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# Plague, Martyrdom, and Quarantine: Classical Hadith Exegesis and Contemporary Pandemic Governance

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## Abstract

The COVID-19 pandemic renewed scholarly interest in Prophetic traditions concerning plague (ṭāʿūn) and their ethical relevance to contemporary public-health crises. While previous studies have primarily examined plague-related hadiths from theological and juridical perspectives, limited attention has been given to their potential contribution to contemporary discussions on global health governance and Islamic bioethics. This study aims to reconstruct an ethical framework derived from plague-related hadiths and to examine its relevance to contemporary pandemic governance. The study analyzes nine selected hadiths drawn from Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, Sunan Abī Dāwūd, Sunan al-Nasāʾī, Sunan Ibn Mājah, al-Muwaṭṭaʾ of Mālik, and Musnad Aḥmad using a thematic (mawḍūʿī) approach that combines takhrīj, sanad and matn criticism, thematic classification, and contextual interpretation. The narrations were selected based on their relevance to plague, martyrdom, quarantine, disease prevention, and communal responsibility and were limited to reports classified as ṣaḥīḥ or ḥasan. The findings identify three interconnected ethical themes: plague as a divine trial and martyrdom, quarantine and preventive responsibility, and spiritual resilience in times of crisis. These themes suggest important conceptual convergences with contemporary principles of pandemic governance, including solidarity, proportionality, reciprocity, equity, and the protection of vulnerable populations. Rather than evaluating policy effectiveness, this study offers a conceptual reconstruction of Prophetic plague ethics and argues that these traditions continue to provide relevant ethical resources for contemporary discussions on pandemic governance, Islamic bioethics, and public-health ethics.

KEYWORDS

hadith exegesis; maudhuʿī method; pandemic; global health governance; resilience.

## Introduction

The global outbreak of COVID-19 has reshaped contemporary understandings of health, ethics, and human vulnerability. What began as a biomedical emergency quickly evolved into a moral and spiritual crisis, challenging societies to reconcile scientific rationality with existential meaning (Sandu, 2021; Ungar-Sargon, 2025). Across the Muslim world, public discourse returned to the Prophetic traditions on plague (*ḥadīth al-ṭāʿūn*), which for centuries had guided communities through epidemics, fear, and social disruption (Mehfooz, 2021). These traditions, preserved in canonical collections such as Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, al-Muwaṭṭaʾ Mālik, and Musnad Aḥmad, contain early ethical articulations concerning quarantine, communal responsibility, spiritual endurance, and the preservation of life during health crises (BinTaleb & Aseery, 2022a). They reflect a distinctive Islamic moral outlook in which divine decree (*qadar*) and human agency (*ikhtiyār*) are understood as complementary rather than contradictory dimensions of ethical action.

The COVID-19 pandemic also exposed the limitations of purely biomedical responses in addressing public compliance, vaccine hesitancy, institutional trust, and psychosocial resilience, while several studies have demonstrated that religious and

moral narratives played an important role in shaping risk communication, collective behavior, and public-health adherence. Empirical studies have shown that religious commitment significantly influenced compliance with public-health measures among Muslim communities during COVID-19 (Dajani et al., 2022a), while faith-based messaging contributed to vaccine acceptance and institutional trust in several Muslim-majority societies (Shabana, 2021). Furthermore, (Awaad et al., 2023) demonstrated that Islamic narratives concerning suffering, divine decree, and reward played an important role in reducing anxiety and strengthening psychosocial resilience during the pandemic. These findings suggest that Prophetic traditions are not merely historical texts but continue to function as ethical and behavioral resources capable of shaping contemporary responses to public-health crises.

Existing scholarship on plague traditions may generally be divided into three major strands. First, classical Islamic commentaries primarily examine plague-related hadiths from theological, juridical, and spiritual perspectives, focusing on themes such as divine decree, martyrdom, patience, and quarantine ethics. Foundational works such as Ibn Ḥajar al-ʿAsqalānī's *Badhl al-Maʿūn fī Faḍl al-Ṭāʿūn* and al-Nawawī's *Sharḥ Ṣaḥīḥ Muslim* remain central references in this tradition, although they are frequently approached as historical commentaries rather than dynamic ethical frameworks (Andrabi, 2022). Second, contemporary studies in Islamic bioethics have explored Muslim responses to pandemics, vaccination, and medical ethics, yet many of these studies emphasize normative legal reasoning without systematically connecting Prophetic traditions to broader governance frameworks (Padela et al., 2021). Third, global health-governance scholarship largely concentrates on institutional coordination, biomedical policy, and public-health management while giving limited attention to the role of religious narratives and Islamic ethical traditions in shaping public compliance, psychosocial resilience, and crisis ethics (Dajani et al., 2022b; Harun et al., 2026). This fragmentation reveals an important gap in both Islamic and secular scholarship: the absence of an integrative framework connecting classical hadith discourse on plague with contemporary pandemic governance and public-health ethics.

Accordingly, this study addresses the following central questions: (1) how do plague-related hadiths construct ethical meanings concerning martyrdom, quarantine, communal responsibility, and resilience within the Islamic tradition, and (2) how may these Prophetic teachings contribute conceptually to contemporary discussions on pandemic governance, Islamic bioethics, and public-health ethics? Specifically, this study aims: (1) to identify and interpret the major ethical themes embedded in plague-related hadiths, particularly those concerning martyrdom, quarantine, communal responsibility, and spiritual resilience; (2) to evaluate the authenticity and semantic coherence of the selected narrations through sanad and matn analysis; and (3) to examine the conceptual relevance of these Prophetic teachings within contemporary frameworks of pandemic governance, Islamic bioethics, and public-health ethics.

This study assumes that plague-related hadiths constitute a coherent ethical discourse within the Islamic tradition that integrates theological meaning, preventive ethics, communal responsibility, and spiritual resilience. It further assumes that these Prophetic teachings may be interpreted not merely as historical religious narratives, but as conceptually relevant ethical resources that contribute to contemporary discussions on pandemic governance, Islamic bioethics, and public-health ethics through thematic and interpretive analysis.

The novelty of this study lies in its interdisciplinary integration of classical plague-related hadiths, Islamic bioethics, resilience studies, and contemporary pandemic-governance frameworks through a thematic (maudhuʿī) approach. While previous scholarship has generally examined plague traditions from theological, juridical, historical, or biomedical perspectives separately, this study reconstructs the Prophetic discourse on plague as a conceptually coherent ethical and governance-oriented framework that connects martyrdom, quarantine ethics, communal responsibility, and spiritual resilience with modern discussions on public-health ethics and global pandemic governance.

## Literature Review

### Hadith Exegesis through the Maudhu'i (Thematic) Method

In the discipline of *ʿUlūm al-Ḥadīth, syarḥ al-ḥadīth* refers to the process of explaining, interpreting, and contextualizing the words, meanings, and implications of the Prophet's sayings, actions, and approvals (Amir, 2021). It aims to uncover the *maqāṣid al-nabawiyyah* (Prophetic purposes) embedded within the hadith texts and to relate them to broader theological, ethical, and social realities (Darul, 2025). Classical commentators such as Ibn Ḥajar al-ʿAsqalānī, al-Nawawī, and al-Qāḍīʿ Iyāḍ established the foundations of syarḥ by correlating linguistic, isnād, and contextual analysis, while modern scholars have developed more systematic thematic frameworks to address contemporary issues (Sahrul Ulum & Muhammad Alif, 2025).

The *maudhu'i* (thematic) method represents a modern development within hadith studies, inspired by parallel movements in *tafsīr maudhu'i* (thematic Qurʾānic exegesis). The term *maudhu'i* (lit. "topical" or "thematic") denotes an interpretive approach that gathers all hadiths relevant to a specific subject (*mawḍūʿ*)—such as justice, governance, or epidemic ethics, etc—then analyzes them collectively to derive integrated meanings, moral principles, and conceptual syntheses (Ash-Shiddiq et al., 2025; Ira, 2019). In this method, the hadith corpus is not treated as isolated narrations but as a network of interconnected discourses expressing a unified Prophetic vision. The purpose is to reveal both the partial wisdoms (*ḥikam juzʾiyyah*) within individual hadiths and the comprehensive wisdom (*ḥikmah kulliyyah*) that emerges from their thematic relationship (Adnan et al., 2026; Mohamad Ismail et al., 2023). As ʿAbd al-Ḥayy al-Farmāwī notes, syarḥ maudhuʿī allows the interpreter to move "*from the text to the concept, and from the event to the value*," thereby making Prophetic teachings relevant to changing contexts (Yunus et al., 2021). In this study, the *maudhuʿī* approach was specifically applied to the thematic corpus of Prophetic traditions related to plague (*ṭāʿūn*), epidemics (*wabāʾ*), quarantine, contagion, communal responsibility, and disease prevention.

### Global Health Governance (GHG)

#### *Global Health Governance: General Framework*

In the context of this study, pandemic governance is not understood merely as institutional management of health crises, but as an ethical and social framework that shapes collective responses to epidemics through principles of public responsibility, risk communication, mobility regulation, communal solidarity, and compliance with preventive measures. Accordingly, the governance dimension analyzed in this article focuses on how Prophetic traditions concerning plague contribute to contemporary discussions on quarantine ethics, public obedience during crises, protection of vulnerable populations, and the moral legitimacy of collective health measures (BinTaleb & Aseery, 2022b; Goje, 2017). Rather than examining institutional governance empirically, this study conceptually explores how classical hadith discourse may inform ethical dimensions of modern pandemic governance and public-health resilience.

The ethical foundation of GHG thus rests on several interlocking principles: i) Equity: ensuring fair access to health

**Table 1.** Convergence Between Prophetic Hadith Themes and Modern Pandemic-Governance Principles

| Hadith Theme | Islamic Ethical Principle | WHO / Pandemic Governance Principle | Governance Implication |
|---|---|---|---|
| Quarantine and travel restriction during plague | Ḥifẓ al-nafs (protection of life) | Containment and mobility restriction | Preventing disease transmission |
| Avoiding infected areas | Prevention of harm (dafʿ al-ḍarar) | Risk mitigation | Public-health protection |
| Patience and endurance during epidemic | Ṣabr and tawakkul | Community resilience | Reducing panic and social instability |
| Collective obedience to authority | Maṣlaḥah and communal responsibility | Coordinated governance | Enhancing public compliance |
| Care for the sick and vulnerable | Taʿāwun (mutual assistance) | Health solidarity | Social protection and inclusion |

resources; ii) Solidarity: recognizing mutual interdependence among nations; iii) Proportionality: balancing individual freedoms with collective safety; iv) Reciprocity: upholding mutual care between citizens and institutions; and v) Transparency: fostering trust through open communication (Benatar et al., 2011; BinTaleb & Aseery, 2022b; Kheir-Mataria et al., 2022). To clarify the relationship between Prophetic teachings on plague and contemporary health-governance principles, the following analytical matrix illustrates the convergence between major hadith themes and modern pandemic-governance frameworks (see Table 1).

These principles align closely with the moral vocabulary of Islam—ʿ*adl* (justice), *taʿāwun* (cooperation), *ḥifẓ al-nafs* (protection of life), and *amānah* (trust). The convergence between GHG and Islamic ethical paradigms provides fertile ground for dialogue, allowing religious moral traditions to complement secular governance frameworks in responding to future health crises (Elystia Febriyanti et al., 2025; Ruger, 2012b).

## Islamic Bioethics: Integrating Faith and Moral Reasoning

Islamic bioethics is an evolving discipline that applies Islamic moral theology, jurisprudence, and ethical philosophy to biomedical and public-health issues by drawing upon *maqāṣid al-sharīʿah* (higher objectives of law), Prophetic traditions, and legal-ethical principles such as *ḥifẓ al-nafs* (preservation of life), *maṣlaḥah* (public welfare), and *lā ḍarar wa lā ḍirār* (the prohibition of causing harm) to articulate ethical norms concerning medical practice, life preservation, and social justice, while plague-related hadiths concerning quarantine, contagion, and communal responsibility provide important textual foundations that both reinforce preventive ethics and illustrate the dynamic relationship between divine decree and practical health measures (Muhsin et al., 2026; Padela, 2019; Rahman et al., 2025; Shabana, 2014). Central to Islamic bioethics is the value of *ḥifẓ al-nafs* (preservation of life), which positions health protection as both a divine trust and a communal obligation (Padela et al., 2021). Ethical reasoning within this framework operates on three axes (Dabbagh et al., 2023; Ghaly, 2016; Mustafa, 2014; Sachedina, 2009):

a. Theological: recognizing human vulnerability and divine decree (*qadar*);
b. Juridical: applying *fiqh al-ṭibbī* (medical jurisprudence) to ensure compliance with *Sharia*; and
c. Communal: balancing individual rights with collective welfare (*maṣlaḥah ʿāmmah*).

Modern scholars in Islamic bioethics have increasingly highlighted the importance of contextual ijtihād in responding to contemporary health challenges, emphasizing that Islamic ethical reasoning should move beyond rigid textualism toward practical moral application in real-life contexts. This shift reflects an approach in which religious teachings function as foundations for applied ethics rather than remaining abstract theological ideals. In a similar vein, recent scholarship has proposed a model of "responsive bioethics" that integrates compassion (raḥmah), justice (ʿadl), and procedural transparency within Muslim healthcare institutions (Ghaly, 2016; Padela et al., 2021). In pandemic contexts, Islamic bioethics offers a normative framework that resonates with WHO principles. The temporary closure of mosques, the encouragement of vaccination, and the acceptance of quarantine all reflect Islamic legal maxims such as preventing harm takes precedence over attaining benefit. This alignment reveals that ethical governance and Sharia objectives are mutually reinforcing rather than oppositional.

## Resilience and Psychosocial Well-Being

Resilience in health and social science refers to the capacity of individuals, families, and communities to adapt positively in the face of adversity (Masten & Barnes, 2018). It encompasses psychological endurance, moral strength, and social cohesion that enable recovery from crises such as pandemics (Busic & Schubert, 2021; Jewett et al., 2021). In Islamic thought, resilience is deeply intertwined with *ṣabr* (patience), *tawakkul* (trust in God), and *raḍā* (contentment with divine will) (Gumiandari et al., 2022; Rochman et al., 2024a; Safitri, 2025). These virtues function as emotional regulators and moral motivators during hardship.

In this study, resilience is approached as a conceptual and interpretive framework derived from thematic analysis of Prophetic traditions rather than as an empirically measured psychological or social outcome. Recent studies have shown that religiosity and trust in God contributed positively to reducing anxiety and strengthening mental well-being among Muslim communities during the COVID-19 pandemic, while Islamic spiritual training also enhanced family cohesion, gratitude, and adaptive coping during lockdown periods. These findings suggest that faith-based narratives concerning suffering, patience, and divine reward—particularly those rooted in the Prophetic teachings on *ṭāʿūn*—may function as important sources of psychological resilience and communal solidarity during public-health crises (Elfattah, 2025; Hamka et al., 2022).

In resilience concept, three dimensions are often emphasized (Azeez, 2024; Keck & Sakdapolrak, 2013; Tsao & Ni, 2016):

a. Preventive resilience: involving preparedness and ethical responsibility before crises;
b. Adaptive resilience: characterized by flexibility and meaning-making during crises;
c. Restorative resilience: which entails recovery, healing, and moral reconstruction afterward.

Contemporary resilience studies also recognize the ethical dimension of resilience. Recent resilience scholarship has increasingly emphasized that resilience should not be understood merely as psychological toughness, but also as an ethical practice grounded in care, solidarity, and human

interdependence. This perspective closely aligns with Islamic ethical teachings, in which perseverance through hardship is inseparable from compassion, gratitude, and trust in divine wisdom as integral components of moral and spiritual endurance (Gumiandari et al., 2022; Rochman et al., 2024b).

## Methods

**Table 2.** Classification of Data Sources Used in This Study

| Primary Sources | Secondary Sources |
|---|---|
| – Canonical hadith compilations: Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, Sunan collections, Musnad Aḥmad, and al-Muwaṭṭa' Mālik.<br>– Classical commentaries: Ibn Ḥajar al-ʿAsqalānī's Fath al-Bārī, al-Nawawī's Sharḥ Ṣaḥīḥ Muslim, and Ibn ʿAbd al-Barr's al-Istidhkār. | – Modern studies on hadith methodology (Al-Damany, 1983; Farmawi, 2002; Ismail, 2005).<br>– Works on Islamic bioethics, pandemic ethics, and global health governance ((Ghaly, 2016; Padela et al., 2021; Ruger, 2012a).<br>– Reference databases and indexes of hadith (e.g., al-Jāmiʿ al-Kabīr, al-Maktabah al-Shāmilah).<br>– Empirical literature on resilience and psychosocial health (Abdel-khalek, 2014; Az-Zahroh & Fauzi, 2026). |

This study employs a qualitative-descriptive approach grounded in *maudhuʿī* (thematic) analysis of Prophetic traditions (*ḥadīth*) concerning plague (*ṭāʿūn*) and epidemic ethics (see (Khasani, 2025).

Unit of Analysis

The unit of analysis in this study consists of Prophetic traditions related to plague and epidemic disease, martyrdom and divine reward, quarantine and preventive ethics, as well as patience and spiritual resilience.

Data Collection Techniques

The data were collected through a documentary and library-based approach (*dirāsah maktabiyyah*), involving two sequential techniques:

a. Compilation and Identification (*Takhrīj al-Aḥādīth*):
   All relevant hadiths were compiled from canonical Sunni collections: Saḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, Sunan Abī Dāwūd, Sunan al-Nasāʾī, Sunan Ibn Mājah, al-Muwaṭṭa' Mālik, and Musnad Aḥmad ibn Ḥanbal. The process used digital databases: Sunnah.com.
b. Textual Verification and Translation. Each hadith was translated into English by the authors using established translations and major sharḥ works, while accuracy and contextual consistency were verified through comparison with the original Arabic texts and classical commentaries such as *Fath al-Bārī* and *Sharḥ Ṣaḥīḥ Muslim*.

Data Sources

This research relies on two tiers of data sources (see Table 2).

Analytical Method

The analysis proceeded through four major stages consistent with *maudhuʿī methodology* and classical hadith sciences (Labib Balkhi, 2011; Nukhba, 2023):

a. *Takhrīj al-Aḥādīth* (Tracing the Hadith Sources)
   Each hadith related to plague was traced to its original source and chain of transmission (*sanad*). This step involved cross-verifying multiple isnāds, identifying narrators, and classifying the transmission strength as muttafaqun ʿalayh, ṣaḥīḥ, or ḥasan, while identifying corroborative transmission routes (shawāhid wa mutābiʿāt) among related narrations.
b. Sanad and Matn Criticism (*Naqd al-Sanad wa al-Matn*)
   A critical analysis evaluated the authenticity and coherence of the selected narrations through sanad and matn criticism, including chain reliability, textual consistency, and conformity with Qurʾanic principles, while weak or anomalous reports were excluded or treated as secondary variants.
c. Thematic Grouping (*Tajrīd wa Taḥlīl al-Mawḍūʿ*)
   All authenticated narrations were grouped thematically into three major clusters reflecting Prophetic perspectives: plague as trial and martyrdom; quarantine and preventive ethics; martyrdom and psychosocial resilience.
d. Contextual Interpretation (*Syarḥ Maʿnāwī wa Tatbīqī*)
   The selected hadiths were then interpreted contextually (*syarḥ tatbīqī*) to connect their moral teachings with contemporary realities by correlating Prophetic ethics with WHO ethical principles such as equity, solidarity, and proportionality, while mapping core hadith values, including *ṣabr, raḥmah*, and *ḥifẓ al-nafs*—onto contemporary frameworks of Islamic bioethics and resilience studies in order to derive broader implications for pandemic governance and public-health ethics.

## Result and Discussion

The Corpus of Plague-Related Hadith (*Ṭāʿūn*)

The principal hadiths concerning *ṭāʿūn* (plague) and *mabṭūn* (abdominal disease) are transmitted across multiple canonical collections, forming a coherent thematic corpus. The principal narrations concerning plague-related martyrdom are preserved across multiple canonical hadith collections, including Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, Jāmiʿ al-Tirmidhī, Sunan al-Nasāʾī, Sunan Ibn Mājah, al-Muwaṭṭaʾ Mālik, Riyāḍ al-Ṣāliḥīn, and Mishkāt al-Maṣābīḥ, displaying closely related wording and strong thematic consistency despite minor textual variations. as summarized in Table 3.

A matn analysis of the plague-related hadith corpus demonstrates substantial semantic coherence despite variations in wording and the expansion of martyr categories across different narrations. The core narrations preserved in Ṣaḥīḥ al-Bukhārī and Ṣaḥīḥ Muslim identify five categories of martyrs, including victims of plague (*al-maṭʿūn*), abdominal disease (*al-mabṭūn*), drowning, and structural collapse. Meanwhile, additional narrations found in Sunan collections and Mishkāt al-Maṣābīḥ expand these categories to include deaths caused by pleurisy, fire, and childbirth. These variations do not indicate contradiction but rather contextual complementarity, reflecting the Prophet's ﷺ broader recognition of human suffering beyond battlefield martyrdom.

The narrations consistently emphasize that plague victims occupy an honorable spiritual status, thereby reframing epidemic death as a form of divine mercy and moral dignity rather than social disgrace or punishment. This thematic consistency reveals a shared ethical orientation centered on patience (*ṣabr*), spiritual reward, communal solidarity, and resilience during periods of collective crisis. The hadiths further demonstrate that martyrdom in the Prophetic discourse extends beyond military sacrifice to encompass severe human suffering endured with faith and perseverance.

The semantic harmony across narrations preserved in Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, Jāmiʿ al-Tirmidhī, Sunan al-Nasāʾī, Sunan Ibn Mājah, and other collections strengthens their status as a coherent thematic corpus (*mutawātir maʿnawī*). Although the narrations differ in detail and contextual emphasis, no substantial contradiction appears

**Table 3.** Hadith Compilation on Plague Victims as Martyrs (Shuhadā')

| No | Collection | Matn | Sanad |
|---|---|---|---|
| 1 | bukhari: 2829 | ـ أَنَّ رَسُولَ اللَّهِ صلى الله عليه وسلم قَالَ " الشُّهَدَاءُ خَمْسَةٌ الْمَطْعُونُ، وَالْمَبْطُونُ، وَالْغَرِقُ وَصَاحِبُ الْهَدْمِ، وَالشَّهِيدُ فِي سَبِيلِ اللَّهِ". Allah's Messenger (ﷺ) said, "Five are regarded as martyrs: They are those who die because of plague, Abdominal disease, drowning or a falling building etc., and the martyrs in Allah's Cause." | حَدَّثَنَا عَبْدُ اللَّهِ بْنُ يُوسُفَ، أَخْبَرَنَا مَالِكٌ، عَنْ سُمَيٍّ، عَنْ أَبِي صَالِحٍ، عَنْ أَبِي ـ رضى الله عنه هُرَيْرَةَ |
| 2 | Sahih al-Bukhari 652, 653, 654 | أَنَّ رَسُولَ اللَّهِ صلى الله عليه وسلم قَالَ " بَيْنَمَا رَجُلٌ يَمْشِي بِطَرِيقٍ وَجَدَ غُصْنَ شَوْكٍ عَلَى الطَّرِيقِ فَأَخَّرَهُ، فَشَكَرَ اللَّهُ لَهُ، فَغَفَرَ لَهُ ". ثُمَّ قَالَ " الشُّهَدَاءُ خَمْسَةٌ الْمَطْعُونُ، وَالْمَبْطُونُ، وَالْغَرِيقُ، وَصَاحِبُ الْهَدْمِ، وَالشَّهِيدُ فِي سَبِيلِ اللَّهِ ". وَقَالَ " لَوْ يَعْلَمُ النَّاسُ مَا فِي النِّدَاءِ وَالصَّفِّ الأَوَّلِ ثُمَّ لَمْ يَجِدُوا إِلاَّ أَنْ يَسْتَهِمُوا لاَسْتَهَمُوا عَلَيْهِ ". " وَلَوْ يَعْلَمُونَ مَا فِي التَّهْجِيرِ لاَسْتَبَقُوا إِلَيْهِ، وَلَوْ يَعْلَمُونَ مَا فِي الْعَتَمَةِ وَالصُّبْحِ لأَتَوْهُمَا وَلَوْ حَبْوًا ".<br><br>Narrated Abu Huraira:<br>Allah's Messenger (ﷺ) said, "While a man was going on a way, he saw a thorny branch and removed it from the way and Allah became pleased by his action and forgave him for that." Then the Prophet (ﷺ) said, "Five are martyrs: One who dies of plague, one who dies of an Abdominal disease, one who dies of drowning, one who is buried alive (and) dies and one who is killed in Allah's cause." (The Prophet (ﷺ) further said, "If the people knew the reward for pronouncing the Adhan and for standing in the first row (in the congregational prayer) and found no other way to get it except by drawing lots they would do so, and if they knew the reward of offering the Zuhr prayer early (in its stated time), they would race for it and if they knew the reward for `Isha' and Fajr prayers in congregation, they would attend them even if they were to crawl. | حَدَّثَنَا قُتَيْبَةُ، عَنْ مَالِكٍ، عَنْ سُمَيٍّ، مَوْلَى أَبِي بَكْرٍ عَنْ أَبِي صَالِحٍ السَّمَّانِ، عَنْ أَبِي هُرَيْرَةَ |
| 3 | Sahih Muslim 1914 | أَنَّ رَسُولَ اللَّهِ صلى الله عليه وسلم قَالَ " بَيْنَمَا رَجُلٌ يَمْشِي بِطَرِيقٍ وَجَدَ غُصْنَ شَوْكٍ عَلَى الطَّرِيقِ فَأَخَّرَهُ فَشَكَرَ اللَّهُ لَهُ فَغَفَرَ لَهُ " . وَقَالَ " الشُّهَدَاءُ خَمْسَةٌ الْمَطْعُونُ وَالْمَبْطُونُ وَالْغَرِقُ وَصَاحِبُ الْهَدْمِ وَالشَّهِيدُ فِي سَبِيلِ اللَّهِ عَزَّ وَجَلَّ". While a man walks along a path, finds a thorny twig lying on the way and puts it aside, Allah would appreciate it and forgive him The Prophet (ﷺ) said: The martyrs are of five kinds: one who dies of plague; one who dies of diarrhoea (or cholera) ; one who is drowned; one who is buried under debris and one who dies fighting in the way of Allah. | حَدَّثَنَا يَحْيَى بْنُ يَحْيَى، قَالَ قَرَأْتُ عَلَى عَنْ سُمَيٍّ، عَنْ أَبِي صَالِحٍ، عَنْ مَالِكٍ أَبِي هُرَيْرَةَ، |
| 4 | Jami` at-Tirmidhi 1063<br>Grade: Sahih (Darussalam) | الشُّهَدَاءُ خَمْسٌ الْمَطْعُونُ وَالْمَبْطُونُ وَالْغَرِقُ "أَنَّ رَسُولَ اللَّهِ صلى الله عليه وسلم قَالَ . قَالَ وَفِي الْبَابِ عَنْ أَنَسٍ وَصَفْوَانَ بْنِ أُمَيَّةَ وَجَابِرٍ "وَصَاحِبُ الْهَدْمِ وَالشَّهِيدُ فِي سَبِيلِ اللَّهِ بْنِ عَتِيكٍ وَخَالِدِ بْنِ عُرْفُطَةَ وَسُلَيْمَانَ بْنِ صُرَدٍ وَأَبِي مُوسَى وَعَائِشَةَ . قَالَ أَبُو عِيسَى حَدِيثُ أَبِي هُرَيْرَةَ حَدِيثٌ حَسَنٌ صَحِيحٌ .<br><br>Abu Hurairah narrated that:<br>The Messenger of Allah said: "The martyrs are five: Those who die of the plague, stomach illness, drowning, being crushed, and the martyr in the cause of Allah" | حَدَّثَنَا الأَنْصَارِيُّ، حَدَّثَنَا مَعْنٌ، حَدَّثَنَا مَالِكٌ، ح وَحَدَّثَنَا قُتَيْبَةُ، عَنْ مَالِكٍ، عَنْ سُمَيٍّ، عَنْ أَبِي صَالِحٍ، عَنْ أَبِي هُرَيْرَةَ |
| 5 | Riyad as-Salihin 1353 | قال رسول الله صلى الله عليه وسلم : "الشهداء خمسة: المطعون والمبطون، والغريق، وصاحب الهدم والشهيد في سبيل الله" ((متفق عليه))<br><br>Abu Hurairah (May Allah be pleased with him) reported:<br>The Messenger of Allah (ﷺ) said, "The martyrs are of five kinds: One who dies of plague; one who dies of disease of his belly; the drowned; one who dies under the debris (of construction, etc.), and one who dies while fighting in the way of Allah." | وعن أبي هريرة رضي الله عنه |
| 6 | Mishkat al-Masabih 1546<br><br>مُتَّفَقٌ عَلَيْهِ (الألباني) | قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: «الشُّهَدَاءُ خَمْسَةٌ الْمَطْعُونُ وَالْمَبْطُونُ وَالْغَرِيقُ وَصَاحب الْهدم وَالشهيد فِي سَبِيل الله»<br>Abu Huraira reported God's messenger as saying, "There are five types of martyr:<br>one who dies of plague, one who dies of an internal complaint, one who is drowned, one who is killed by his house falling on him, and the martyr in God's path." | وَعَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ |
| 7 | Mishkat al-Masabih 1561<br><br>صَحِيح (الألباني) | الشَّهَادَةُ سَبْعٌ سِوَى الْقَتْلِ فِي سَبِيلِ اللَّهِ: الْمَطْعُونُ شَهِيدٌ " :قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ وَالْغَرِيقُ شَهِيدٌ وَصَاحِبُ ذَاتِ الْجَنْبِ شَهِيدٌ وَالْمَبْطُونُ شَهِيدٌ وَصَاحِبُ الْحَرِيقِ شَهِيدٌ وَالَّذِي رَوَاهُ مَالِك وَأَبُو دَاوُد وَالنَّسَائِيّ ." يَمُوتُ تَحْتَ الْهَدْمِ شَهِيدٌ وَالْمَرْأَةُ تَمُوتُ بِجُمْعٍ شَهِيدٌ<br>Jabir b. 'Atik reported God's messenger as saying, "There are seven types of martyrdom apart from being killed in God's path. Those who die of plague, those who are drowned, those who die of pleurisy, those who die of an internal complaint, those who are | وَعَنْ جَابِرِ بْنِ عَتِيكٍ قَالَ |

| No | Collection | Matn | Sanad |
|---|---|---|---|
| | | burnt to death, those who are killed by a building falling on them, and women who die while pregnant are martyrs.” | |
| 8 | Sunan an-Nasa'i 3163<br>Grade: Sahih (Darussalam) | خَمْسٌ مَنْ قُبِضَ فِي شَىْءٍ مِنْهُنَّ فَهُوَ شَهِيدٌ الْمَقْتُولُ "أَنَّ رَسُولَ اللَّهِ صلى الله عليه وسلم قَالَ فِي سَبِيلِ اللَّهِ شَهِيدٌ وَالْغَرِقُ فِي سَبِيلِ اللَّهِ شَهِيدٌ وَالْمَبْطُونُ فِي سَبِيلِ اللَّهِ شَهِيدٌ وَالْمَطْعُونُ فِي سَبِيلِ اللَّهِ شَهِيدٌ وَالنُّفَسَاءُ فِي سَبِيلِ اللَّهِ شَهِيدٌ".<br>It was narrated from 'Uqbah bin 'Amir that the Messenger of Allah (ﷺ) said:<br>"There are five things, whoever dies of any of them is a martyr. The one who is killed in the cause of Allah is a martyr; the one who dies of an abdominal complaint in the cause of Allah is a martyr; the one who dies of the plague in the cause of Allah is a martyr; and the woman who dies in childbirth in the cause of Allah is a martyr." | أَخْبَرَنَا يُونُسُ بْنُ عَبْدِ الأَعْلَى، قَالَ حَدَّثَنَا ابْنُ وَهْبٍ، قَالَ حَدَّثَنِي عَبْدُ الرَّحْمَنِ بْنُ شُرَيْحٍ، عَنْ عَبْدِ اللَّهِ بْنِ ثَعْلَبَةَ الْحَضْرَمِيِّ، أَنَّهُ سَمِعَ ابْنَ حُجَيْرَةَ، يُخْبِرُ عَنْ عُقْبَةَ بْنِ عَامِرٍ |
| 9 | Sunan Ibn Majah 2804 | عَنِ النَّبِيِّ صلى الله عليه وسلم أَنَّهُ قَالَ " مَا تَقُولُونَ فِي الشَّهِيدِ فِيكُمْ " . قَالُوا الْقَتْلُ فِي سَبِيلِ اللَّهِ . قَالَ " إِنَّ شُهَدَاءَ أُمَّتِي إِذًا لَقَلِيلٌ مَنْ قُتِلَ فِي سَبِيلِ اللَّهِ فَهُوَ شَهِيدٌ وَمَنْ مَاتَ فِي سَبِيلِ اللَّهِ فَهُوَ شَهِيدٌ وَالْمَبْطُونُ شَهِيدٌ وَالْمَطْعُونُ شَهِيدٌ " .<br>قَالَ سُهَيْلٌ وَأَخْبَرَنِي عُبَيْدُ اللَّهِ بْنُ مِقْسَمٍ، عَنْ أَبِي صَالِحٍ، وَزَادَ، فِيهِ " وَالْغَرِقُ شَهِيدٌ " .<br>It was narrated from Abu Hurairah that the Prophet (ﷺ) said:<br>“What do you say among yourselves about the martyr?” They said: “The one who is killed in the cause of Allah.” He said: “In that case the martyrs among my nation would be few. Whoever is killed in the cause of Allah is a martyr; whoever dies in the cause of Allah is a martyr; whoever dies of a stomach disease is a martyr; and whoever dies of the plague is a martyr.”<br>Another chain narrates with the addition of "and the drowned is a martyr." | حَدَّثَنَا مُحَمَّدُ بْنُ عَبْدِ الْمَلِكِ بْنِ أَبِي الشَّوَارِبِ، حَدَّثَنَا عَبْدُ الْعَزِيزِ بْنُ الْمُخْتَارِ، حَدَّثَنَا سُهَيْلٌ، عَنْ أَبِيهِ، عَنْ أَبِي هُرَيْرَةَ، |

(Al-Bukhari, 2008; Al-Qazwini, 2009; Al-Tabrizi, 1979; An-Nasa’i, 2018; An-Nawawi, 2007; At-Tirmidzi, 2009; Muslim, 2000)

among them. Instead, the variations collectively reinforce a multidimensional ethical framework integrating spiritual meaning, psychosocial resilience, and communal responsibility in the context of epidemic suffering.

From the perspective of isnād criticism, the plague-related hadith corpus demonstrates a high degree of authenticity and transmission reliability across multiple canonical collections. The principal narration concerning plague victims as martyrs is transmitted primarily through the well-established chain: Mālik → Sumayy (mawlā Abī Bakr) → Abū Ṣāliḥ al-Sammān → Abū Hurayrah. This chain appears consistently in Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, al-Muwaṭṭaʾ Mālik, and Jāmiʿ al-Tirmidhī, indicating strong cross-collection corroboration and continuity of transmission (*ittiṣāl al-sanad*). The narrators within this chain are widely recognized by classical hadith critics as trustworthy (thiqqāt) and reliable in both integrity (*ʿadālah*) and precision (*ḍabṭ*).

Additional narrations preserved in Sunan al-Nasāʾī, Sunan Ibn Mājah, and Mishkāt al-Maṣābīḥ introduce supplementary categories of martyrdom through alternative transmission routes involving narrators such as Jābir ibn ʿAtīk and ʿUqbah ibn ʿĀmir. Although some of these supporting chains include transmitters of ḥasan rather than ṣaḥīḥ rank, their convergence in meaning with the principal ṣaḥīḥ narrations strengthens the corpus through corroborative transmission (*shawāhid wa mutābiʿāt*). Consequently, several narrations attain the level of *ḥasan li ghayrihi* through collective reinforcement.

The multiplicity of transmission routes across canonical collections strengthens the thematic reliability of the selected narrations through corroborative transmission (*shawāhid wa mutābiʿāt*). Although variations exist in wording and contextual emphasis, the corpus demonstrates substantial semantic coherence and authenticity across ṣaḥīḥ and ḥasan narrations.

## Major Thematic Findings

### Plague as a Trial and Martyrdom

The hadiths on *ṭāʿūn* (plague) frame epidemic death not merely as physical loss but as a form of shahādah (martyrdom) and divine trial (*balāʾ*). In the ṣaḥīḥ narrations, the Prophet ﷺ identified plague victims among the martyrs alongside those who die from abdominal illness, drowning, and structural collapse, thereby extending spiritual honor beyond battlefield death. This theological framing transforms epidemic suffering from social stigma into dignity and divine recompense. As al-Nawawī explains in Sharḥ Ṣaḥīḥ Muslim, such martyrdom reflects God’s mercy toward those who endure affliction with patience rather than participation in combat.

Ibn Ḥajar al-ʿAsqalānī, writing during recurrent plague outbreaks in Mamlūk Egypt, explained in Badhl al-Māʿūn fī Faḍl al-Ṭāʿūn that the Prophet’s designation of plague victims as martyrs served not merely as a theological statement but also as a source of consolation and moral resilience for communities facing widespread mortality. According to Ibn Ḥajar, plague could be understood simultaneously as a divine trial and a form of mercy, allowing believers who endured suffering with patience and faith to attain the spiritual reward of martyrdom. Earlier scholars, including Ibn ʿAbd al-Barr and al-Ghazālī, similarly argued that such teachings provided a religious framework through which suffering could be interpreted as meaningful rather than arbitrary, thereby reducing despair and strengthening communal solidarity. In this sense, the hadith transformed perceptions of epidemic death by replacing stigma and fear with dignity, hope, and collective support.

The social significance of this tradition became visible again during the COVID-19 pandemic. The pandemic caused millions of deaths worldwide and had a particularly severe impact on many Muslim-majority countries, including Indonesia (161,918 deaths), Iran (146,811 deaths), Iraq (25,375 deaths), Egypt (24,830 deaths), and Saudi Arabia (9,646 deaths) (World Health Organization [WHO], 2024). Amid this unprecedented crisis, major Islamic authorities explicitly invoked plague-related hadiths when discussing Muslims who died from COVID-19, especially healthcare workers serving infected patients. In Indonesia, the Indonesian Council of Ulama (MUI) referred to prophetic traditions concerning plague victims (al-maṭʿūn shahīd) in religious guidance issued during the pandemic, while scholars affiliated with Al-Azhar and other national fatwa institutions adopted similar interpretations. These narratives were disseminated through fatwas, religious sermons, public-health communication, and funeral guidelines, functioning not

only as forms of spiritual consolation but also as mechanisms for strengthening communal resilience, reducing social anxiety, and encouraging solidarity during a period of mass mortality (Shabana, 2021; Suryadilaga, 2020). The re-emergence of these traditions demonstrates that plague-related hadiths continue to function as living ethical resources through which Muslim societies interpret suffering, death, and collective responsibility during major public-health emergencies.

Prophetic Plague Ethics: Between Spiritual Meaning and Preventive Responsibility

Beyond designating plague victims as martyrs, the Prophet ﷺ also articulated preventive guidance that may be understood as an early ethical articulation of quarantine and epidemic control within the Islamic intellectual tradition. The well-known hadith states:

> "*If you hear of an outbreak of plague in a land, do not enter it; but if it breaks out in a land where you are, do not leave it*."

This guidance, reported in both Ṣaḥīḥ al-Bukhārī and Ṣaḥīḥ Muslim, underscores the principle of containment (*ḥajr ṣiḥḥī*), whereby restricting movement prevents the spread of infection. From a jurisprudential perspective, scholars such as Ibn Ḥajar and al-Nawawī interpreted this hadith as a balance between *tawakkul* (reliance on God) and *asbāb* (human means), rejecting both fatalistic neglect and excessive fear.

Historically, Ibn Ḥajar al-ʿAsqalānī argued in Badhl al-Maʿūn that plague-related hadiths provide both spiritual consolation and rational guidance for quarantine and epidemic control, while al-Subkī regarded compliance with preventive measures as a communal obligation (*farḍ kifāyah*). The Prophetic instruction to restrict movement during outbreaks closely parallels modern non-pharmaceutical interventions (NPIs) implemented during COVID-19, including lockdowns and travel restrictions. Muslim scholars and fatwa councils likewise invoked these traditions to support mosque closures, social distancing, and vaccination campaigns. Theologically, the hadith demonstrates that preventive action complements rather than contradicts reliance on divine decree, framing quarantine as both a medical precaution and a moral obligation aimed at protecting life (*ḥifẓ al-nafs*).

The expansion of *shahādah* within plague-related hadiths demonstrates the Prophet's ﷺ recognition of suffering beyond battlefield death, including plague, pleurisy, fire, and childbirth. Classical scholars such as al-Nawawī and Ibn Ḥajar interpreted plague as both calamity and hidden mercy, since the afflicted may attain the spiritual status of martyrs through patience and steadfastness. Socially, this discourse transforms epidemic death from stigma into dignity and communal solidarity. During the COVID-19 pandemic, Muslim scholars similarly invoked martyrdom narratives to console grieving families, honor frontline health workers, and strengthen psychosocial resilience during collective crises.

Global Health Governance Principles: Equity, Solidarity, Proportionality, Reciprocity, and Transparency

The matn of the plague-related hadiths demonstrates a strong ethical orientation toward human dignity and collective responsibility during epidemics. The repeated Prophetic statement, "*al-maṭʿūn shahīd*" ("the plague victim is a martyr"), found across Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, Jāmiʿ al-Tirmidhī, and other collections, reframes epidemic suffering as morally meaningful rather than socially degrading. This theological recognition reflects the principle of equity in global health governance, which emphasizes the equal moral worth of vulnerable individuals during health crises. By extending spiritual honor to plague victims alongside other forms of suffering, the hadiths challenge social exclusion and reinforce ethical inclusivity during epidemics (Fauziah, 2022; Fransiska et al., 2026).

The hadith corpus also strongly reflects solidarity as a principle of pandemic governance. The classification of epidemic victims among the martyrs created communal empathy and moral cohesion during periods of widespread fear and mortality. WHO repeatedly emphasized solidarity during the COVID-19 pandemic, particularly in encouraging collective adherence to quarantine, vaccination, and public-health cooperation. Similarly, the Prophetic discourse encourages believers to view epidemic suffering as a shared moral experience requiring compassion and mutual support rather than stigma or abandonment. The communal recognition of plague victims as spiritually honored members of society therefore parallels contemporary public-health efforts aimed at strengthening social trust and collective resilience (Barello & Graffigna, 2020; Guttman, 2023; Villafañe, 2024).

The hadiths further embody the principle of reciprocity by morally honoring those who endure suffering during crises. In modern global health ethics, reciprocity requires societies to recognize and support individuals who bear disproportionate burdens for the protection of the wider community. The spiritual elevation of plague victims within the hadith corpus functions as a symbolic acknowledgment of sacrifice and endurance during collective catastrophe. During COVID-19, similar ethical language emerged when healthcare workers and pandemic victims were publicly honored for their service and suffering. Examples of reciprocity included public memorial programs for healthcare workers, state-sponsored recognition of frontline medical personnel, and religious narratives that described physicians and nurses who died while treating COVID-19 patients as individuals who had undertaken exceptional communal sacrifice. Such forms of recognition illustrate how moral acknowledgment serves not only symbolic purposes but also reinforces social solidarity and ethical responsibility during health emergencies (Jeffrey, 2020; Ni et al., 2020; Shabana, 2021). In both contexts, moral recognition functions to sustain social cohesion and reinforce ethical responsibility during emergencies.

The plague narrations additionally reflect proportionality by balancing spiritual reassurance with ethical realism. The hadiths do not glorify reckless exposure to disease, nor do they encourage passive fatalism. Instead, they provide consolation for unavoidable suffering while remaining compatible with preventive responsibility. WHO's pandemic ethics similarly emphasized that restrictive measures such as quarantine or mobility control should remain proportionate to the level of public-health risk. The Prophetic framing of plague as both trial and mercy therefore complements modern ethical approaches that seek to reduce harm while preserving human dignity during emergencies (Andrabi, 2022; Chowdury et al., 2021).

Finally, the ethical structure of the hadiths also intersects with transparency, particularly in the communication of risk and suffering during epidemics. The Prophet ﷺ openly addressed plague, suffering, and death without concealing their seriousness, while simultaneously providing spiritual reassurance and moral guidance. During COVID-19, WHO repeatedly stressed transparent risk communication as essential for maintaining public trust and preventing misinformation. In a comparable manner, the plague-related hadiths combine truthful acknowledgment of human vulnerability with narratives of hope and ethical purpose, thereby fostering trust, emotional stability, and moral clarity within the community.

Islamic Bioethics: Integrating Faith and Moral Reasoning

The plague-related hadiths provide an important foundation for Islamic bioethics by integrating theological meaning with ethical responsibility during crises. At the theological level, the narrations interpret plague simultaneously as divine decree (*qadar*), spiritual trial (*balāʾ*), and potential mercy through martyrdom (*shahādah*). The

repeated recognition of plague victims as martyrs situates suffering within a transcendent moral framework that preserves hope and spiritual dignity amidst widespread mortality. Rather than portraying epidemics solely as punishment, the hadiths emphasize divine wisdom and the possibility of spiritual elevation through patience and faith (Rahman et al., 2025; Wain, 2022).

At the juridical level, the hadith corpus reflects the broader objectives of Islamic law (*maqāṣid al-sharīʿah*), particularly the preservation of life (*ḥifẓ al-nafs*) and prevention of harm (*lā ḍarar wa lā ḍirār*). The Prophetic discourse does not separate spiritual trust from practical responsibility; rather, it integrates both dimensions within a coherent ethical system. Classical jurists interpreted plague-related traditions as evidence that protecting public welfare may justify restrictive measures during epidemics. This reasoning became particularly visible during COVID-19, when many Muslim scholars and fatwa councils cited plague hadiths to support mosque closures, vaccination programs, and mobility restrictions in order to protect communal health (Aminullah et al., 2025; Shabana, 2021; Taufiq et al., 2025).

Theologically, the hadiths also establish a balance between *tawakkul* (trust in God) and *asbāb* (human effort). The recognition of plague victims as martyrs does not negate the obligation to pursue treatment or preventive action. Instead, the narrations frame suffering within an ethical paradigm where divine providence operates alongside human agency. This balance reflects what contemporary Islamic bioethicists describe as moral equilibrium: a dynamic relationship between spiritual commitment, rational precaution, and communal welfare. During COVID-19, this equilibrium became particularly important in countering both anti-scientific fatalism and purely secular approaches detached from moral and spiritual meaning (Ahmad & Ahad, 2021; Elzamzamy, 2021).

At the communal level, the hadiths encourage collective care, empathy, and social responsibility during epidemics. The classification of plague victims as spiritually honored members of society reduces stigma and strengthens communal solidarity. Islamic bioethics therefore operates not only at the level of individual morality but also through social ethics centered on compassion (*raḥmah*), justice (*ʿadl*), and public welfare (*maṣlaḥah ʿāmmah*). WHO similarly emphasized community-centered ethics during COVID-19 by promoting collective responsibility, equitable healthcare access, and protection of vulnerable populations. The Prophetic discourse complements these principles by grounding communal responsibility within a deeply rooted moral and religious framework (Al-Balas & Al-Delaimy, 2021; Shabana, 2021; Suryadilaga, 2020).

Nevertheless, integrating Islamic ethics into contemporary public-health governance remains challenging, as differing interpretations of religious authority may shape contrasting responses to worship restrictions or vaccination policies. During COVID-19, some Muslim groups supported preventive measures as ethical obligations, while others resisted them due to mistrust or theological concerns. Therefore, plague-related hadiths should be understood as ethical foundations requiring contextual interpretation and dialogue with contemporary biomedical realities.

### Resilience and Psychosocial Well-Being: Preventive, Adaptive, and Restorative Resilience

The plague-related hadiths construct resilience through narratives of faith, patience, and moral perseverance. At the preventive level, the traditions encourage emotional preparedness, spiritual awareness, and psychological readiness before crises intensify. In contemporary resilience studies, this reflects preventive resilience, namely the capacity to reduce vulnerability during emergencies. During COVID-19, WHO emphasized early psychosocial preparedness, public trust, and preventive communication as essential components of societal resilience (Al-Haddar et al., 2025; Gumiandari et al., 2022).

At the adaptive level, the hadiths help individuals and communities reinterpret suffering through spiritually meaningful frameworks. The recognition of plague victims as martyrs transforms epidemic death from social tragedy into a source of moral dignity and divine hope. This process closely resembles what resilience theorists describe as meaning-making, namely the reconstruction of purpose and coherence during crisis situations. During the COVID-19 pandemic, Muslim communities frequently invoked these Prophetic narratives to support emotional adaptation, reduce fear, and strengthen collective endurance amidst prolonged uncertainty, lockdowns, and social isolation (Awaad et al., 2023; Sahadevan et al., 2023).

The hadith corpus also contributes to adaptive resilience by reinforcing communal solidarity during collective suffering. The repeated emphasis on compassion toward the afflicted and moral recognition of victims discourages social stigma and strengthens empathy. WHO similarly emphasized social connectedness and community support as essential components of psychosocial adaptation during the pandemic. In many Muslim societies, religious institutions played important roles in distributing aid, supporting grieving families, and promoting emotional resilience through spiritual counseling grounded in Prophetic teachings on plague and patience (Firdaus & Murtadho, 2025; Maihula, 2025).

At the restorative level, the plague-related hadiths facilitate moral and emotional recovery after crisis. Restorative resilience refers to the ability of individuals and societies to rebuild stability, meaning, and social cohesion following traumatic disruption. By framing suffering within narratives of divine mercy and spiritual reward, the hadiths provide mechanisms for restoring hope and communal continuity after widespread loss. During COVID-19, similar religious narratives were employed to support mourning practices, memorialize victims, and reinforce collective healing in communities deeply affected by death and uncertainty (Ahmadi, 2023; Awaad et al., 2023).

However, resilience within the Prophetic discourse should not be reduced to passive endurance. Excessive emphasis on spiritual patience may obscure healthcare inequality, institutional failure, and inadequate public-health protection. In this respect, the plague-related hadiths are most ethically meaningful when interpreted as promoting solidarity, preventive responsibility, compassion, and collective care alongside spiritual resilience.

## Conclusion

### Summary of Findings

This study demonstrates that the Prophetic traditions on ṭāʿūn (plague) constitute a coherent ethical discourse integrating theological meaning, preventive responsibility, communal solidarity, and spiritual resilience within the Islamic tradition. Through a thematic (maudhuʿī) analysis of plague-related hadiths in Ṣaḥīḥ al-Bukhārī, Ṣaḥīḥ Muslim, al-Muwaṭṭaʾ Mālik, Musnad Aḥmad, and the Sunan collections, the study identifies three major themes: (1) plague as divine trial and martyrdom, (2) quarantine and preventive ethics, and (3) spiritual resilience and psychosocial well-being. The findings reveal that the hadith corpus articulates an ethical framework balancing spiritual trust (tawakkul), human responsibility, and communal welfare.

The thematic analysis suggests a conceptual alignment between plague-related hadiths and several ethical principles commonly discussed in contemporary global-health governance, including solidarity, proportionality, reciprocity,

equity, and collective responsibility. This alignment should be understood as interpretive and conceptual rather than empirical. The present study does not evaluate policy effectiveness, institutional performance, or public-health outcomes; rather, it reconstructs an ethical framework derived from Prophetic traditions and explores its relevance for contemporary discussions on pandemic governance, Islamic bioethics, and public-health ethics.

Suggestion

This study remains conceptual and interpretive rather than empirical, as it does not evaluate the practical effectiveness of hadith-based ethical frameworks in real-world policy implementation. Future research may therefore examine how plague-related Prophetic teachings are operationalized within Muslim communities, healthcare institutions, and pandemic-governance systems through empirical approaches such as policy analysis, interviews, ethnographic studies, or comparative public-health research. Further interdisciplinary studies are also needed to explore how Islamic ethical narratives may contribute to strengthening public trust, psychosocial resilience, and culturally sensitive health communication during future global health crises.

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## Author contributions

Deasy Silvya Sari contributed to the conceptualization of the study, formulation of the research framework, development of the core ideas, and coordination of the overall manuscript preparation among all authors. Nursiswati contributed to the collection, interpretation, and analysis of health-related data and perspectives discussed in this study. Anwar Radiamoda contributed to the analysis and interpretation of fiqh and Islamic law aspects relevant to the research topic. Dadah contributed by providing academic supervision, critical direction, and constructive guidance throughout the manuscript writing and revision process.

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