefs. The health protection measures would be effective in preventing covid-19 [29]

According to our study's results, observing the social distancing rules was undoubtedly challenging, especially during the holy month of Ramadan and religious occasions, in which breaking the fast together was not included, as usual, most participants found these deviations from normative practices which are quite acceptable and coherent with their religious teachings. Several studies have shown that COVID -19 restrictions have a significant negative impact on social life and well-being. [25, 30]There is evidence that obligations, such as obedience to authority figures, play a role in breaking covid-19 restrictions and creating a sense of duty from an early age. Our findings do not support the claim that Muslims ignore the advice and congregate in large groups. It can be interpreted as extraneous and victim-blaming, especially in social media and the media in general.

The results of this study contribute to the emerging field of research on the well-being of Muslim migrants, including changes in their religious practices in the context of COVID 19. Participants are aware of the varying length of the recovery process from the pandemic and have the opportunity to adjust their workspaces in accordance with continu-

ing social distancing regulations and may have the option to seek religious services from workplaces. Participants were also concerned about their health problems and chronic conditions, such as diabetes and obesity. Because of the Covid-19 restrictions which limit the daily physical activity, can be a risk of developing diseases such as CVDs and diabetes. [31, 32] In terms of improving physical activity[33], mental health[34], and work productivity[35], there is a wealth of published research available. In addition, our study shows that clear and effective public health interventions are needed to improve well-being and facilitate health care.

4.1 Strengths and limitations

This is the first study to focus on how members of Japan's Muslim community have dealt with the COVID-19 pandemic and how it has affected their lives. It offers suggestions for how information and communication could be improved in the future to ensure the risk reduction information which can be provided to the communities. Interviews were conducted by interviewers from the Muslim community, which facilitated the discussion and allowed the participants to use terminology associated with Muslim culture.

The studies conducted through online facilities always carry some uncertainty about the data's validity. Nonetheless, online surveys offer many advantages, including, protecting the identities of participants, sexual orientation, gender base diversity and demographics.[3] This study only included the experiences of those who wished to participate, our findings may not reflect the experiences of all Muslim communities. We had some challenges not engaging the older people in our research. Further research is needed to capture the experiences of elderly members of the Muslim community in Japan. Also, this study was conducted at the height of the pandemic, people's perceptions of risk may have changed over time.

5. Conclusions

The understandable public health messages to the public are essential since there is the potential for misinterpretation. The study highlighted that reliance on Allah in troubled times is an important part of their religion, but rejection of hygiene rules is of misunderstanding, as these are necessary to prevent the spread of diseases. Also, practising religion was not a source of spreading infections, but not going to the mosque led to people being isolated from their community. Effective public health interventions that improve physical activity, mental health and productivity are needed to improve the well-being of people who are working at home due to the pandemic.

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Appendix A: File available at the end of the reference list.

References

1. McLaughlin, L., *Japanese Religious Responses to COVID-19: A Preliminary Report*. Asia-Pacific Journal: Japan, 2020. **18**(9).
2. Murphy, K., et al., *Why people comply with COVID-19 social distancing restrictions: Self-interest or duty?* Australian & New Zealand Journal of Criminology, 2020. **53**(4): p. 477-496.
3. Boydell, N., et al., *Avoiding Pitfalls and Realising Opportunities: Reflecting on Issues of Sampling and Recruitment for Online Focus Groups*. International Journal of Qualitative Methods, 2014. **13**(1): p. 206-223.
4. Boguszewski, R., et al., *The COVID-19 pandemic's impact on religiosity in Poland*. Religions, 2020. **11**(12): p. 646.
5. Al-Astewani, A., *To open or close? COVID-19, mosques and the role of religious authority within the British Muslim community: A socio-legal analysis*. Religions, 2021. **12**(1): p. 11.
6. Qur'an, T., *The Qur'an*. Oxford University Press. Oxford University Press, 2008.
7. Hitomu, K., T. Mari, and N. Susumu, Research Square, 2022.
8. Baltar, F. and I. Brunet, *Social research 2.0: virtual snowball sampling method using Facebook*. Internet research, 2012.
9. Bowling, A., *Research methods in health: investigating health and health services*. 2014: McGraw-hill education (UK).
10. Lazarus, J.V., et al., *A global survey of potential acceptance of a COVID-19 vaccine*. Nature medicine, 2021. **27**(2): p. 225-228.
11. Okubo, T., A. Inoue, and K. Sekijima, *Who Got Vaccinated for COVID-19? Evidence from Japan*. Vaccines, 2021. **9**(12): p. 1505.
12. Babicki, M., I. Szewczykowska, and A. Mastalerz-Migas, *Mental health in the era of the second wave of SARS-CoV-2: A cross-sectional study based on an online survey among online respondents in Poland*. International journal of environmental research and public health, 2021. **18**(5): p. 2522.
13. Rafi, M., et al., *Psychological implications of unemployment among Bangladesh Civil Service job seekers: a pilot study*. Frontiers in psychiatry, 2019. **10**: p. 578.
14. Mucci, N., et al., *The correlation between stress and economic crisis: a systematic review*. Neuropsychiatr Dis Treat, 2016. **12**: p. 983-93.
15. Nakhleh, E.A., K. Sakurai, and M. Penn, *Islam in Japan: A Cause for Concern?* asia policy, 2008. **5**: p. 61-104.
16. Joint statement by WHO, U., UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC, *Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation*. 2020.

17. Wise, T., et al., *Changes in risk perception and self-reported protective behaviour during the first week of the COVID-19 pandemic in the United States*. Royal Society open science, 2020. **7**(9): p. 200742.
18. Husain, S., M. Zafar, and R. Ullah, *Ramadan and public health: A bibliometric analysis of top cited articles from 2004 to 2019*. Journal of Infection and Public Health, 2020. **13**(2): p. 275-280.
19. Abunada, T., H. Abunada, and H. Zayed, *Fasting Ramadan During COVID-19 Pandemic: Immunomodulatory Effect*. Frontiers in Nutrition, 2020. **7**.
20. Mo'ez, A.-I.E., et al., *Ramadan intermittent fasting and immunity: An important topic in the era of COVID-19*. Annals of thoracic medicine, 2020. **15**(3): p. 125.
21. Faris, M.e.A.-I.E., et al., *Effect of diurnal fasting on sleep during Ramadan: a systematic review and meta-analysis*. Sleep and Breathing, 2020. **24**(2): p. 771-782.
22. Cava, M.A., et al., *Risk perception and compliance with quarantine during the SARS outbreak*. Journal of Nursing Scholarship, 2005. **37**(4): p. 343-347.
23. Summerfield, C. and K. Tsetsos, *Do humans make good decisions?* Trends in cognitive sciences, 2015. **19**(1): p. 27-34.
24. Nivette, A., et al., *Non-compliance with COVID-19-related public health measures among young adults in Switzerland: Insights from a longitudinal cohort study*. Social science & medicine, 2021. **268**: p. 113370.
25. Osterrieder, A., et al., *Economic and social impacts of COVID-19 and public health measures: results from an anonymous online survey in Thailand, Malaysia, the UK, Italy and Slovenia*. BMJ Open, 2021. **11**(7): p. e046863.
26. Thompson, R.R., et al., *Distress, Worry, and Functioning Following a Global Health Crisis: A National Study of Americans' Responses to Ebola*. Clinical Psychological Science, 2017. **5**(3): p. 513-521.
27. Bish, A. and S. Michie, *Demographic and attitudinal determinants of protective behaviours during a pandemic: A review*. British journal of health psychology, 2010. **15**(4): p. 797-824.
28. Prati, G., L. Pietrantonio, and B. Zani, *Compliance with recommendations for pandemic influenza H1N1 2009: the role of trust and personal beliefs*. Health education research, 2011. **26**(5): p. 761-769.
29. Civai, C. and I. Ma, *The enhancement of social norm compliance: Prospects and caveats*. Journal of Cognitive Enhancement, 2017. **1**(1): p. 26-30.
30. Pierce, M., et al., *Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population*. The Lancet Psychiatry, 2020. **7**(10): p. 883-892.
31. Ahmad, I., et al., *Physical Activity of Type 2 Diabetes Mellitus Patients and Non-Diabetes Participants in Yangon, Myanmar: A Case-Control Study Applying the International Physical Activity Questionnaires (IPAQ-S)*. Diabetes Metab Syndr Obes, 2021. **14**: p. 1729-1739.
32. Pronk, N.P. and T.E. Kottke, *Physical activity promotion as a strategic corporate priority to improve worker health and business performance*. Prev Med, 2009. **49**(4): p. 316-21.
33. Hammami, A., et al., *Physical activity and coronavirus disease 2019 (COVID-19): specific recommendations for home-based physical training*. Managing Sport and Leisure, 2020: p. 1-6.
34. Zhao, Y., et al., *Mental Health and Its Influencing Factors among Self-Isolating Ordinary Citizens during the Beginning Epidemic of COVID-19*. Journal of Loss and Trauma, 2020. **25**(6-7): p. 580-593.
35. Kaur, H., et al., *Optimizing for Happiness and Productivity: Modeling Opportune Moments for Transitions and Breaks at Work*, in *Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems*. 2020, Association for Computing Machinery. p. 1-15.

Appendix A

Main theme	Sub-theme	Open-ended questions
1. Living in Japan	Motivation to live abroad: Economic need	<ul style="list-style-type: none"> What made you come to Japan? (Motivation in detail, life plan for some years in Japan) Why do people go abroad from your country? Do you support your family, how?
2.Importance of public healthdirectives (precautions messages and information)	Satisfaction on COVID-19 Vaccination and health care.	<ul style="list-style-type: none"> Did you infect with COVID? How do you think/feel about health care in Japan? How do you think/feel COVID-10 related vaccination in Japan?
	Social isolation and the Barriers to local communication	<ul style="list-style-type: none"> How do you think/feel about the information that has been coming out from the Japanese government and local city hall? How might this information be improved in the future to better inform people about risk?
	Financial condition and perceptions of self-cultural challenges	<ul style="list-style-type: none"> How does this impact your life? Did the COVID-19 affect your financial situation, your job/business, tell us before and now? Did you get any Financial support from the government?
	Social distancing and limitations of the environment	<ul style="list-style-type: none"> How do you think/feel about this advice on social distancing?
3. Living and practising Islam in Japan during the pandemic	1. Assessing the risk of COVID-19– taking precautions	<ul style="list-style-type: none"> Muslim attitudes in facing COVID-19? Efforts to prevent the spread of the covid-19 outbreak are jihad, any action that carries the risks of transmission is wrong? How did you follow the instructions/protocol on social (physical) distancing and stay at home (work from home)?
	Prayers cancellation (Including the holy Moth Ramadan and Friday) the practice of cleanliness	<ul style="list-style-type: none"> Are regular Prayers remaining mandatory during the emergency? Congregational prayers at the mosque during the covid-19 emergency? Are prayers for people who (because of their profession) required to be outside the home? Worship in Ramadan during covid-19 Emergency?
	A sense of responsibility (duty)	<ul style="list-style-type: none"> How did you follow the instructions/protocol on social (physical) distancing and stay at home (work from home)?
	Provision of support (Donations etc)	<ul style="list-style-type: none"> Increase zakat, donation and alms during a covid-19 emergency? Doing a lot of good things and helping each other during covid-19 emergency?
3. Faith and adherence		<ul style="list-style-type: none"> Tell me your idea/thought on a life after death in your words; Is there any change in how you recall/remember it after COVID-19? Any related events? How do you think that life after this pandemic? What do you think about your family/friends in your motherland during pandemic? In future, if a pandemic happens, what will you do? Will you listen to your body or mind?