



Church leader's Interpretation of COVID-19 in Nigeria: Science, Conspiracies, and Spiritualization

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Abstract

The need for governments across the globe to collaborate with religious leaders in the fight against COVID-19 has been emphasized by international organizations including the World Health Organization (WHO). However, there has not been much discernible scholarly effort to know what religious leaders think of COVID-19. The present study, therefore, explored the interpretations church leaders have about COVID-19 in Nigeria. Semi-structured interviews were conducted with eighteen leaders from Catholic, Anglican and Pentecostal churches in Nigeria. Using a thematic analytical approach, the study found that only few church leaders interpreted COVID-19 as a medical problem in line with science (33%). The rest interpreted the virus as a tool of conspiracies/political manoeuvrings (27%) and as a spiritual event (39%). The study discussed the implications of the findings for policy and research as well as how to address some of the harmful interpretations.

Keywords Religious leaders · Church leaders · COVID-19 · Interpretations · Government · Conspiracy theories · Spiritualization · Nigeria

Introduction

While governments are expected to provide leadership in this era of COVID-19, there are other stakeholders or institutions whose cooperation is needed to successfully address the pandemic. One of these institutions is the religious institution.

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Hence, documents have been issued and studies conducted on the role of religion in the campaign against COVID-19. Some of these studies and documents have focused on how religious communities are fuelling the spread of COVID-19 through their gatherings (Begović, 2020; Nche, 2022a; Quadri, 2020; Tan et al., 2021; Wildman et al., 2020; Willey, 2021), the religious leaders' perception about the credibility of COVID-19 statistics and other governments' responses (Agbo & Nche, 2023), the role of religion and spirituality in helping people cope with the devastations that are caused by COVID-19 (Chang et al., 2021; Kowalczyk et al., 2020; PaRD, 2020a, 2021; Schnabel, 2021), Christians' spiritualization of COVID-19 (Ossai, 2021), and the impacts of COVID-19 on religious communities in several societies (Mróz, 2021; Osei-Tutu et al., 2021; Papazoglou et al., 2021; Pew Research Center, 2021; Sulkowski & Ignatowski, 2020).

Others have provided guidelines for religious gatherings (Communion of Protestant Churches in Europe, 2021; Islamic Relief Worldwide, 2020) and implications of COVID-19 for research on religion (Baker et al., 2020). The responses of religious groups and leaders to the pandemic have also received scholarly attention (International Council of Voluntary Agencies, 2020; Nche & Agbo, 2022; Oxholm et al., 2021; The Network for Religious & Traditional Peacemakers, 2020; WHO, 2020; World Vision International, 2020; Wild-Wood et al., 2021).

However, the aspect that seems not to have received discernible scholarly attention is the religious leaders' perceptions of COVID-19. This is despite the fact that most of the conspiracy theories that greeted the outbreak of COVID-19 and the development of its vaccines are religion-based—some of which are vigorously disseminated by some religious leaders (see Sloan, 2020; Adelaun, 2020; Simons, 2020). This is also despite the increasing emphasis that has been put on the roles of religious leaders in the fight against COVID-19 across communities globally (see World Vision International, 2020; International Council of Voluntary Agencies, 2020; The Network for Religious & Traditional Peacemakers, 2020; WHO, 2020). Exploring religious leaders' perceptions of COVID-19 is essential because they function as gatekeepers for individual health-seeking behaviours and health care utilization, especially among poor and disenfranchised populations (Chatters, 2000; Taylor et al., 2000).

On the other hand, studies have shown how religious beliefs and values determine religious leaders' attitudes and behaviours towards health and other social issues (Nche, 2020a; Wildman et al., 2020). For instance, influenced by the belief that “the church is the last force resisting the Anti-christ,” Tony Spell, a pastor of Life Tabernacle Mega church in Baton Rouge, kept his church open in disregard of COVID-19 lockdown rules in the US (Djupe & Burge, 2020; Reuters, 2020). The same applies in South Korea, where Mr Lee Man-hee, the leader of Shincheonji Church of Jesus in Daegu, who having perceived the pandemic as “the Evil One” fighting back against the rapid growth of his church, held a church gathering at the height of the COVID-19 in March 2020. Similar situations were reported in Trinidad, West Indies; and Ohio, US (Wildman et al., 2020). In 2003–04, religious leaders in northern Nigeria opposed an ongoing national vaccination campaign against the poliovirus arguing that it was against Islamic teachings about disease. The suspicion that the virus was contaminated with sterilizing substances was also another concern for

the opposition (Falade, 2014, 2020). All these highlight the imperativeness of examining the perceptions of religious leaders about COVID-19.

The present study, therefore, explored the interpretations Catholic, Anglican and Pentecostal leaders have put on COVID-19 in Nigeria. Notwithstanding, their ecclesiastical and theological differences, the leaderships of Catholic, Anglican, and Pentecostal churches are critical in Nigeria's Christianity (Nche, 2020a). With congregations that constitute the major proportion of Nigeria's Christian population which is about 96 million (Pew Research Center, 2015), they wield significant influences both on the individual lives of adherents and in the public space in the country. Through several platforms such as the Christian Association of Nigeria (CAN), the Pentecostal Fellowship of Nigeria (PFN), and the Catholic Bishops Conference of Nigeria (CBCN), these church leaders have shaped social, economic and political landscapes in Nigeria (see Binniyat et al., 2017; Nolte et al., 2009; CBCN, 2017).

Hence, it is believed that their roles will be relevant to the campaign against COVID-19 in Nigeria. Interestingly, the Nigerian government has not only acknowledged the strategic place religious leaders occupy in the country but has gone ahead to call for their support and corporation in the fight against COVID-19 in the country (see WHO, 2021a, 2021b). The Nigeria Centre for Disease Control (NCDC) had also outlined specific COVID-19 safety guidelines for religious leaders to implement in their respective gatherings (see Owoseye, 2020). These guidelines basically require religious leaders to ensure that no one enters a religious gathering without face masks; people are screened on entry; hand washing facilities and sanitisers are made available; attendance to religious settings do not exceed one-third of sitting capacity; and so on. However, it is important to first of all, understand religious leaders' interpretations of the virus in the country.

Religion and Health Research

Religion and health have had a long-standing relationship and the range of topics and issues that fall under the rubric of this relationship is extensive given how broad the two concepts are (Chatters, 2000; Koenig, 2012; Koenig et al., 2012). However, the general point of inquiry for many studies has been how religion influences the different aspects of health—mental health and wellbeing (Bonelli et al., 2012; Cochran et al., 1992; Qureshi et al., 2020), physical health (Colantonio et al., 1992; Craigie et al., 1990; Rippentrop et al., 2005), religious coping (Chatters, 2000; Koenig et al., 1992; Oxman et al., 1995; Taheri-Kharamah et al., 2016) and lifestyle behaviours and health care utilization (Chatters, 2000; Koenig, 2012). These influences could be either positive or negative.

For instance, studies show that religion positively influences different kinds of health behaviours. This could be done through the prohibition of unhealthy habits like smoking or recommending healthy behaviours such as vegetarianism (Ellison & Levin, 1998; George et al., 2012; Levin, 1996). Pfeiffer et al. (2018) also reported that engagement in religious activities have a positive impact on healthy eating behaviours. Religious involvement has also been found to promote healthy behaviours such as exercise, moderate drinking, and attendance to preventive care (Gäbler

et al., 2017; Hill & Pargament, 2008; Persynaki et al., 2017; Svensson et al., 2020). In fact, strong evidence exists for the association between religious attendance and mortality, with higher levels of attendance predictive of a strong, consistent and often graded reduction in mortality risk (Williams & Sternthal, 2007).

Other studies have examined the role of faith leaders and organizations in influencing health behaviours and promoting healthcare delivery. Heward-Mills et al. (2018) showed that faith leaders influence unhealthy behavioural change with respect to alcohol and tobacco use among Black African communities in the U.K. In the areas of health research partnership and counselling, religious leaders have been found to be active and instrumental in promoting both health research and mental health in their communities (see Foco, 2011; Dickens, 2019). Church-based health promotion intervention programmes have produced significant impacts on a variety of health behaviours especially among African Americans (Campbell et al., 2007).

Religious leaders have played important roles in preventing the spread of Ebola in Sierra Leone; increasing child protection activities in Senegal; increasing the use of contraceptives in Kenya; reducing the rate of stigmatization and boosting the rate of participants accessing voluntary HIV counselling and testing in many countries (see World Vision International, 2020; International Council of Voluntary Agencies, 2020). With respect to the current COVID-19, religious leaders and their communities have also been playing decisive roles in curbing the spread and helping devastated communities (see Barmania & Reiss, 2021; International Council of Voluntary Agencies, 2020; Oxholm et al., 2021; The Network for Religious & Traditional Peacemakers, 2020; WHO, 2020).

Negative effects of religion on health have also been documented for some aspects of religious beliefs and behaviour and under certain conditions (Williams & Sternthal, 2007). For instance, religion can cause negative health outcomes resulting in poorer mental and physical health status, negative coping behaviours, and inappropriate use of health services (Chatters, 2000; Ellison & Levin, 1998; Levin, 1994). Religious beliefs and practices can contribute to the development of certain disorders like obsession, anxiety, and depression (Estrada et al., 2019; Park et al., 2012). With respect to healthcare-seeking and utilization behaviours, religious groups and teachings may proscribe certain medical procedures and treatments, discourage professional help-seeking behaviours for health care, promote the inappropriate use of services (e.g. delays in the timing of service use), and encourage exclusive treatment by clergy (e.g. for mental and emotional problems) (Chatters, 2000).

For instance, religious and cultural values were found to be barriers to healthcare utilization among Nigerian Christians in the UK (Onyigbuo et al., 2016) and women with higher levels of religious salience were reported to be more likely to conduct self-breast examinations as against utilizing female preventive services (Benjamins, 2006). Among Kenyans, it was found that people attribute the causation of ill-health to supernatural sources to justify their frequent patronage of traditional healers (Abubakar et al., 2013). Even in times of pandemics like Ebola (which claimed over 10,000 lives especially in Africa; see Nwaoga et al., 2014), COVID-19 (which has so far claimed over 5million lives globally; see WHO, 2021a, 2021b), etc., religious beliefs can discourage adherence to safety measures as well as fuel vaccine hesitancy (Salami et al., 2019; Tan et al., 2021; Wildman et al., 2020).

Method

Participant's Recruitment

Eighteen church leaders of the selected denominations were involved in the study (6 Anglican, 6 Catholics, and 6 Pentecostal churches). These church leaders were purposively recruited from three remote communities of Enugu State, Nigeria. These communities are Mbulu Iyiukwu in Enugu East Local Government Area (LGA); Udueme in Igbo-Etiti, LGA; and Okpanku-Aninri in LGA. Six participants (i.e. 2 Anglicans, 2 Catholics and 2 Pentecostals) were recruited from each of these communities. These communities are among the farthest from the urban areas in Enugu State. The choice of these communities was informed by the belief that the roles of church leaders in these areas are more pronounced and significant. The populations in these remote areas have less access to social media and direct government sensitization campaigns (see Nwobodo & Nche, 2022), unlike their urban counterparts who may form views if they so choose from their diverse sources of information.

Thus, their mindset, attitudes, views about the COVID-19 and their response to it is mostly formed from the information they get from their church leaders whom they trust very much. Therefore, the roles of church leaders in such areas are not only likely to be more genuine but also very essential and decisive to the survival and safety of their congregants. The specific churches for the study were also purposively selected in line with the study plan to interview six church leaders each from Catholic, Anglican and Pentecostal churches. Of the 201,798 COVID-19 confirmed cases in Nigeria as of 20 September 2021, 2,675 cases are reportedly confirmed in Enugu State (see NCDC, 2021).

The age of the participants ranged between 32 and 58 years with a mean of 43.9. Fifteen of the participants are male (see Table 1 for demographic details). The criteria for selecting participants included the following: (i) the participant must be a priest, pastor in charge of a church, or layperson in a position of leadership, for instance, leader of a pious group or an organ such as women, men or youth department in a church. (ii) The identified church leader must be an adult of 18 years of age or more and must have been resident in the study area or in charge of the church for at least one year approximately spanning the period that the pandemic has lasted. Informed consent forms were issued and duly signed by qualified participants.

The form informed the participants that the study is purely academic and their participation is voluntary. Their permission to record the interviews were obtained and they were assured that the information they give out is confidential as pseudonyms shall be used instead of their real names in the report of the study. They were also told that the names of their churches will not be mentioned in study. The participants were individually contacted through direct, face to face contact at the study locations albeit observing physical distancing and mask-wearing protocols. Some of the participants granted the interviews upon contact while some others made appointments for another day with the researchers.

Table 1 Socio-demographic information of participants

S/n	Pseudonyms	Age	Sex	Education	Position	Denomination
1	Agnes	40	F	OND	Unit leader	Pentecostal
2	Glory	45	F	WAEC	CCRN leader	Catholic
3	Carolyn	58	F	WAEC	Women leader	Anglican
4	Ebenezer	45	M	B.A	Parish Priest	Catholic
5	Patrick	43	M	B.A	Parish Priest	Catholic
6	Osmond	42	M	B.SC	Vicar	Anglican
7	Sixtus	47	M	B.A	Parish Priest	Catholic
8	Alfred	50	M	B.SC	Pastor	Pentecostal
9	Divine	39	M	OND	Evangelist	Pentecostal
10	Paul	34	M	B.A	Vicar	Anglican
11	Victor	38	M	WAEC	Assistant Pastor	Pentecostal
12	Mark	52	M	HND	Vicar	Anglican
13	Peter	46	M	WAEC	Catechist	Catholic
14	John	44	M	WAEC	Warden	Anglican
15	Kenneth	38	M	BSC	Pastor	Pentecostal
16	Isaac	43	M	BSC	EFAC leader	Anglican
17	Raymond	55	M	M.A	Parish priest	Catholic
18	Luke	32	M	WAEC	Youth leader	Pentecostal

The names used in the table are pseudonyms

Data Collection

The main source of data for this study was in-depth semi-structured face to face but, socially distanced interviews conducted between October and November 2020. The interview schedule contains three major questions. The first question requested for participants' demographics and the other two open-ended questions focused on the subject matter of the study, the interpretation of COVID-19. These questions include: (1) How do you interpret the COVID-19 pandemic or what meaning do you make of the virus? And (2) what are your thoughts on the origin of COVID-19 and its causes? There were also probes or follow-up questions that were used to generate further explanations from participants in the course of interviews. Nevertheless, the interview questions were open-ended in order to give the participants the opportunity to bring into the discussion, any new or unique experience or interpretation that may be yet unknown to the researchers; since the research is explorative on account of the fact that the COVID-19 and pandemics, in general, are entirely new experiences, an uncharted course for many people.

The interview schedule was carefully verified by the researchers and validated through pilot interviews with two church leaders (one Catholic priest and one Anglican priest) from the Department of Religion and Cultural Studies, University of Nigeria, Nsukka. The research received an ethics clearance (with the reference number: UNN/EC/ST/010/SC-RC12/101-/AUG-/31) from the Strategic Contacts, Ethics and Publications (STRACEP) at the University of Nigeria,

Enugu State, Nigeria. Although the interview schedule was drafted and verified by all the authors, the interviews with the eighteen participants were conducted by the corresponding author with strict guidance from the first author. The interviews were recorded using an audio recording device and with the consent of the participants. The duration of the interviews differed with the shortest lasting for 48 min and the longest, 1 h 36 min. The length of the interview depended entirely on the disposition of each participant as the interviewers gave them free rein to air their views. The interviews were conducted in English language.

Data Analysis

The collected interview data were analysed using the thematic analysis method. Specifically, adapting Colaizzi's proposed steps [as cited in Nche et al., (2019), Nche (2020a, 2020b, 2020c, 2022a)] in analysing qualitative data as a guide, the researchers did the following:

1. Transcribed the audio recorded interviews into neat and readable copies. The field notes were also read and written out in a more legible form.
2. Read and reread each transcript to obtain a general sense of the whole content.
3. Extracted statements with significance to the research objective and wrote them on separate sheets of paper. (By way of example, some of these statements which are provided in pairs include: "The Coronavirus disease is simply caused by a virus", "My view is that it is a medical problem", "They (the West) wanted to use this Coronavirus to wipe us (Africans) out", "Our corrupt governments are just cooking up numbers of infections to meet up because it gives them the opportunity to loot funds", "Personally, I think that COVID-19 is a spirit", "COVID-19 came I believe as a punishment from God", etc.)
4. Articulated meanings from the statements in line with the objective of the study. (For example, the first set of quotes/statements provided in step 3 suggests that some church leaders have a science-based perception of COVID-19. The second set suggests that some leaders interpret COVID-19 as a product of conspiracy and political manoeuvrings. The last set of statements suggests spiritualization of the virus. These meanings guided the coding process. Hence, the codes that were generated are "science", "conspiracy theories", and "spiritualization")
5. Sorted the articulated meanings into categories and emerging themes such as "COVID-19 interpreted in terms of science", "COVID-19 is interpreted as a tool or product of conspiracies/political manoeuvrings", and "COVID-19 interpreted as a spiritual event". Although, about eleven themes and subthemes were initially identified in the course of the analysis, some of them (e.g. "conspiracy theories" and "political manoeuvrings") were eventually collapsed or merged to provide a more organized report.
6. Unified the findings of the study into a detailed description of the subject matter of the study, which is the interpretations church leaders have put on COVID-19.

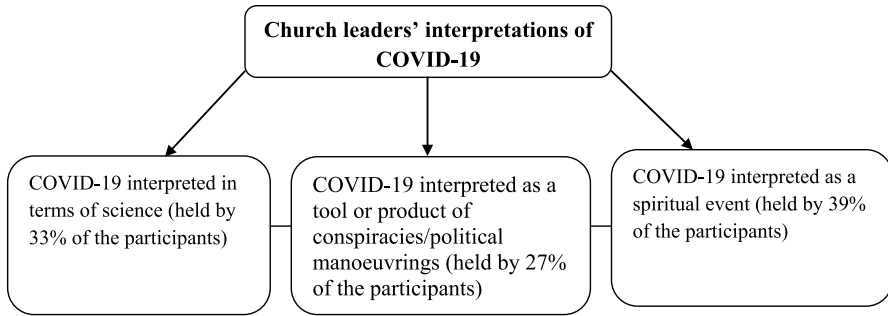


Fig. 1 Showing a summary of the thematic findings

Table 2 Summary of interpretations of the pandemic

S/n	Interpretations	Catholic %	Anglican %	Pentecostal %	Total %
1	Science/germ theory	4 (67%)	1 (17%)	1 (17%)	6 (33%)
2	Conspiracies/political manoeuvrings	1 (17%)	3 (50%)	1 (17%)	5 (27%)
3	Spiritualization	1 (17%)	2 (33%)	4 (67%)	7 (39%)

7. Sought the participants' validation of the study findings (All the participants across the three denominations agreed that the findings are the accurate representation of their positions or views).

Findings

Interpretations of COVID-19

Participants in this study interpreted COVID-19 as a normal infectious disease (in line with the scientific explanation of the virus), a tool or product of conspiracies/political gimmicks, and a spiritually oriented phenomenon. Interestingly, the different interpretations given to the pandemic seemed to be influenced by denominational theology and belonging, as more Pentecostals tended to give the pandemic spiritually oriented interpretations. Most of the Catholic participants expressed their understanding of the pandemic as a normal infectious disease in line with science. However, few Catholics and a majority of the Anglicans perceived the virus as a tool or product of conspiracies/political manoeuvrings.

However, it was discovered that a few Catholics and Anglicans also interpreted the COVID-19 pandemic as a spiritual phenomenon but these were mainly those who belonged to charismatic groups within these churches such as the Catholic Charismatic Renewal (CCRN) and the Evangelical Fellowship of the Anglican Communion (EFAC) and share similar religious views with the Pentecostals, their denominations notwithstanding. See Fig. 1 and Table 2 below for a summary of the

thematic findings/interpretations of the pandemic by participants. The responses are discussed as follows:

COVID-19 Interpreted in Terms of Science

Six of the 18 participants in the study interpreted the raging COVID-19 pandemic as a normal infectious disease caused by a naturally occurring pathogen in line with the scientific explanation of the virus. Four of those who expressed this opinion belong to the Catholic Church, one, to the Anglican Church and one a Pentecostal. In the words of Patrick, a Catholic priest:

The COVID-19 pandemic has no spiritual meaning and no connection to end-time. I don't think that there is any substance to the conspiracy theories making the rounds on social media either. The Coronavirus disease is simply caused by a virus. This is not the first time that humankind is experiencing a pandemic. In the last century, I know that there was an influenza pandemic. That one came and went and this one will also go. As a matter of fact, people are eager to link such things to end-time in order to convince people to repent but that is like building a house on quicksand instead of a solid foundation because with experience, it will pass too and you will sound like a liar.

Peter, a Catholic catechist expressed a similar view in the following words, "To me, the COVID-19 pandemic is caused by the Coronavirus which is not even a new virus, it has been detected a long time ago, the only new thing as I understand it is that a new deadlier strain that is transmitted faster developed and caused the pandemic". Laying further emphasis on his view, Peter argues, "If you doubt me, go and get the can of some disinfectants produced before 2019 and you will see that Coronavirus is listed among the germs that it can kill. The pandemic is not a spiritual event".

Osmond, a vicar of the Anglican Church, equates the Coronavirus disease to HIV/AIDS and observes, "...It is just like when HIV/AIDS came around, some people started saying that it is a way God wants to use to judge the world for her sins which I don't believe is true". Osmond goes further to recall that there is no issue that will come on board that will not have superstitions attached to it. In his words, "People will like to link up the spirits with every event, but from the little knowledge (I have), I don't see anything spiritual in COVID-19. It is just like a normal ailment; you can get it through the air or contact with an infected person. Luke, a Pentecostal youth leader and the only Pentecostal in the study who interpreted the pandemic as a normal spread of an infectious disease caused by a natural virus calls the pandemic a "medical problem". In response to the question, "how do you interpret the COVID-19 pandemic"? He said:

I am aware that so many believe that the COVID-19 pandemic is connected to end-time events as the Bible says that when diseases (and) famines begin to appear, we should know that the end is near. But I do not see it that way. My view is that it is a medical problem. However, God can heal all kinds of illness

no matter the cause; that is why I encourage everyone to observe measures to avoid the spread and also pray for divine intervention.

The above observation is also similar to the submissions of Sixtus, a Catholic priest who emphatically opines that COVID-19 has no spiritual connotation. In his words, “it has nothing to do with God or the supernatural. It is not a fulfilment of end-time prophecy. It is a natural illness caused by a virus and (is) dangerous because of its fast rate of transmission”. Raymond, a Catholic priest, similarly believes that the Coronavirus infection is a natural illness caused by a germ. Explaining the source of his conviction, he says, “I have heard on the news that the coronavirus is real and that it kills people, scientists confirm it too. I don’t have to see a case with my bare eyes before I believe. I believe the scientists because they can’t all be lying and those dying are not acting movies”.

COVID-19 Interpreted as a Tool or Product of Conspiracies/Political Manoeuvrings

The participants interpreted the pandemic as a man-made event put in place by some powerful nations in the world and the powers that be within countries especially African countries to advance their political and economic interests. Though this stance was expressed in different words by various respondents, their views expressed were recognizably the same—that COVID-19 is an artificial contraption put in place and hyped by interest groups for political reasons or for economic leverage that may ultimately translate to political advantage.

Subthemes that emerged are interpretation of the pandemic as a weapon in the tussle for world power by some nations, the pandemic as a tool for depopulating Africa and the pandemic interpreted as a hoax, a mere excuse to siphon public funds. John, a warden in the Anglican Church offered a seemingly unique interpretation of the pandemic that gives a different picture of the pandemic in Africa from what it is in the West. For him, COVID-19 may be a reality in the West but it is non-existent in Africa. It is only hyped in Africa by those with the keys of the treasury because it serves them as an excuse to loot their country’s resources in the name of fighting the pandemic. In his words:

There is nothing like Coronavirus disease in Africa. Can’t you see that the symptoms are like Malaria. The west just began to suffer it and because they have the culture and the resources to investigate, they came up with details and made it known. It is a pandemic for them but not Africans though they are forcing it to become a global pandemic but it should not be because it is not killing us as it is killing them. Our corrupt governments are just cooking up numbers of infections to meet up because it gives them the opportunity to loot funds. It is comic but a pity, when you go to some hospitals, they treat you (for) malaria and write COVID-19 on your card, you know what that means.

In the opinion of Carolyn, a women guild leader in the Anglican Church, the hesitancy of Nigerians in adhering to COVID-19 preventive measures and vaccine uptake shows that they have realized that the disease is not in Nigeria and that those in government are creating the impression that it is, in order to use it as an excuse to

amass wealth. In her words, “I don’t know exactly how it happened but I believe that God saved us (Nigerians) from corona, it is not in Nigeria, but instead of acknowledging that fact and thanking God, government politicized the issue just to use the platform to steal money”.

Quoting from an internet source and emphasizing his conviction about the information, Mark, a vicar in the Anglican Church expressed the belief that the Coronavirus is an artificially made pathogen originally stolen by China from the United States of America. Expatiating, he says that while the United States had intended to use the virus in reducing the population of Africa, China turned it into a biological weapon aimed at weakening the world economy and becoming the world power in place of North America. According to Mark, “we should not be deceived by the fact that the pandemic started in Wuhan China, those people love power too much. They don’t mind sacrificing a number of their own people in order to become the world power; after all, their population is too much”. Ebenezer, a leader in the Catholic Church also believes that COVID-19 is an artificial contraption aimed at political control. According to him, “The Coronavirus disease or pandemic whichever you choose to call it is not natural, it is all about control, every government wants to control their people and, it is already happening. For example, in Nigeria, there are full and partial lockdowns, even the NIN (National Identification Number) is part of it”.

For Agnes, a unit leader in a Pentecostal Church, the Coronavirus was artificially manufactured to reduce the population of Africa but the plot backfired. In her words:

...God used this Coronavirus to show the world that he is still God and that Africans are not foolish by worshipping God. They wanted to use this Coronavirus to wipe us (Africans) out; didn’t you hear what Bill Gates and his wife said before? That we are too many in Africa and that the corpse of Africans will litter the streets due to the Coronavirus pandemic. It is just a case of back to the sender. Even our leaders know this but will not admit it because they are just busy using the fear of Coronavirus to collect money and fill their pockets but their body language says it all. They will carry palliative and hide for elections. They will tell you to wear masks but won’t wear any, they will tell you not to gather, but will gather in hundreds for their own weddings and funeral; didn’t you see Abba Kyari’s burial? Oooo! You see?

Some of these positions expressed by respondents in this study represent very few of the many conspiracy theories already making rounds in social media. This to an extent shows the influence of these conspiracy theories on the formation of individual opinions and interpretations of the pandemic.

COVID-19 Interpreted as a Spiritual Event

Some of the participants in this study interpreted COVID-19 as a spiritual event—one Catholic, two Anglicans and 4 Pentecostals making a total of seven of the participants which is 38.9% of the entire sample. Though expressed in different words, three distinct subthemes emerged under this general theme of spiritual interpretation namely, the pandemic as a divinely inflicted punishment for sins aimed to draw human beings closer to God, the pandemic as a fulfilment of end-time prophecy, and

the pandemic as a sign of the Anti-Christ. Responding to the question, “how do you interpret the COVID-19 pandemic”? Victor, a pastor of a Pentecostal Church says:

Personally, I think that COVID-19 is a spirit. It is not just an ordinary sickness. It is a spirit that is released to torment humanity. China has been accused; some quarters are accusing the U.S. government. Some are equally accusing the Illuminati cult group (this was said in a whisper depicting fear and confidentiality), the reasoning behind these accusations is that there is a competition for who will control the world, but I know that this is not true. I know better. COVID-19 is a spirit of torment to the whole world because of the sins of human beings, that is why no country is spared.

In response to the same question, Isaac, an EFAC leader in the Anglican Church says, “It (COVID-19) is part of end-time, that is eschatological happenings. We were told that when we begin to see these kinds of things, sickness, pandemic, etc., we shall know that the end is near. It is a fulfilment of prophecy that had been released from the word of God”.

Glory, a parish leader of the Catholic Charismatic Renewal of Nigeria is of the opinion that COVID-19 is not just an ordinary illness caused by germs or any other thing but, a divine affliction. In her words, “I feel that God just allowed this to correct and bring people close to him. Can’t you see that Italy, Rome and even priests were hard hit because people are now religious without being godly”. In Glory’s opinion, the envisaged purpose of God for afflicting humanity with the virus disease has been achieved to an extent because, in her view, “... the lockdown caused people to develop a personal relationship with God, everybody was at home, you pray at home, read your Bible at home, in fact, there was less noise and ceremony and people were able to meditate”. Confessing that she had the same opinion concerning HIV/AIDS, Glory goes on to explain, “Mother Basilea Schlink wrote in her book that God revealed to her that HIV/AIDS will have no cure because it is sent by God to curb sexual sins of man”. Giving a possible reason for such divine move, she adds, “Since they have no fear of God, they should fear AIDS. I compared the two (HIV/AIDS and COVID-19) and I said maybe, God allowed it to draw people to himself and to develop a personal relationship with him”.

Alfred, a pastor of a Pentecostal Church also interprets the COVID-19 as part of the events that will culminate into the coming of the anti-Christ. According to him, “People need to understand that the purpose of this pandemic is to lead to vaccination which will enable the kingdom of darkness to have control through the inserting of chips in the human system. All these things will work out for the coming of the anti-Christ”. He further asserts that, “the ailment is a fulfilment of prophecy but does not have power over those who are shielded in God.

Paul, a vicar of the Anglican Church believes that the end-time is not yet here but that COVID-19 is a reminder of the end-time. He submits as follows:

I agree with the primate of the church of Nigeria when he said in a message that it is not yet end-time. However, I believe that COVID-19 is not ordinary, as a matter of fact, I believe that God sent it to bring to mind a little, what the Bible tells us will happen after the great ‘falling away’ after which there will

be a rapture and the Saints will go. It is just a reminder of the end-time, not that it has started.

Kenneth, the head pastor of a Pentecostal church sees the pandemic as a divinely unleashed punishment on the world for the sins of human beings. Asked how he interprets COVID-19, Kenneth passionately responded that, “COVID-19 came I believe as a punishment from God. Some people are saying that it is showing that it is time for Jesus to come again but I am not buying into that. The world disobeyed the word of God and God just unleashed the disease to attack the whole world”.

Discussion

This study explored the interpretations church leaders have about COVID-19 in Nigeria. Findings revealed three aspects of these interpretations: the first is the interpretation of COVID-19 in line with science-based explanations of the virus, which is that Coronavirus belong to a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. These viruses cause illnesses ranging from the common cold to more severe diseases such as bronchitis, pneumonia and respiratory and multi-organ failure [Council of Medical Schemes (CMS), 2020]. In this light, the participants, who shared this view, maintained that COVID-19 is purely a medical issue with no spiritual connection.

This finding supports the position that some church leaders have science-based interpretations and dispositions about COVID-19 and can be trusted allies in the fight against COVID-19 in the country. This is evident in the roles some of these church leaders are reportedly playing to contain the spread of the virus in Nigeria. Some of these leaders have not only acknowledged the reality and devastating nature of COVID-19, but have also urged their followers to adhere to the preventive measures issued by the government. They also ensure that these measures are strictly observed in their local churches in the country (see Egwu, 2020; Wild-Wood et al., 2021). Beyond the observation of these measures, some church leaders have made tangible contributions to the fight against COVID-19 in Nigeria.

For instance, the Roman Catholic church reportedly granted the federal government full access to the ‘435 Catholic hospitals and clinics in Nigeria’ as a way of aiding the government’s efforts (Onyalla, 2020; Ossai, 2021). The general overseer of the Living Faith Church (Winners Chapel), Pastor David Oyedepo also reportedly made donations to the NCDC, Lagos and Ogun State governments to manage the pandemic (Ossai, 2021). There are other cases where palliatives were provided by church leaders especially for their congregations in rural areas of the country (see Wild-Wood et al., 2021). These and more show how religious leaders could positively influence health behaviours and promote healthcare delivery (Chatters, 2000; Koenig, 2012; Koenig et al., 2012).

However, the findings also showed that the science-based belief about the virus was shared largely by Catholic Church leaders. This does not come as a surprise as the Catholic Church does not only have a long history of relationship with science culminating in the establishment of the Pontifical Academy of Sciences in 1936

(Ellerton, 2019), but its leaders in Nigeria have always been more liberal or ahead of those of Anglican and Pentecostal churches in issues around science. For instance, in two climate change studies among church leaders in Nigeria, Nche (2020a, 2020b) reported that Catholic participants are more knowledgeable about climate change, less likely to see the phenomenon as a sign of end-time and more likely to take actions against climate change compared to their Anglican and Pentecostal counterparts in the study.

The different theological orientations among these Christian denominations could largely explain these disparities in their attitudes and behaviours towards scientific events and facts in the country. Already, studies have not only shown how denominational affiliation and theological beliefs influence peoples' attitudes and behaviours towards scientific events but also how this influence is felt differently (see Nche, 2020b, 2020d; Ecklund & Scheitle, 2014; Tolman et al., 2020). Hence, it is important to note these disparities in theological orientations and approaches to diseases among denominations and their implications for research on religion-health connection. This is important because the religion-health connection research has not been quite pronounced about the impact of differences in denominational affiliation and theology on health.

The differences in ecclesiastical (or church) and leadership structures could also explain the disparity in the interpretation of COVID-19 among these church leaders. For instance, the Roman Catholic Church, unlike Anglican and Pentecostal churches that have relatively loose models of leadership structures, has a more neatly defined church structure and fully entrenched hierarchy that stretches from the Pope in the Vatican, Rome down to the parish priests across the globe. Promulgations from the Pope are usually obeyed to the last as the Pope is regarded by Catholics as “infallible” and his authority “unquestionable” (see Rist, 2019).

This implies that the positions or views of the Pope on socio-political issues largely influence that of the subordinates including the parish priests. This could partly explain why the Pope's recognition of the medical nature of COVID-19 (see Salai, 2021), as well as the Roman Catholic decrees on safety measures (see Sarah & Roche, 2020) seems to have influenced parish priests' positions on the virus as the present study has shown. On the contrary, a similar official statement on the pandemic from the leadership of Anglican Communion (see Agency Report, 2021; Anglican Alliance, 2020), as well as the fragmented science-based statements from some influential Pentecostal leaders (see Egbunike, 2020) seems not to have achieved much at the parish/local church levels.

The second aspect of the findings shows that some of the participants interpreted COVID-19 as a product of conspiracies or political manoeuvrings, by some powerful nations, individuals or African political elites with the intention of advancing both individual and national socio-political and economic interest. This perspective has been quite popular across many countries and among many social media users. Some of these theories are vociferously disseminated by influential political and religious leaders. For instance, a 5-G technology-based conspiracy theory was shared by Pastor Chris Oyakhilome (the general overseer of Christ Embassy) (see Alao, 2020). The one that revolves around China's plan for world domination was shared by a Brazilian minister (see Agence France-Presse,

2020). In fact, these theories are quite numerous and disturbing (see Lewis, 2020). The fact that they are also shared by church leaders is even more disturbing.

This is because conspiracy theories have been linked with consequences like climate denial, vaccine refusal, political apathy, apathy in the workplace, prejudice, crime, and violence (see Douglas, 2021; Douglas et al., 2019; Rutjens et al., 2021). For church leaders in this study, conspiracy theories could negatively affect their commitment to the campaign against COVID-19 in Nigeria. For instance, these theories could make them hesitant to observe safety measures both on personal levels and in their local churches and also reluctant to encourage their congregations to observe the same measures. These conspiracy theories could also make these church leaders promote vaccine hesitancy among their congregations. Already, Barua et al. (2020) and Romer and Jamieson (2020) found among their respective Bangladeshi and US participants that belief in conspiracy theories was negatively associated with the perceived threat of the pandemic, taking preventive actions, and intentions to vaccinate against COVID-19 if a vaccine became available.

But then, given the impact of COVID-19 lockdown which created a feeling of frustration and an atmosphere of confusion and uncertainties, people including church leaders could have been haplessly drawn to develop and share conspiracy theories. This is because conspiracy theories, as Douglas (2021) argues, flourish during times of crisis. However, it is difficult to change orientations of this nature because conspiracy theories are often multilayered, nebulous, and therefore resistant to disconfirmation (Douglas, 2021; Lewandowsky et al. 2012).

Nevertheless, following Douglas' (2021) suggestion about the need to involve trusted messengers (and not the government who are seen as part of the conspirators) to effectively debunk such theories, one would call on the leadership of these Christian denominations, especially that of Anglican Communion as the theories were shared more by Anglican participants, to intervene. One is aware that the leadership of some of these denominations especially that of Anglican Communion has released statements acknowledging the nature of the virus and calling for adherence to safety measures (see Agency Report, 2021; Anglican Alliance, 2020), but this statement seems to have done little with respect to influencing the individual beliefs of their parish leaders. The leadership of the Communion may this time need to have meetings with their parish leaders either remotely or physically as the case may be, to address some of these harmful orientations.

The belief that the political elites in Nigeria are hyping and falsifying the COVID-19 infection figures to embezzle funds suggests that there is a distrust of the government's commitment to the fight against the pandemic in the country. This belief is common across Africa and has been found in some studies on COVID-19 perceptions in the continent (see Ossai, 2021). This too can significantly undermine the campaign against COVID-19 in the country and Africa as a whole, as lack of trust in government has been shown to fuel disregard for health safety measures and vaccine intake in many societies (see Devine et al., 2020; Jennings et al., 2021; Weinberg, 2020). Given that this distrust reflects many years of corruption and bad governance in Africa especially in Nigeria governments need to take good governance seriously as bad governance usually have serious implications for disease control.

Finally, the findings show that almost all the Pentecostal participants, including those belonging to the same spirit-filled movements (i.e. Charismatic Renewal Movement) interpreted COVID-19 as a spiritual event. These participants saw the virus as a divinely inflicted punishment for sins aimed to draw human beings closer to God; as a fulfilment of end-time prophecy, and as a sign of the Anti-Christ. This finding reinforces the findings in Ossai's (2021) study where some of the Pentecostal participants perceived the pandemic as the Anti-christ as well as a divinely orchestrated punishment against humans especially those in the global north. Djupe and Burge (2020) also found that American prosperity gospel believers (most of whom are Pentecostals) interpret the virus as the Anti-Christ.

Some influential Pentecostal leaders also shared similar views at the early stage of the virus. For instance, Pastor Chris Oyakhilome also saw the virus as Anti-christ (Egbunike, 2020). Others such as David Oyedepo (i.e. general overseer of Living Faith Church) and Enoch Adebayo (i.e. general overseer of Redeemed Christian Church of God) saw the virus as evil fighting against the growth of the church (Egbunike, 2020; Moyet, 2021). However, it is important to note that not all Pentecostal leaders spiritualized COVID-19. For instance, Sam Adeyemi (Senior pastor of the Daystar Christian Centre) and Matthew Ashimolowo (Senior Pastor of Kingsway International Christian Centre) reportedly debunked the belief about the connection between COVID-19 and Anti-christ (Egbunike, 2020).

As Ossai (2021) noted, the spiritualization of COVID-19 is not necessarily a problem. It is when this spiritual interpretation of the virus prevents the observation of helpful safety measures that a problem arises. However, it is rarely the case to see people who have these beliefs about health and disease without acting accordingly. This is because beliefs drive behaviours (see Ajzen & Fishbein, 1980). And even within the African context where “the spiritual is inseparable from the physical” (Ossai, 2021: 56) and where it is believed that “good health ultimately flows from the divine” (p. 56), daily life choices (including health choices) of many people who hold these beliefs, are largely determined by their spiritual beliefs. For instance, influenced by their beliefs about the virus, David Oyedepo and Chris Oyakilome are currently discouraging their congregations from taking the COVID-19 vaccines. According to Oyakilome, when one is vaccinated, one receives the mark of the beast (i.e. Anti-Christ) and is no more a (saved) member of the body of Christ (Moyet, 2021).

Oyedepo, on the other hand, called the COVID-19 vaccine “a deadly thing” (Williams, 2021). While expressing his position about the vaccine, he said: “Are human beings now turned to guinea pigs? ...Let me see someone who will come and inject me (with the vaccine). By who? Are you going to tie my hands? How? Did I invite you? ...My job is to expose the devil and tell his agents, ‘get off, we are not guinea pigs.’” (Moyet, 2021). He also claimed that he can heal COVID-19 patients and as a matter of fact, he already healed 114 members of his church who had COVID-19 (Moyet, 2021; Williams, 2021). In fact, Oyedepo referred to churches as hospitals where people receive health solutions and that shutting down churches during lockdowns is equivalent to shutting down hospitals (Nwabufo, 2020).

Enoch Adebayo, on his own part, prophesied at the beginning of the year 2021 that a new variant of COVID-19 will emerge in 2021 for every COVID-19 vaccine

discovered and that this will continue to happen until the world admits that safety is of God (Olowolagba, 2021). All these calls for concern as these leaders, given how influential they are, might have through their statements discouraged many from perceiving COVID-19 as a threat, observing safety measures and taking the vaccines. In fact, the current views of the participants in this study might have been influenced by the positions of these Pentecostal heavyweights. This highlights the negative influence religion has on health (see Chatters, 2000; Koenig et al., 2012; Koenig, 2012).

But then, this can be remedied. Like COVID-19, climate change alongside its impacts has been subjected to similar religious interpretations by many climate sceptics among Pentecostals (as well) and White evangelicals (see Nche, 2020d). Changing these perceptions is usually a daunting task. Hence, studies in science communication have suggested that communications about climate change with these sceptics should be strategic and calculated. The major strategy is to frame discussions around the deeply held values of these sceptics (Bloomfield, 2019; Nche, 2020d, 2022b). This can also be applied to COVID-19 sceptics. Interestingly, reflections on COVID-19 scepticisms have suggested a similar strategy (see Chotiner, 2020; UNICEF, 2021). For instance, people who spiritualize COVID-19 seem to be concerned about the implications of acknowledging the virus on their personal relationship with God. Given their views of God as the creator, owner and controller of the world and everything therein, they are concerned about the implication of dissociating a virus that has brought the whole to a stand-still from God. Dissociating it from God, for them, would mean that God is not as powerfully in charge of the world, as they thought.

Hence, it is safer to say that the virus is either from God as a punishment for sins, or a fulfilment of God's prophecies about the end-time. This, according to Naomi Oreskes, a professor of the history of science at Harvard, is called "implicatory denial" (see also Cohen, 2001 for more on implicatory denial). Implicatory denial, according to Oreskes, happens when people deny scientific facts and events not because the science is bad, but because of the implications of those scientific events on their strongly held values and beliefs (see Chotiner, 2020). Hence, one cannot convince these people by giving them more scientific facts. Conversations with these people about COVID-19 and the vaccines are rather likely to be fruitful when their concerns are addressed. In the context of this study, the suitable persons that can successfully carry out the task of addressing these concerns are fellow church leaders preferably those in positions of authority within the same denominations. Adopting this strategy would go a long way in not only changing these perceptions but also preventing the health implications of the perceptions in Nigeria.

Limitations of the Study

This study has some limitations. First, the study largely focused on church leaders' interpretations of COVID-19 without much attention to their behavioural responses towards COVID-19 safety measures in Nigeria. It was important to focus mainly on the leaders' interpretations of the virus because of the fact that

peoples' behaviours towards issues are generally determined by the meaning they make of such issues. It was also necessary to focus only on the interpretations of COVID-19 in the interest of space. Future studies may therefore explore church leaders' responses to COVID-19 in Nigeria.

Second, the study focused only on church leaders in Nigeria. Future studies may examine interpretations of COVID-19 among Islamic leaders in order to provide a holistic picture of religious leaders' interpretations of the COVID-19 pandemic in Nigeria. Third, like many qualitative studies, the sample size in the present study is small. Also, all the participants were drawn from a state in the south-eastern part of Nigeria. Hence, while generalization of findings should be done with caution, there may be a need for future similar studies to have broader coverage in terms of participation or draw participants from more than one region of the country. This may allow for comparisons across regions. These limitations notwithstanding, it is believed that the present study contributes an important perspective to the body of knowledge on the connection between religion and COVID-19 in particular and in extension, the religion-health research.

Conclusion

This study sought to understand how church leaders in Nigeria interpret the COVID-19 pandemic. Through semi-structured interviews with leaders from Catholic, Anglican, and Pentecostal churches, a nuanced understanding of their interpretations emerged. The findings reveal a multifaceted landscape of viewpoints, with only a minority perceiving COVID-19 through a medical lens aligned with scientific understanding. A significant portion of church leaders leaned towards conspiracy theories and political motives as explanations for the pandemic, while a substantial proportion viewed it as a spiritual phenomenon. These distinct interpretations highlight the complex interplay between scientific, political, and spiritual dimensions that shape the perspectives of church leaders.

The implications of these findings resonate in both policy and research realms. To effectively address the COVID-19 crisis and its aftermath, it is crucial for governments, health organizations, and religious institutions to engage in meaningful dialogue. Acknowledging the various interpretations held by church leaders can inform targeted strategies for public health communication and intervention. Efforts should be made to bridge the gaps in understanding and foster collaboration that encompasses the medical, social, and spiritual aspects of the pandemic. Moreover, this study underscores the need to address potentially harmful interpretations of COVID-19 within religious communities. The prevalence of conspiracy-based and spiritualized interpretations can contribute to misinformation, hinder public health efforts, and perpetuate divisiveness. Addressing these harmful interpretations necessitates informed and respectful discourse that takes into account the diverse perspectives presented by church leaders.

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