

Christians and their Response to COVID-19 Vaccine

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Abstract

SARS-Cov-2 and its variants pose a grave danger to human life. With over 5 million deaths recorded already, the availability of a vaccine to help minimize the spread and reduce fatality is laudable. However, vaccine hesitancy resulting from rumours, conspiracy theories, and misinformation about the vaccine could hinder the attainment of the herd immunity necessary to stop the spread. The impact of this would be increased spread and fatality. As research has been done and is ongoing on the acceptability of the vaccine among different groups, this paper investigates the response of Christians to the vaccine in Lagos.

The qualitative research method was used. Primary data was collected through questionnaires using google forms. The link for the form was sent to respondents through WhatsApp's social media platform. This was to ascertain their vaccination status. Secondary data from credible online journals on the coronavirus and the vaccine were also used. The fear of being hacked prevented most persons from opening the online link for the form. The Christian response to vaccination was found to be reasonable as 50.4% of the respondents had at least one dose of the vaccine, and 64.5% were ready to encourage others to take the Covid-19 vaccine. Dispelling rumours, conspiracy theories, and misinformation through appropriate theological education of the clergy and improved mobilization is recommended to improve Christian's response to the COVID-19 vaccine.

Keywords: Covid-19, Vaccine, Christians, WHO, SARS-Cov-2

Word count: 226

Introduction

Infectious diseases have been with mankind since our ancestors were hunters, living in very small groups before the transition into the agricultural age. With the dawn of human survival through farming, humans began to live together in large numbers and community life began to increase. The evolution into industrialization has seen the development of larger numbers of people living in cities, and there are presently what is known as mega-cities, metropolitan and cosmopolitan cities. During this evolution, diseases of various sorts have afflicted humans and caused demographic, social, and economic changes in the human lifestyle. Among these were plagues and pandemics which caused high fatalities in the global human population and lasted for many years.^{1,2} But for human responses to these diseases based on their knowledge, especially through scientific research and innovation, the fatality would have been worse than they were.

The invention of vaccines and vaccination has helped humans effectively tackle or eradicate some of these diseases, such that some of them appear forgotten or are no longer a threat to human existence on earth. Smallpox disease, tuberculosis, rabies, typhoid fever, HIV & AIDS, influenza, poliomyelitis, meningitis, and even malaria are some of the diseases that have had massive fatalities among humans but have now been effectively controlled through the development of vaccines, antiviral, retroviral, antibiotics, and other scientific ways. The SARS-Cov-2 infection was declared a pandemic³ by the World Health Organization on March 11th, 2020. The statement of the Director-General reads:

In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives. Thousands more are fighting for their lives in hospitals. In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher. WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity and by the alarming levels of inaction. We have therefore assessed that COVID-19 can be characterized as a pandemic. Pandemic is not a word to use lightly or carelessly. It is a word that,

if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death. Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, and it doesn't change what countries should do. We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus. And we have never before seen a pandemic that can be controlled, at the same time. WHO has been in full response mode since we were notified of the first cases. And we have called every day for countries to take urgent and aggressive action. We have rung the alarm bell loud and clear.⁴

WHO has responded fully to the situation, and also called for appropriate actions from countries around the world. In this regard, the Director-General added "I have said from the beginning that countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact."⁵ These he captured into four main areas, which included: a) prepare and be ready; b) detect, protect and treat; c) reduce transmission, and d) innovate and learn. It is part of the WHO's response that efforts at curtailing the spread and minimizing the death caused by the Coronavirus, that the development of vaccines against the SARS-Cov-2 virus commenced earnestly under the complete oversight of the WHO. In April 2020, the first human clinical trial for a COVID-19 vaccine was conducted.⁶ And, as reported by Heidi Ledford, David Cyranoski & Richard Van Noorden, "with striking speed, the United Kingdom has become the first country to approve a COVID-19 vaccine that has been tested in a large clinical trial. On 2 December, UK regulators granted emergency-use authorization to a vaccine from drug firms Pfizer and BioNTech, just seven months after the start of clinical trials."⁷

The Covid-19 Vaccine

The development of vaccines against SARS-Cov-2 went into gear when the genome sequence was published on 11 January 2020⁸ and was made public by China on January 12th, 2020⁹, barely weeks after its reported outbreak in December 2019, in Wuhan, a city in the Hubei province of China. So many medical and many scientific efforts, including clinical trials were carried out to ensure that the vaccines are

produced on time to curtail the spread and effect of the virus with minimal side effects on the recipients. The vaccine development has been expedited via unprecedented collaboration in the multinational pharmaceutical industry and between governments¹⁰. The World Health Organization was the coordinator of this global collaboration. A statement of declaration to this effect reads:

We are scientists, physicians, funders, and manufacturers who have come together as part of an international collaboration, coordinated by the World Health Organization (WHO), to help speed up the availability of a vaccine against COVID-19. While a vaccine for general use takes time to develop, a vaccine may ultimately be instrumental in controlling this worldwide pandemic. In the interim, we applaud the implementation of community intervention measures that reduce the spread of the virus and protect people, including vulnerable populations, and pledge to use the time gained by the widespread adoption of such measures to develop a vaccine as rapidly as possible. We will continue efforts to strengthen the unprecedented worldwide collaboration, cooperation, and sharing of data already underway. We believe these efforts will help reduce inefficiencies and duplication of effort, and we will work tenaciously to increase the likelihood that one or more safe and effective vaccines will soon be made available to all.¹¹

This statement was signed by well over thirty individuals and organizations. The vaccines against SARS-Cov-2 were not developed in a vacuum. Kathryn M. Edwards, Walter A. Orenstein, and David S. Stephens noted that

Earlier vaccines for SARS-CoV-1 and the Middle East respiratory syndrome coronavirus paved the way for the rapid development of SARS-CoV-2 vaccines. Two small studies of SARS-CoV-1 vaccines in humans were completed, but work was halted once the virus was eliminated from circulation. After MERS-Coronavirus emerged, early human vaccine studies were also conducted against this virus and demonstrated that the vaccines triggered immunity and were not associated with concerning side effects.¹²

This goes to say that the vaccines that were subsequently rolled out for use against the SARS-Cov-2 virus went through appropriate procedures and are to a very large extent safe for human use. However,

It is estimated that a novel COVID-19 vaccine will need to be accepted by at least 55% of the population to provide herd immunity, with estimates reaching as high as 85% depending on the country and infection rate. Reaching these required vaccination levels should not be assumed given well-

documented evidence of vaccine hesitancy across the world, which is often fueled by online and offline misinformation surrounding the importance, safety, or effectiveness of vaccines. There has been widely circulating false information about the pandemic on social media platforms, such as that 5G mobile networks are linked with the virus, that vaccine trial participants have died after taking a candidate COVID-19 vaccine, and that the pandemic is a conspiracy or a bioweapon. Such information can build on pre-existing fears, seeding doubt and cynicism over new vaccines, and threatens to limit public uptake of COVID-19 vaccines.¹³

This observation was also reported by Islam, M.S, Kamal A-HM, Kabir A, Southern D. L, Khan SH, Hasan SMM, et al.¹⁴ Based on their research findings, they concluded that Rumors and conspiracy theories may lead to mistrust contributing to vaccine hesitancy. They added that “tracking COVID-19 vaccine misinformation in real-time and engaging with social media to disseminate correct information could help safeguard the public against misinformation.”¹⁵ Also, Don Albrecht noted in his research that:

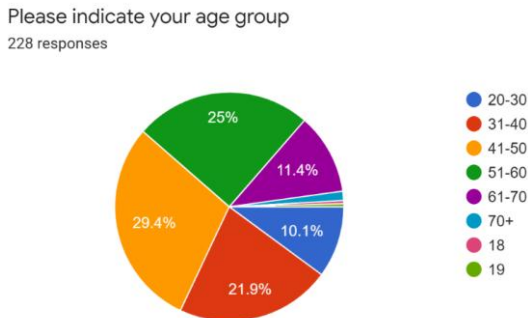
Despite the obvious fact that vaccines save lives and reduce human suffering, there has been opposition to vaccination since the time of Jenner. This opposition has become more organized and vibrant in recent years, with help from the Internet and social media. A critical event was an article published in 1998 that purported a link between the MMR (measles, mumps, and rubella) vaccine and autism. Later it was found that the research was faulty and the article was retracted in 2010. The damage, however, had been done and a strong “anti-vax” movement was growing throughout the world. The movement was greatly enhanced by tweets from Donald Trump both before his election and after he became president. The consequences are profound, and vaccination rates have been declining around the world.¹⁶

This research investigates the responses of Christians within the Lagos metropolis to the COVID-19 vaccine despite the rumours, conspiracy theories, and misinformation about the COVID-19 vaccine. In carrying out this investigation, questionnaires developed using google forms were distributed to Christians across various social media platforms and groups of which the researcher is a part. Only information relevant to the research was required from the respondents. The focus of the research was to determine the response of the Christian community to the COVID-19 vaccine in the face of widespread rumours and

misinformation. The limitation experienced regarding the online form distribution was that many people did not click on the link sent to them due to a hacking scare.

Data Presentation and Analysis

Figure 1: Demographic Representation of Respondents by Age

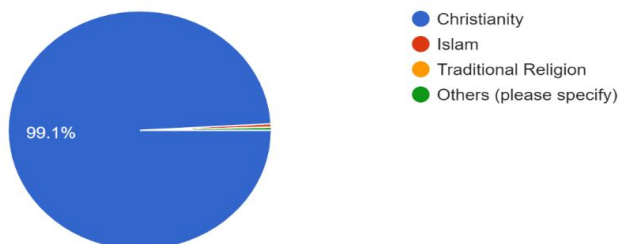


Field Study, 2021

The responses were mostly from the age groups (ages 20-60 years) that are active and susceptible to being infected and infecting others with the coronavirus. They make up 86.4% of the respondents (figure 1). Respondents of ages 61 and above were 13.4%. 99.1% of the respondents are Christians while <1% are not (figure 2). This shows that the results obtained reflect the actual response of Christians. This 99.1% represents Christians from Pentecostal, Roman Catholic, Baptist, and Anglican churches. Since the focus was on general Christian responses, the individual denominational responses were not considered.

Figure 2: Demographic Presentation of the Respondent’s Religion

Which Religion do you practice?
228 responses

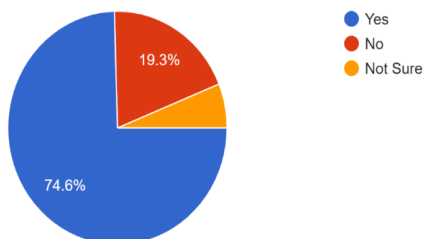


Field Study, 2021

99.1% of the respondents are Christians while <1% are not (figure 2). This shows that the results obtained reflect the actual response of Christians. This 99.1% represents Christians from Pentecostal, Roman Catholic, Baptist, and Anglican churches. Since the focus was on general Christian responses, the individual denominational responses were not considered.

Figure 3: Demographic Presentation of the Respondent’s Exposure to Vaccination Previously

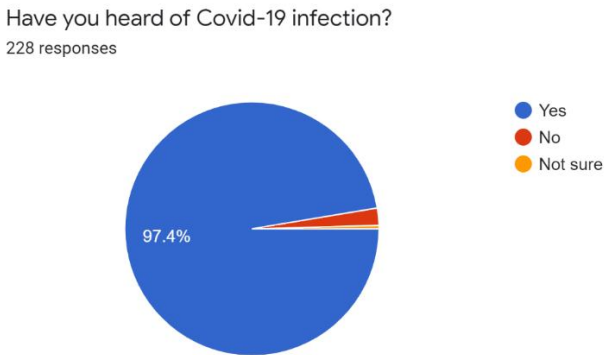
Have you been immunized against any disease previously?
228 responses



Field Study, 2021

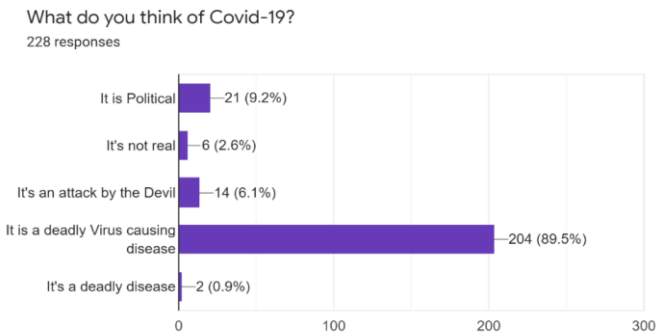
74.6% of the respondents acknowledged that they have been vaccinated previously with either Bacilli Calmette-Guerin (BCG), yellow fever, Poliomyelitis, Diphtheria-Pertussis-Tetanus (DPT), Meningitis, Smallpox, Tuberculosis, or against all of them, as shown in figure 3.

Figure 4: Demographic Presentation of the Respondent’s Awareness of the COVID-19 Infection



Field Study, 2021

Figure 5: Demographic Presentation of the Respondent’s View of the COVID-19 Infection

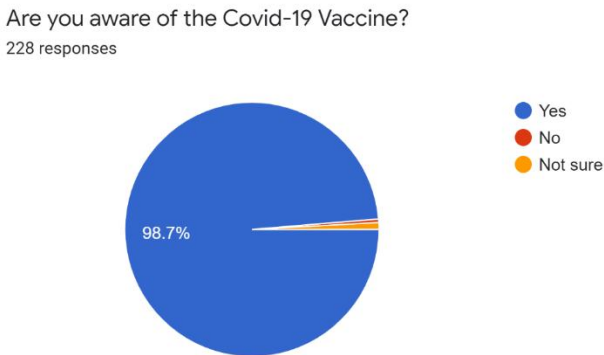


Field Study, 2021

That there has been adequate publicity about SARS-Cov-2 is evident from the response of 97% (figure 4) and 89% (figure 5) respectively of respondents who indicated awareness of the infection and its fatality. This population also understands the mode of spread and appropriate actions that can mitigate its spread and possibly stop the infection. The fact that some respondents (9.2%) see it as a political game plan, 6.1% see it as the devil's work, and 2.6% think it is a hoax, is noteworthy.

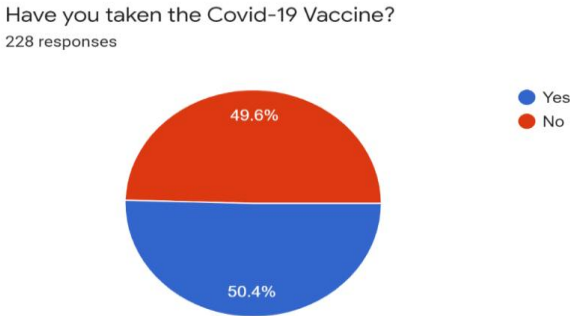
In addition, 65.8% of those vaccinated said there was no difference in their experience with the Covid-19 vaccine as with other vaccines they may have had. The differences experienced by the rest 34.2% included pain in the first few days, headache, dizziness, heaviness at the arm of injection, nausea, and weakness of the body, but nothing severe.

Figure 6: Demographic Presentation of the Respondent's Awareness of the availability of the COVID-19 Vaccine



Field Study, 2021

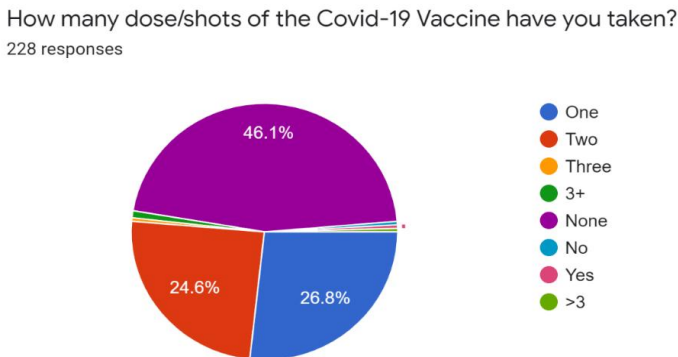
Figure 7: Demographic Presentation of the Respondent’s Response to the COVID-19 Vaccination



Field Study, 2021

Although 98% of respondents are aware that the Covid-19 vaccine is available (figure 6), only 50.4% (figure 7) of the respondents have been vaccinated against the infection, while the rest 49.6% who were yet to be vaccinated feel it is either the mark of the antichrist and mark of the coming of Jesus Christ, it is unsafe, people died from it, they’re not just concerned about been vaccinated, or do not trust the government.

Figure 8: Demographic Presentation of the Number of Vaccine Shots taken by Respondents

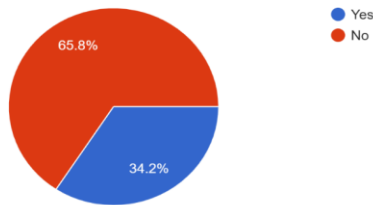


Field Study, 2021

Among the 50.4% vaccinated respondents, 28.8% have received one dose, 24.6% have received two doses, and 1.7% have booster doses (figure 8).

Figure 9: Demographic Presentation of the Respondent’s Response if there was Reaction to the Vaccine

Any difference between Covid-19 Vaccination and any other immunization you have received previously?
228 responses

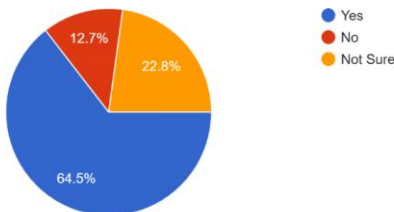


Field Study, 2021

Prayer, divine intervention, and adherence to other safety guidelines were among the suggestions to curtail the spread of the virus. However, mass vaccination is the suggested way to stop the SARS-Cov-2 pandemic. Nonetheless, only 64.5% of the respondents indicated they would encourage other people to take the vaccine.

Figure 10: Demographic Presentation of the Respondent’s Readiness to Encourage other People to get Vaccinated

Will you encourage someone to take the Vaccine?
228 responses



Field Study, 2021

The Christian's Response to COVID-19 Vaccine/Vaccination

The response of the Christian community to the vaccination against SARS-Cov-2 appears reasonable, bearing in mind that the vaccine was made available less than one year of the outbreak of the virus and within months after it was declared a pandemic. The awareness of the coronavirus disease and its fatality has been adequately created, and it is expected that more persons including Christians, would get vaccinated thereby reducing the impact of the SARS-Cov-2 pandemic. Although more Christians were expected to have received at least one dose of the vaccine, the rumours, conspiracy theories, and misinformation about the vaccine may have largely made them vaccine-hesitant. Nevertheless, the response so far by the Christians can be said to be commendable.

The Christian community needs to be further educated on the safety of the vaccine, and be mobilized to get vaccinated. The uncertainties regarding the vaccine and being vaccinated should be dispelled by utilizing appropriate biblical hermeneutics to interpret scriptures as they relate to current global occurrences.

Recommendations

1. Christian leaders need to consult widely (carry out extensive research) on issues that affect mankind before making conclusions, especially in today's high-tech age. The idea of making subjective and unsubstantiated claims/pronouncements publicly, and retracting the same is not healthy for the integrity of Christians.
2. Pastors, Teachers, and other leaders of the Christian community should undertake proper theological education which can equip them with adequate knowledge, and skills to interpret and apply biblical teachings contextually.
3. Pastors, Teachers, and other leaders in the church need to be acquainted with scientific, medical, political, and social developments globally. This will help them in educating their members adequately, and guide them appropriately. Denouncing

scientific and technological innovation as satanic is not usually correct.

4. Lastly, Christians, in general, should endeavour to interact with knowledge from other fields of learning and human endeavour. This will enable them to have a robust approach to every matter of public concern.

Conclusion

This research has shown that though the response of Christians to the COVID-19 vaccine is reasonable, Christians can be misled by rumours, conspiracy theories, and misinformation thereby not getting the full benefit of the social provisions available to them by their government. Appropriate theological education of the clergy and awareness of the progress being made in the field of science and medicine as well as other fields of learning is necessary to properly guide the Christians in responding to social and health issues.

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