




# The 'invisible enemy' COVID-19 and the responses of *Aladura* churches in South West Nigeria

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The emergence of the coronavirus disease 2019 (COVID-19) in December 2019, has changed the face of public health concerns across the globe. COVID-19 has multiplier effects on every facet of human endeavours. This study is situated within the health and religion discourse on African Christianity, particularly the *Aladura* (praying) churches. The aim of the study is examining the responses of African Indigenous Churches (*Aladura* churches) to COVID-19 in Southwest Nigeria using the Church of the Lord (Prayer Fellowship Worldwide (TCLPFW)); Christ Apostolic Church (CAC); Celestial Church of Christ (CCC) and Cherubim and Seraphim Church (C&S) as microcosm of the *Aladura* movement. The study utilised qualitative research methodology. This includes interviews and participant observation as a primary source, while secondary sources entail review of relevant literatures on the subject of health and religion discourse. This research noted that with the advent of COVID-19, *Aladura* churches relied on prayers, and appropriated various approaches in their attempt to assuage the onslaught of COVID-19 amongst their adherents. *Aladura* churches have responded to modernity with the appropriation of technological tools in the sustenance and recruitment of their clientele before and during the COVID-19 lockdown. The emerging tension inevitably calls for reimagination of pastoral and religious care in an era of the pandemic. There is the urgent need for government and non-governmental agencies to collaborate with faith-based organisations (FBO) like *Aladura* churches due to perceived religious credibility, social and religious capital and by their adherents to address socio-economic and health related challenges in their communities.

**Keywords:** invisible enemy; COVID-19; health; religion; *Aladura* churches; Nigeria.

## Introduction

The emergence of the coronavirus disease 2019 (COVID-19) outbreak which started in Wuhan, Hubei Province, China, in December 2019 heralded a new phase in virology and global health concern (Du Toit 2020). The African continent has had its fair share of COVID-19 infections and deaths which had a massive effect on the socio-economic, religious and other facets of life (Moore et al. 2017). Nigeria's index case of COVID-19 was identified on 28 February 2020 as an Italian businessman who arrived in Lagos enroute from Ogun State in Nigeria. As on December 2021, COVID-19 confirmed cases were 214 513 with 2980 deaths with 3 580 510 sampled from a population of 206 million (Nigeria Centre for Disease Control [NCDC] n.d.). However, seemingly healthy people are not tested for COVID-19 unless they have travel history from high-index countries within a stipulated time period. Thus, the number of infections of COVID-19 among Nigerians are under-estimated, similar to most other countries in the continent (Ohia, Bakarey & Ahmad 2020:280).

The impact of COVID-19 on human capital, livelihoods, and welfare of Nigerians was well captured in the Nigeria COVID-19 National Longitudinal Phone Survey (COVID-19 NLPS). The findings indicated that:

[E]mployment in Nigeria plummeted at the start of the COVID-19 crisis. The share of main respondents in each household who were working fell by more than half between mid-March 2020 and April/May 2020, dropping from 86 per cent to 42 per cent. (Lain & Vishwanath 2021:n.p.)

The global labour market situation is not different from the Nigerian context that is highlighted above (Lain & Vishwanath 2021).

Nigeria is a religiously pluralistic but yet a secular state as enshrined in the Constitution of Nigeria. Nevertheless, the Nigerian Christian landscape is diverse with different traditions ranging from Mainline Churches, Ethiopian Churches, and African Independent Churches (AICs).

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Pentecostalism has two broad historical roots notably classical Pentecostal denominations such as the Assemblies of God and the neo-Pentecostal or Charismatic churches which are doctrinally versatile. Most neo-Pentecostal churches are of the health and wealth strand characterised by prosperity gospel, claims of miracles and divine healing (Asamoah-Gyadu 2019:390). The doctrine of divine healing among neo-Pentecostal and *Aladura* churches has brought to the fore the age long nexus between religion and health.

In light of the contagious and deadly nature of COVID-19 before the discovery of the vaccine, the responses from private and religious sectors across the globe were diverse and multifaceted, including unending conspiracy theories (Ossai 2021:53–55). On 03 April 2020, the NCDC mandated that the general public, with or without COVID-19 symptoms, should wear face masks in public settings and should ensure physical distancing in order to prevent the spread of the virus as part of the COVID-19 protocols. This redefined social-cultural and religious practices which heralded 'new normal' in the social lexicon as behavioural changes were imperative due to the contagious and incurable nature of COVID-19.

Because of the novelty and fatal nature of COVID-19, the responses of Nigeria's religious practitioners were quite diverse and interesting as some rationalise the pandemic through various conspiracy theories (Ossai 2021:53–55). Various Christian traditions' interventionist approaches are aimed at addressing the existential challenges of their adherents and many communities where they are situated. Thus, Nigerian religious institutions are repositories of public trust and responsiveness to socio-economic and health challenges in their communities over the years (Adedibu 2021:73–103; Adogame 2007:475–484).

Various views have been expressed by researchers with respect to the nexus between health and religion in various contexts. For instance, religious communities have been observed to provide care for those in the margins of the society who are unable to access healthcare services (Lloyd, Haussman & James 2019:2). The aim of this study is to examine what the initial responses of *Aladura* churches in Southern Nigeria suggest about the religion-health debate particularly in the context of COVID-19 pandemic.

This study is significant in the light of the socio-religious contributions of *Aladura* churches to public health-related matters and community development in Southern Nigerian (Adedibu 2018a:1–10). *Aladura* churches like other denominations of African Christianity responded to the 1918 pandemic caused by the H1N1 influenza through prayers and faith. Furthermore, Fatokun (2018) observed that there was a strong emphasis on divine healing over prayer which reflected in the 1918 pandemic. Thus, the 1918 influenza pandemic was a period of spiritual awakening of African Christianity and particularly the *Aladura* movement through its prayer and healing emphasis. The methodology utilised in this study is discussed in the following section.

## Methodology

This study made use of qualitative research methodology. This entails the use of interviews and participant observations as primary sources of data. Secondary sources included published materials such as books, journal articles, relevant church literatures and audio recordings of various services held during January 2020 to October 2020. Ethical considerations for the study included obtaining the permission of the leadership of The Church of the Lord (Prayer Fellowship), Worldwide (TCLPFW), Christ Apostolic Church (CAC), Celestial Church of Christ (CCC) and Cherubim and Seraphim Church (C&S) to conduct the research. The data generated from the field work are analysed in the following section integrating observable gaps in knowledge in religion and health discourse with particular reference to *Aladura* churches in South West, Nigeria.

### A synopsis of African initiated churches in Nigeria

African Independent Churches (AICs) are part of the prominent actors in African Christianity. According to Ayantayo, African Christianity refers to Christian practices without necessarily deviating from the basic Christian beliefs and practices (Ayantayo & Ayantayo 2019:35). African Initiated Churches bring about the contextualisation of Christian faith within the African cultural milieu by purifying the Christian faith from European conceptualisations and imperialistic notions. A consultative forum under the auspices of the World Council of Churches at Kitwe in 1962 highlighted the hallmark of classification of AICs as (1) emphasis on the work of the Holy Spirit, (2) reference to various revelations and healing and (3) a high level of contextualisation reflective of the lived experiences of the host context.

African Independent Churches are generally known as *Aladura* churches (praying ones) among the Yorubas due to their intense fervour for prayers. Aiyegboyin noted that they 'are also called *Ijo Emi* (Church of the Spirit) (Yoruba) and *Ishoshi errhi* (Church of the Spirit) (Urhobo) due to their emphasis on *pneuma*' (Aiyegboyin 2017:243). Despite the generic classification of *Aladura* churches, they are quite diverse in their ethos, doctrine, ecclesiastical rites and religious idiosyncrasies. However, some of the beliefs and practices of *Aladura* churches in South West Nigeria resonates within the Pentecostal and Charismatic traditions such as belief in dreams, visions, prophecy, divine healing, use of sacred objects and symbolic objects such as water, olive oil and candle, among others (Akindolie 2018:243).

Previous scholarship posits that *Aladura* churches are a brand of Christian formation that has considerable elements of Yoruba traditional religion (Wilson 2014:1). Wilson argues further that *Aladura* churches constitute a group of indigenous Churches that creatively integrated both biblical and African traditions to develop their unique faith traditions (Wilson 2014:1). Today, there are different major and minor strands of Independent *Aladura* churches in the world. Although,

Turner refers to these churches as the earliest form of Pentecostal Christianity in Nigeria, the groups preferred to be called 'spiritual or praying churches' (Turner 1967:79). The hydrotherapy (use of water prayed on), which Sophia Odunlami proffered as divine solution to the outbreak of influenza has become a marked feature of *Aladura* healing practice. The churches that are often classified as *Aladura* are the CAC, Cherubim and Seraphim (C&S), Church of the Lord *Aladura* (CLA) and the CCC. These churches began to emerge from the second decade of the 20th century as a result of the charismatic activities of a number of individuals. They include Pastor Ayo Babalola, St. Moses Orimolade, Pastor Josiah Oshitelu, Pastor Samuel Bilewu Oshoffa, Sofia Odunlami, Captain Abiodun Akinsowon, among others (Jegele 2019:265).

The *Aladura* churches rapidly expanded throughout Yorubaland during a revival movement in the 1930s, becoming an important feature of western Nigerian society. Joseph Ayo Babalola (1959), a Yoruba Anglican and public work employee, had a series of visions that brought him to the Precious Stone Society. He went on to become a General Evangelist in the CAC, what would become Nigeria's largest *Aladura* church. He emphasised using 'water of life' (blessed water) in healing rituals. Other important church leaders in that period were Josiah Olunowo Oshitelu of CLA, Moses Orimolade Tunolase of C&S and Samuel Bilewu Oshoffa of the CCC. The membership of *Aladura* churches is mostly Yoruba in South West Nigeria. Adedibu (2018a) posits that:

The membership of the *Aladura* movement is almost homogenous and mainly of the Yoruba extraction rather than those who do not share this cosmological underpinning from Nigeria, and as such the initial success of the movement depended on its adaptability as the movement 'adapted Christianity to the primal [Yoruba] religious worldview'. The importance of the primal worldview in relation to healing and wholeness is central to the holistic notion of these churches in development. (p. 3)

In view of the demographical spread of *Aladura* churches in South West Nigeria, this study was conducted to have a broad representation of the responses of the *Aladura* churches to COVID-19. The following section highlights the nexus between healing and religion discourse qualitatively.

### Healing and religion: A qualitative perspective

Religion, medicine, and healthcare are related in one way or another in all population groups historically (Koeing, King & Carson 2012:15–34). Some scholars indicate the various explorations of the nexus between healing and religion since the early 2000s (Levin 2009:125–145; Pargament & Saunders 2007:903–907; Sedikides 2010:3–10). However, despite the renewed interest in the nexus between religion and health by academics and religious practitioners, the non-inclusion of religion in healthcare is still apparent, even though there is empirical evidence of a positive correlation between religion and health (Shiah & Chang et al. 2015:36). Historically, it has been observed that there exists a synergy between religion,

medicine and health (Koenig 2012). The history of medicine and religion is quite novel and interesting as Koenig (2012) states that the:

[F]irst hospitals in the West for the care of the sick in the general population were built by religious organizations and staffed by religious orders. Throughout the Middle Ages and up through the French Revolution, physicians were often clergy. For hundreds of years, in fact, religious institutions were responsible for licensing physicians to practice medicine. (n.p.)

This perspective resonates in many African countries particularly Nigeria. For instance, the Foreign Mission Board of Southern Baptist Convention, United States of America initiated and sustained a medical mission to Ogbomoso, Nigeria through Dr George Green and his wife Lydia who arrived in Ogbomoso from the United States of America on 18 March 1907. Barely 24 hours after the arrival of Dr Green and his wife, a young girl who had a crooked leg was brought to the couple for surgery. The success of Dr Green's surgery became a turning point in the medical mission in Ogbomoso and also led to the establishment of Baptist Church in the land. The Medical Centre that evolved afterwards has now transitioned to Bowen University Teaching Hospital in 2009.

Over the years, there has been increasing body of knowledge with respect to the nexus between religiosity and health, although these studies have not produced uniformed results. But they indicate the correlation between physical and mental health which varies depending on various parameters (Oman 2018:165–173). Moreover, epidemiological studies have shown that religiosity is associated with better health outcomes (Koeing et al. 2012:15–34). However, some studies conducted in the United Kingdom have revealed that religious and spiritual beliefs do not have a positive correlation with physical health outcomes (King & Speck et al. 1999:1291–1299). Across various cultural frontiers, religious communities have always taken care of members of the community who are economically disadvantaged and unable to access health services (Llyod, Haussman & James 2019:31). Religious organisations in Africa have played a pivotal role in the fight against infectious diseases in Africa and other parts of the world (Oman & Riley 2018:157–158) For instance, the HIV and AIDS epidemic in Africa was unprecedented. However, Adogame (2006:475) noted that the Redeemed Christian Church of God, a Nigerian neo-Pentecostal denomination which has a transnational network of churches in the West, was actively involved in the health advocacy on HIV and AIDS. Adogame (2016) further noted that:

[S]ocial science perspectives in tackling health and disease neglect religious doctrines and faith central to worldviews and praxis of religious groups. Both aspects are important for religious groups and individuals affected by HIV/AIDS. (p. 7)

The emphasis on morality and doctrinal persuasion of AICs such as avoidance of pre-marital sex, marital fidelity, avoidance of drug abuse, abstinence from alcohol consumption and non-smoking, promotes a health-conscious

culture (Holt, Clark & Roth 2014:313; Oman & Riley 2018:156–157).

Some religious adherents have been observed to hold wrong perceptions and attitudes towards certain diseases like HIV, AIDS and Ebola. They believe that these diseases are caused by forces of witchcraft or demons and should be dealt with spiritually through exorcism or prayers, rather than using medical treatment (Oduyemi, Aiyegboin & Salami 2016:294). These types of erroneous perceptions have led to the stigmatisation of people who are suffering from such diseases and prevented them from seeking medical treatment. A typical example is Ebola disease. Nigeria was declared Ebola free in July 2014 with only 20 people infected but:

[I]n other parts of West Africa region where the belief in witchcraft remains strong, the witchcraft-related views about the Ebola outbreak were a challenge in management and prevention of the viral disease. (Ossai 2021:50)

The unscientific explanation of diseases due to religious biases is worrisome and may constitute a public health challenge in the management of such a disease which potentially might be fatal to the person and the community at large. Some Nigerian Church leaders spiritualise COVID-19 which resonates in other African church leaders in countries like Tanzania and Zimbabwe. This has negatively impacted the fight against the pandemic in those countries (Kirby, Josiah & Chimbidzikai 2020). Likewise, some religious organisations like Jehovah Witnesses proscribed certain medical interventions based on their religious beliefs and faith which can be fatal to the life of such an adherent. Jehovah's Witnesses do not allow blood transfusion which constitute not only medical but also legal and ethical challenges to healthcare providers (Chand, Subramanya & Rao 2014:658–664). The responses of *Aladura* churches are highlighted below.

### Responses of African independent churches to COVID-19 in South West Nigeria

The Nigerian government seems proactive with the establishment of the Coronavirus Preparedness Group on 31 January 2020, with active collaboration of NCDC to curb the 'invisible enemy' of COVID-19 that is causing devastating effects on humans (Ifijeh 2020). The proactive disposition of AICs must be understood in the light of near collapse of the country's social, educational and health infrastructures. Adedibu in (Wild-Wood, Grant et al. 2021:68) quoting Ezigbo traced the emergence of COVID-19 in Nigeria by noting that on 31 January 2020:

WHO classified Nigeria as one of the thirteen countries in Africa at high risk of being overwhelmed by Coronavirus. Nigeria recorded its first case of COVID-19 on 27 February, 2020 through an Italian who had come from Milan two days earlier. Over the following weeks almost one hundred new cases of COVID-19 raised public health concerns, resulting in the closure of Nigeria's borders on 23 March, 2020. (Adedibu in Wild-Wood, Grant et al. 2021:68)

The lack of involvement of the private and faith sectors by the Nigeria government was criticised by faith leaders as noted by Adedibu (2021), which was later addressed by the government which solicited for their involvement to tackle the challenges of COVID-19 in the country (Adedibu in Wild-Wood, Grant et al. 2021:68).

The growth of various Christian traditions in Nigeria, particularly South West Nigeria, has not only changed the religious landscape, but also raises questions with respect to the reasons for the exponential growth of the AIC movement. Despite the exponential growth of the AIC movement, one of the motors for the growth is the claim of AICs like the Pentecostal movement in the remaking or modelling of individuals and claims of holistic healing in all facets of an individual life (Ukah 2020:431). Interestingly, AICs' claim of faith healing either through bodily or physiological processes are well enshrined in the African indigenous religious economy (Peprah et al. 2018). The emergence of COVID-19 and its attendant complexities in relation to its virulent nature, particularly to people with underlying health conditions, and the lack of a known cure before the discovery of COVID-19 vaccines in December 2020, opens up vistas of opportunity to explore the impact of the disease on the social dynamics and solidarity of AICs in the light of claims of healings and holistic well-being in their theologies. This is further compounded by bleak econometric forecasts on the impact of COVID-19 on the economy of Africa, including Nigeria (Morsy, Balma & Mukasa 2020:24). Intriguingly, scholars of religion noted the use of hydrotherapy and claims of healing within AICs particularly provides an enabling environment for AICs to authenticate their holistic claims with the COVID-19 pandemic.

### Spiritual and pastoral care response to the 'invisible enemy'

Interestingly, while many AIC's ministers and laity claims of healing of diverse health challenges prior to COVID-19, many of such claims of holistic well-being was non-existent as pastoral care and praxis changed due to the infectious nature of COVID-19. However, the near-death experience of a medical doctor Doyin, a member of the CLA is a point of reference. According to Chief Dr Doyin Okupe and his wife, Aduralere tested positive for COVID-19 on 23 April 2020. He explained in his testimony to the congregants that:

[O]ur case was a hopeless one with full blown symptoms of COVID-19. We were on ventilator, drips and various drugs which I as a medical doctor knew that the prognosis was tending towards end of life. As a matter of fact, I have all underlying health challenge like: cardiovascular disease, diabetes, hypertension, diabetes, obesity...that would not have made me survive coronavirus, so all medical attention failed us as there was no vaccine. I only managed to send a text to my Shepherd to pray for myself and my wife as I knew due to my medical background that we were about to slip into coma any moment and might not recover. I requested for prayers from him and the prayer team of the church. To our amazement and the medical team, our hopeless case turned around for testimony hours as he prayed for me and my wife. I am here today to testify of the

faithfulness of God that resuscitated me and delivered me from sudden death as a result COVID-19. (Okupe 2020)

From the foregoing, there is no explanation for the healing experience of Doyin above. The role of faith and prayer is pivotal in the religious subscriptions of AICs members on the doctrine of divine healing. Since ancient times, Christians have always responded to social concerns such as epidemics, but this study situates this discourse within the AIC's tradition in the light of the physically unseen 'invisible enemy' of COVID-19 (David 2017:108–169; Patterson 1983:483–502).

### Compliance with the government COVID-19 protocol

Responding to health challenges and social concerns is not new in its entirety to pneumatic movements like AICs in Nigeria (Adedibu 2020:136). The AICs surveyed in this study (CCC, CAC, Cherubim and Seraphim and The Church of the Lord Prayer Fellowship) Worldwide *Aladura* all complied with the Federal Government lockdown of the country to minimise social, economic and occupational mobility to reduce the spread of COVID-19 among Nigerians. According to Egunlae ([Celestial Church of Christ] pers. comm., 10 October 2020):

During lockdown, we all complied to fight this COVID-19 with the Government since this invisible enemy has no respect for anyone. We have prayed and we are still praying as a church and at the same time we have to obey Government protocol in a bid to curb the spread of this disease.

Likewise, Adebisi ([Celestial Church of Christ] pers. comm., 10 October 2020), a member of TCLPW corroborated Egunlae's perspective and stated that the leadership of the denomination adhered strictly with the prescribed government protocols on COVID-19. But, he was of the opinion that the fear of the disease kept many away from church after the lockdown was reviewed by the government. The inability of members of AIC to attend services limited their spiritual activities and association with one another. This further hampered their ability to observe certain religious rituals at designated sacred sites (*Abe Abo* meaning 'sanctuary of safety') outside the sanctuary or in rivers or flowing streams. Nevertheless, this constitutes a major rupture in the ritual praxis of the CCC, TCLPW and C&S.

### Media technological appropriation

The appropriation of media technologies and social media is a shift in paradigm in the ecclesiastical practice which was synonymous with worship restricted within a sacred space among AICs generally. Moreover, due to the economic meltdown of many AICs, a majority of them were not able to appropriate media technologies at their local churches. But their members were encouraged to join the national headquarters of these churches on their social media handles for Sunday and weekly services worship (Adebisi [Celestial Church of Christ] pers. comm., 10 October 2020; Lawal 2020;

Ogunsola 2020; Osodi 2020; Olufade [Cherubim and Seraphim Church] pers. comm., 24 October 2020; Oyenuga [Church of the Prayer Fellowship Worldwide] pers. comm., 18 October 2020). The obvious implication of this development was that the ecclesiastical hierarchy of these churches were recognised due to their charisma and pastoral duties on a weekly basis which every member of the denominations had to listen to due to COVID-19 protocols. The use of social media and technologies was pivotal to the recruitment and sustenance of the members of AICs during the COVID-19 lockdown in Nigeria. Unlike many Pentecostal churches in Nigeria who effectively leverage media platforms to advance their religious interests, AICs suffer from not prioritising media engagements in a manner especially noticeable during the COVID-19 pandemic (Adedibu 2015:1–21).

Furthermore, AICs' degree of appropriation of media technologies and use of social media cannot be compared with some Nigerian Pentecostal churches. For instance, the late Nigerian televangelist, Prophet Temitope Joshua who is the founder of Synagogue Church of All Nations headquarters in Ikotun, Lagos state, Nigeria had over 1.8 million subscribers across the globe on April 2021 before his account was suspended due to his claim over homosexual conversion therapies (Augoye 2021). The media representations of AICs on social media platforms such as Facebook, Instagram and YouTube are not heavily subscribed like Pentecostals who have developed various apps integrated with various merchandising of their ministry products on sale on their websites (Augoye 2021). A typical example is the late Prophet T.B. Joshua who had over 3.5 million Facebook followers (Augoye 2021).

### Provision of palliatives for members

Because of the economic meltdown of the country and the subsequent financial crisis of most members of AICs, the leaders of CCC, CAC, Cherubim and Seraphim and The Church of the Lord (Prayer Fellowship) Worldwide initiated and sustained free supply of food and basic household goods to their members (Adeoye [Christ Apostolic Church] pers. comm., 12 September 2020; Afolabi [Christ Apostolic Church] pers. comm., 12 September 2020; Gbogboade [Church of the Lord Prayer and Fellowship Worldwide] pers. comm., 20 September 2020; Samuel, pers. comm., 12 September 2020). This was complemented by other humanitarian activities of various corporate organisations who donated foods, beverages, hand sanitizers, face masks, toiletries and basic hygiene products to people in various communities across Nigeria. These efforts helped to alleviate the adverse effects of the economic meltdown among the populace who were already faced with the debilitating effects of lack of financial income and food shortage. It is quite interesting to note that the social responsiveness of AIC churches might not be operating at the scale of some Nigerian Pentecostal and Charismatic churches nor mainline churches, but it complemented the relief initiatives to their members and the larger communities.

## Public health sensitisation and awareness of COVID-19

The most significant response of AICs to the public health challenges of the COVID-19 pandemic was their commitment to comply with the Public Health protocols of the NCDC (Adebisi [Celestial Church of Christ] pers. comm., 10 October 2020; Adeoye [Christ Apostolic Church] pers. comm., 12 September 2020; Afolabi [Christ Apostolic Church] pers. comm., 12 September 2020). The AICs provided public health information through their social media platforms, sermonettes, Facebook pages and reminded people on the need to be compliant to the COVID-19 public health protocols which include the use of face masks, keeping a distance of at least two metres apart, washing of hands regularly with soap and running water, and avoidance of handshakes. This development negates the conviviality and communal orientation of religious solidarity prevalent among African religious institutions like AICs. However, Adegbeno (2021) stated that C&S leaders stressed on the urgency to adopt precautionary measures outlined above and sent vital reminders via the social media platforms of these church like WhatsApp. Moreover, the weekly briefing by the Presidential Task Force on COVID-19 provides empirical information on deaths, new infection statistics and discharged patients of COVID-19, which are equally sent to the members to inform them about the realities of the pandemic, thus necessitating behavioural changes. African Independent Churches' leadership through their sermons emphasised the importance of obeying COVID-19 protocols. Thus, the AICs' collaboration with governmental agencies and compliance with the Federal Government of Nigeria directive of the total lockdown of the economy of the country contributed to halting the spread of COVID-19 in the country. Daily press briefings of COVID-19 infections by the NCDC underscore the severity of the disease as well as the high probability that an individual infected with COVID-19 might not survive due to the underdeveloped state of healthcare delivery in Nigeria. The gradual de-escalation of total lockdown in Nigeria which was carried out in phases requiring various compliance with COVID-19 protocol as places of worship including limiting numbers of attendees to 20 with seating distances of two metres apart or not more than 50 individuals including cancelling of night vigils. Kolawole ([Christ Apostolic Church] pers. comm., 12 September 2020) opines that this affected the church membership attendance and also negatively impacted the financial income of most churches. It is apt to note that some Pentecostal church leaders berated the action of the Nigerian government (Krippahl 2020) as an attempt to cripple the religious economy particularly Christianity, but AICs were circumspect and complied with the policy of the Nigerian government, although they had limited fiscal resources which are incomparable with many Neo-Pentecostal churches in Nigeria.

## Conclusion

Nigeria's religiouscape including Christianity and its various denominations witnessed a remarkable paradigm shift with

respect to the COVID-19 pandemic in the country. African Independent Churches, like other Christian denominations, complied with lockdown measures and appropriated media technologies and social media, thereby de-emphasising the long held tradition of sacralisation of space which hitherto militated against the missionary impulses commonly inspiring Nigerian Christianity is the message of the gospel should never be restricted within the four walls of a building. In an attempt to ameliorate the economic and social challenges of the impact of COVID-19, AICs provided food supplies, face masks and alcohol-based hand sanitizers to members of the public, and provided water and soap at designated places in their churches as outlined by the NCDC.

The forces of globalisation characterised with the liberalisation of the media has enabled the compression of time and space for dissemination of information across the globe, including the death toll from COVID-19. The free flow of such information served as triggers which highlights the severity and potential susceptibility of AIC members and Nigerians at large due to the comatose state of the health sector that makes many Nigerians predisposed to various health challenges, including COVID-19, thereby increasing their degree of susceptibility. It is in the light of this that many Nigerians adopted preventative measures which does not entail any fear, cost or inconvenience to them. This invariably leads to behavioural change as the mass media and faith communities in Nigeria disseminated the information on the preventative measures on their social media platforms, media apps and WhatsApp messages to educate their members on COVID-19 safety measures.

It is quite imperative to argue that Nigerians involved in medical tourism were unable to travel out of the country due to lockdown. This inevitably raises questions of the moral dilemma faced by many wealthy Nigerians who invested in the West but neglected the opportunity to invest in the health sector which was faced with near collapse during COVID-19. Perhaps, the lack of commitment of wealthy Nigerians in investing in the health sector prior to COVID-19 might be one of the ways according to Ositelu (2020:n.p.) 'God uses His power to humble both the rich and the powerful'. There is an urgent need for governmental agencies and non-governmental organisations to collaborate with faith-based organisations (FBO) to appropriate human capital as well as the credibility of religious leaders in socio-economic and community initiatives. This must be an intentional initiative that must take cognisance of the statutory considerations and uniqueness of both partners in such a collaborative effort.

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The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

## Authors' contributions

All authors contributed equally to this work.

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Ethical considerations for the study included obtaining the permission of the leadership of The Church of the Lord (Prayer Fellowship), Worldwide (TCLPFW), Christ Apostolic Church (CAC), Celestial Church of Christ (CCC) and Cherubim and Seraphim Church (C&S) to conduct the research.

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Data sharing is not applicable to this article as no new data were created or analysed in this study.

## Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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