Original Research

The link between aphorisms on Jewish eschatological expectation of the anti-Christ and COVID-19 vaccine hesitancy among Pentecostal Christians in Makurdi, Nigeria



Authors:

Favour C. Uroko^{1,2} Lawrence Okwuosa^{1,2}

Affiliations:

¹Department of Religion and Cultural Studies, Faculty of Social Sciences, University of Nigeria, Nsukka, Nigeria

²Department of New Testament and Related Literature, Faculty of Theology and Religion, University of Pretoria, Pretoria, South Africa

Corresponding author:

Favour Uroko, favour.uroko@unn.edu.ng

Dates:

Received: 18 Feb. 2022 Accepted: 19 Apr. 2022 Published: 14 June 2022

How to cite this article:

Uroko, F.C. & Okwuosa, L., 2022, 'The link between aphorisms on Jewish eschatological expectation of the anti-Christ and COVID-19 vaccine hesitancy among Pentecostal Christians in Makurdi, Nigeria', *Theologia Viatorum* 46(1), a150. https://doi.org/10.4102/ tvv46i1.150

Copyright:

© 2022. The Authors. Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.

Read online:



Scan this QR code with your smart phone or mobile device to read online. This study examines the causal link between vaccine refusal in the Makurdi local government region and aphorisms that deal with the Jewish expectation of the anti-Christ. The Benue State government demanded that schools, companies and religious institutions educate their members about vaccinations. Many residents of Makurdi's local government communities avoided the coronavirus vaccinations. Even when the state government attempted to restrict certain areas to unvaccinated people, it did not alter the stand of Pentecostal Christians in the state. This study was derived through a phenomenological approach. Findings reveal that aphorisms that concern Jewish expectations of the anti-Christ, such as the mark of the beast, hellfire bound, behaving immorally and animalistic tendencies, amongst others, have sustained vaccine hesitancy in Makurdi. Existing literature has failed to establish a causal link between the Christian understandings of Jewish expectations of the anti-Christ in Makurdi, Benue State. This study attempts to fill this gap. It is believed that the recommendations will speak anew to these challenges.

Keywords: anti-Christ; Jews and messianism; Christians in Makurdi; COVID-19; vaccine hesitancy; vaccination; corruption in Nigeria.

Introduction

In the Makurdi local government area (LGA), religiosity and spirituality may play a significant role in vaccine hesitancy amongst Pentecostal Christians. The coronavirus disease 2019 (COVID-19) pandemic has thrown the citizens of Makurdi into a state of uncertainty and terror. Pentecostal Christians, on the other hand, were no strangers to plague epidemics in the past (Schilling, Gamble & Gamble 2020:1). They hold their religiosity and spirituality, derived from the Bible, in high esteem. Religiosity is defined as a person's behaviour and attitudes towards a particular religion and its rules, beliefs and rituals; it can be measured by acts such as visiting religious sites, worshiping, praying, fasting and reading sacred books (Sulmasy 2009:1634). Spirituality, on the other hand, relates to how people seek and manifest meaning and purpose in their lives, how they connect with the present moment, themselves and many others, nature and the divine (Puchalski et al. 2009:885). Religiosity and spirituality are held in high esteem by Pentecostal Christians in Makurdi. These Pentecostal Christians derive their doctrine from the Christian canon of the scriptures that contain aphorisms on the coming of the anti-Christ. Thus, notwithstanding that the coronavirus ravaged the entire world, and the anxiety was high, Pentecostal Christians in Makurdi refused to accept the vaccine from the government.

Disease outbreaks caused by vaccine hesitancy cause avoidable suffering and mortality in young children, as well as a waste of limited local health department resources (Salmon et al. 2015). Coronavirus mutations could make it easier for the virus to spread from person to person, resulting in more serious illness (Jindal et al. 2021). Nigeria has also been strongly hit by the impact of the virus. Different variants of the coronavirus, such as delta and omicron, have been reported in different parts of Nigeria. It was reported that the delta variant overwhelmingly dominated the isolation centres in the country. The crisis has, predictably, sparked social and medical responses from the general populace, state and federal authorities (Amzat et al. 2020:218), one of which is vaccination for the population. Mandatory vaccination was seen as an easier way to keep the population safe and as a preventative measure. According to the

Guardian (2021:1), making vaccinations mandatory was to counter the risk of transmission of the virus that unvaccinated people pose. In addition, LGAs in Nigeria have received doses of AstraZeneca, Moderna and Johnson & Johnson vaccines for the ongoing second phase of the immunisation operation in all states, according to sources, and the federal government has done its due diligence to assure vaccine quality and safety (Vanguard 2021). The roles of the government seem positive in this regard, but the government of Nigeria has seldom been sincere with its activities, most of which are shrouded in corruption and hypocrisy; thus, Nigerians are careful not to fall into this trap anymore.

Whilst other parts of Nigeria recorded a considerably high number of vaccinated individuals, Makurdi recorded a low turnout of people for vaccination. In fact, people were discouraged from coming out to be vaccinated. On close observation through ethnography, the residents based their resolve not to be vaccinated on certain homilies and aphorisms which concern the Jewish expectation of the Messiah in the Bible (Oegema 1998; Wise & Tabor 1992). With this low vaccination coverage, there may be the emergence of more transmissible variants of the SARS-CoV-2 virus (World Health Organization [WHO] 2021). Makurdi LGA is located in Benue State, Nigeria. Makurdi has the highest population of citizens in the state. Vaccination against coronavirus began on 18 March 2021. The compulsory vaccination of the citizens of Makurdi has received strong opposition. Whilst citizens of other LGAs in Nigeria are coming out en masse to receive the COVID-19 vaccine (Archiga 2022; Obinna 2021), the people of Makurdi LGA refused. This refusal is what is referred to as vaccine hesitancy. According to Akwataghibe et al. (2019:1), vaccine hesitancy is 'a locus within this continuum and could result in acceptance of some vaccines and refusal of others, delayed vaccination and tentative acceptance, thereby influencing overall immunization utilization'. This study examines COVID-19 vaccine hesitancy amongst the people of Makurdi LGA, Benue State.

The challenge of COVID-19 vaccine hesitancy in Makurdi is necessitated by some factors. For some, the aftermath side effects, their medical safety, the content of the vaccine and the prompt production of a vaccine of this nature have made them reject the COVID-19 vaccine (Kosarkova et al. 2021). Vaccine hesitancy is also influenced by a number of variables, including the mandatory character of vaccines, their coincidental temporal associations with negative health consequences, unfamiliarity with vaccine-preventable diseases and a lack of trust in companies and public health authorities (Salmon et al. 2015). There is scanty literature on the nexus between COVID-19 vaccine hesitancy and aphorisms concerning the Jewish expectation of the anti-Christ in Makurdi LGA. Studies have not reported on how the Jewish eschatological expectation impacted the COVID-19 vaccine hesitancy in Makurdi LGA. This study adopted a phenomenological approach, with data derived through purposive sampling methods of some Pentecostal Christians and analysed through content analysis.

The COVID-19 pandemic in Makurdi communities

The communities in Makurdi LGAs are North Bank II, Bar, Modern Market, South Mission, Agan, Market, Fiidi, Mbalagh, North Bank I and Wailomayo (Benue 2022). According to Manpower (2022), Makurdi LGA is located in Nigeria's North Central geopolitical zone in the Benue State. The LGA's headquarters are in Makurdi, which covers various districts and villages. The Guma and Gwer West LGAs, as well as the sections of Nasarawa State, share borders with Makurdi LGA. Makurdi LGA has a current estimated population of 401 762 people from various ethnic backgrounds. Makurdi communities were also hard hit by the COVID-19 pandemic.

The coronavirus is a type of virus which causes acute respiratory disease in humans. The shape is either pleomorphic or spherical and is characterised by club-shaped glycoprotein projections on its surface (diameter 80 nm – 120 nm) (Yang, Bartlam & Rao 2006:73). The COVID-19 pandemic is our time's defining global health problem and the greatest challenge faced since World War II. The virus has spread to every continent except Antarctica since its discovery in late 2019 in Asia. But the pandemic is more than just a health issue; it is also a socioeconomic disaster. It has the capacity to cause severe social, economic and political consequences in any country it affects, leaving profound and long-lasting scars (United Nations Development Programme [UNDP] 2022).

The pandemic has affected the livelihoods of residents of Makurdi. The government's regulatory actions to combat the spread of COVID-19, such as travel restrictions, lockdowns and limits on economic and social activities, have had an impact on smallholders' livelihoods and food security in Nigeria (Balana et al. 2020). Their economic livelihood in addition to their religious, social and cultural life was strongly affected by the virus. Some residents even lost their jobs. This is the result of companies and organisations relieving their staff because of their inability to pay their salaries. Those who are engaged in their own business encountered a reduction in the number of customers, thereby leading to a drop in revenue. Because of government restrictions, many people stopped gathering for fellowship in churches. Pentecostal Christians started house fellowship. Most people who received their social support from church members were left on their own to survive. Thus, poverty and inequalities increased (UNDP 2020). The situation was very tense for the ordinary Makurdi residents. Most people were unable to visit their wives, children, family members or relatives, to name a few. Most celebrations were stalled. Cultural festivals such as new yam festivals and trade fairs, amongst others, were stopped.

The historic role of the government in responding to pandemics (in a pre-COVID and during the COVID-19 context)

The Nigerians and Nigerian government are used to pandemics. Before the coronavirus, there was the Ebola virus disease (EVD) outbreak. The 2014 EVD outbreak remains unprecedented in the number of cases, deaths and geographic scope (Idris 2014). The outbreak affected 10 countries (Guinea, Liberia, Sierra Leone, Senegal, Nigeria, Mali, Spain, Italy, the United Kingdom and the United States of America) in 3 continents (Africa, Europe and North America), killing over 11 300 people and infected over 28 000 people (Bali 2016). The EVD spread to Nigeria by a Liberian diplomat who arrived via Murtala Mohammed Airport in Lagos on 20 July 2014 (Otu et al. 2018). The virus destroyed Nigerian neighbours such as Guinea, Liberia and Sierra Leone, which resulted in the loss of over 11 000 lives. During the COVID-19 outbreak:

WHO has commended the Nigerian government for its strong leadership and effective coordination of the response that included the rapid establishment of an Emergency Operations Centre headed by Dr. Faisal Shuaib, an advisor to the Minister for Health, who was at the centre of the country's efforts to eradicate polio. (McClean 2016:1)

Nigerian government agencies worked together to curb the menace. The Nigerian Centre for Disease Control has worked in close partnership with state governments, the WHO, UNICEF, Médecins Sans Frontières and the US Centers for Disease Control and Prevention to establish the Emergency Operations Centre at the Central Public Health Laboratory in Yaba, Lagos and in Rivers State. This partnership and coordinated effort has led to an increased awareness of Ebola by the general public and markedly improved case management centres, underpinned by an aggressive and successful contact-tracing programme. State governments have also acted swiftly, establishing emergency coordination offices, identifying isolation centres in readiness for potential outbreaks, sensitising their populations and working with federal authorities (Ikhuoria 2014).

However, COVID-19 eluded the Nigerian government because of increased poverty, lack of preparedness by the government and stakeholders, inadequate health facilities, lack of quick and thorough tracing of all potential contacts, no ongoing monitoring of all of these contacts and lack of rapid isolation of potentially infectious contacts (Katherine 2014). Also, during the COVID-19 pandemic, the Nigerian government was not prepared for containment, active surveillance, early detection, careful isolation and case management, efficient contact tracing and prevention of the spread of COVID-19 and data sharing with the WHO. Lamenting further, the Nigerian government has taken numerous health, social and economic measures to cushion the impact of COVID-19. However, some of the policy responses have weaknesses, and taken together, they are not commensurate with the magnitude of the problem (Dixit, Ogundeji & Onwujekwe 2020).

The Nigerian government was only concerned about siphoning the donations from the World Bank, European Union and other health agencies. Palliatives were stockpiled by corrupt politicians for their own use. There was no food in homes. Worry, anxiety, thirst, hunger, anger, frustration, dirt, malnutrition and compromised immunity was the order of the day (Okorie, Okorie & Amusan 2021). It is believed in many quarters that palliatives were hijacked and stockpiled by the politicians to distribute them to their cronies. Some others found their way into the markets. In Edo State, it is on record that most of the residents were not aware of the distribution of any palliatives (Onah 2021). The Socio-Economic Rights and Accountability Project (SERAP) furiously wrote to the ICPC (Independent Corrupt Practices and other Related Offences Commission) pleading for the:

[*P*]rompt and effective prosecution of anyone suspected to be responsible if there is relevant and sufficient admissible evidence of hoarding and diversion of the palliatives. Some people have reportedly discovered and taken away COVID-19 palliatives stored in warehouses in several states including Cross River, Edo, Ekiti, Kwara, Kaduna, Lagos, Osun, Plateau and Taraba states, with some of the people reportedly saying: 'the food is ours but they are keeping it for themselves'. (Igomu 2020:1)

The activities of the government made the citizens of Nigeria suspicious of the free vaccine against coronavirus. The fact that the government that could not distribute food and other materials to its citizens was distributing free vaccines made Nigerians reject the vaccine, across religious and ethnic divide.

The nexus between aphorisms about Jewish expectation of the anti-Christ and vaccine hesitancy in Makurdi

According to a WHO report, COVID-19 vaccines can be taken by people of age 18 years and above. People with auto-immune disorders, hypertension, diabetes, asthma and lung, liver and renal disease can also take the vaccine (WHO 2022). According to the Johns Hopkins Hospital and Johns Hopkins Health System (2022), regardless of a person's vaccination status, precautions such as maskwearing, physical distancing and hand hygiene should be continued to help prevent the spread of COVID-19. Notwithstanding all these assurances, persuasions and encouragements, Pentecostal Christians in Makurdi have prevented their children and close relations from taking the vaccine. The ethnographic research carried out by the researcher reveals the underlying reasons for vaccine hesitancy amongst the communities in Makurdi.

Vaccination is an indication that the world is coming to an end

The natives of Makurdi believe that the vaccine contains 666. According to Mr Anthony (pers. comm.), the vaccine is 666 because of the calculation by their various religious groups.

С	0	R	0	Ν	A==6
3	15	18	15	14	1==66==666

He further said that no member of his family or close ones will take the vaccine. Mr Ephraim (pers. comm.) pointed out that the number '666' is the numerical value of the coming anti-Christ's name, the one who is opposed to all that is Christ, and he will avoid taking anything that will turn him against Christ. According to Mrs Blessing, the vaccine is what the book of 1 Kings 10:14 prophesied: 'Now the weight of gold that came to Solomon in 1 year was 666 talents of gold'. This is a vital reminder of this king's wrong and unfair practices, such as his excessive material possessions, his exploitation of his subordinates and citizens and also his abandoning the ordinances of God.

The vaccines include altered ribonucleic acid that alters the human deoxyribonucleic acid, which is forbidden by God

Pentecostal Christians refuse to take the vaccine because it is believed to alter the genes of a person and cause the person to misbehave. Some of the interviewed people revealed that if they take the vaccine, they will not make it to heaven because God will be angry with them. Mr Felix reveals that he refused the vaccine because it would change his ribonucleic acid (RNA) and make God not answer his prayers. It is believed that the vaccine may make them into beasts. For instance, Mrs Constance reveals that she learnt from Revelation 13:18 that anyone who takes the vaccine will become a beast. She read from her Bible thus: 'This calls for wisdom. Let the person who has insight calculate the number of the beast, for it is the number of a man. That number is 666'. The Pfizer/BioNTech COVID-19 vaccine, according to the Australian Government Department of Health (2022:1), employs a piece of messenger RNA to teach your body to develop an immune response to COVID-19.

It is morally unethical to vaccinate against COVID-19

Informants concluded that taking the vaccine is an act that is morally not good because people are forced to take it. Thus, prioritising public health over religious freedom, according to Mr Anti-Vaccine G, is morally unacceptable. It is believed that people should be given the opportunity to choose between two options. Mr Kelvin also says that the COVID-19 vaccine uses aborted foetal tissue, which is not morally acceptable. Receiving COVID-19 vaccinations that have employed cell lines from aborted foetuses in their research and production procedures is morally acceptable according to the Catholic News Service (2020).

The coronavirus pandemic is God's *punishment*

Some Pentecostal Christians insist that anything that comes from the government is regarded as secular and must be rejected by anyone spiritual. Mrs Anti-Vaccine W lamented that it is God that is punishing the world with coronavirus because of the sins of the world. She lamented that the world has committed so much sin that God is left with no other option than to punish the world for its sins.

Cancelling the fulfilment of the intentions of world elites

The researcher observed that the Pentecostal Christians believe that the COVID-19 vaccine was a plan by the world elites to continue their economic, political and spiritual surge on the world. They reveal that the elites want to dominate the world with their own hidden agenda. Some feel that God is all-powerful and taking the vaccine is making a mockery of the power of God. Data indicate that the COVID-19 vaccine hesitancy is an act of true faith and trust in God. Mrs Dorathy (oral interview) explains that she does not believe the vaccine to be as safe and reliable as the government and WHO are projecting it to be.

Pentecostal Christians' religious orientation on Jewish expectation of the anti-Christ

Some Pentecostal church ministers, especially from the Pentecostal denomination, preach that as Christians, we are not open to problems such as sickness and other diseases (Gerety 2013). Mrs Flora disclosed that being a Christian is an insurance policy against sickness, diseases, sufferings and other life hardships (Ezigbo 2021). However, Randall (2020) lamented that pastors should not think for their parishioners, rather they should provide them with the skills they need to think and make decisions for themselves. Mrs Kate envisaged that Christians should understand that in times of crisis, they should identify with the psalmist. She quoted Psalm 31:13: 'I hear many whispering, "Terror on every side!"' Thus, the declaration of the coronavirus vaccine as a solution to the virus was a pandemic by its own to the Christian world. Schilling et al. (2020) explained that the psalmist would have us move past terror to say, 'I trust in you, Lord ... My times are in your hands; deliver me from the hands of my enemies'. Some preachers emphasised that it is the sin of the world that is making us face the epidemic of today (Onyulo 2021). Mr Godwin reveals that the world has committed so much corruption, such as stealing, killing, rape, racism and other crimes against humanity, that God is very angry with the world and decided to punish everyone with the coronavirus pandemic. According to Schilling et al. (2020):

For Luther, our loving God works for our good, even in places we do not expect, including amid the evil of deadly epidemics. The fear of bodily illness and death should drive us to pray and to care for our souls, remembering that this world is not our lasting home. An epidemic is one of many evils that beset us, and we have to take that seriously; but the greater evil is the evil within (Matthew 10:28, Luke 12:4). Therefore, responding to an epidemic or any other crisis must involve turning from our sins. (p. 1) This mentality and these homilies from some preachers, especially from Pentecostal denominations, have given the congregants assurance that the vaccine is nothing, because God is involved in the spread of the virus (Østebø, Tronvoll & Østebø 2021; Schnell 2020). Amongst the Christian community of Makurdi communities, the knowledge and awareness about the importance of immunisation, beliefs and attitudes toward immunisation, past experiences with immunisation and health service factors that influenced trust and personal experiences of caregivers and household decision-makers were the main factors that influenced individuals and groups (Akwataghibe et al. 2019).

Impacts of vaccine hesitancy on Makurdi community

The impacts of vaccine hesitancy on the residents of Makurdi cannot be underestimated, which are listed as follows:

- 1. Growing refusal of yellow fever, polio and meningitis vaccines: Many Pentecostal Christian parents have refused to take any vaccines, even polio, yellow fever and meningitis vaccines. They believe that all vaccines are COVID-19 vaccines. Thus, yellow fever and meningitis vaccine hesitancy has increased over time. According to Omer et al. (2009), 'Some people have never even seen polio, but yet they keep giving us medicine for it'. This shows that some people have the feeling that polio does not even exist and that the polio vaccine being given was a farce.
- 2. There has been an increase in the number of sick children: Too many diseases are springing up in different parts of the Makurdi communities, and the inhabitants have refused to vaccinate themselves against the diseases. Thus, in many hospitals, children are on sickbeds, and the parents are insisting that their children should not be given any vaccines.
- 3. Indoctrination in the minds of schoolchildren concerning vaccines: Unvaccinated children are more likely to come from households who refuse to vaccinate their children. Pupils in primary and secondary schools from Pentecostal Christian homes are no longer interested in taking the coronavirus vaccine because of the suspicion that it could alter their genes and make them accountable to an anti-Christ. Thus, there is this growing hate implanted by Christians in their children to the point that they display melancholy because of vaccine intake. According to Muanya et al. (2021:1), Pentecostal Christians teach their children that COVID-19 alters the human DNA, that people will die in 2 weeks or 2 years after vaccination or that polio vaccines were intended to cause infertility and kill their children. This tends to make children refuse the intake of COVID-19 vaccines or any other vaccine.
- 4. **Civil disobedience and suspicion:** Pentecostal Christians in Makurdi communities are strongly suspicious of the effects of the COVID-19 vaccine. According to Mr Johnson, the government could not share palliatives to cushion the effect of the hardships faced by the people because of the shutdown of businesses and other

activities, but the government is very quick in mandating that people take the COVID-19 vaccine. Omer et al. (2009:1), shedding more light, lamented that 'it is indeed difficult to discover two or three people with polio, but it really is easy to go to the hospital and find 50 people sick and unable to afford the treatment they require. Instead, assist them, but no! You locate a healthy small child and administer medicine to him'.

This shows the level to which the government has contributed to the people's refusal to comply with the vaccine mandate. The actions of the state and federal governments have made the Pentecostal Christians in Makurdi to be suspicious of the vaccine.

Recommendations

The following recommendations are the best course of action that could be taken to curb vaccine hesitancy amongst the Pentecostal Christians:

- 1. The government of Benue State and the councillors of the different wards in Makurdi LGA should work hand in hand. If the government involves the Pentecostal pastors, it will be easy to convince the congregants of Pentecostal churches in Makurdi.
- 2. Pentecostal Christians were fully aware that benefits of any kind do not usually get to them. However, they were surprised to see the same government that once cared little about their welfare coming out to give vaccines free of charge. They should set up empowerment programmes and also ensure that donations from benevolent individuals, governmental and nongovernmental national and international organisations are used for the well-being of men and women in Makurdi LGA. This will help to rebuild the lost confidence that people have concerning the government and its activities.
- 3. Pentecostal pastors should also try to sensitise their congregants on the aphorisms about the Jewish expectations of the anti-Christ. This will help to enlighten the people concerning their roles and obligations.
- 4. There is also the need for Christian parents, notwithstanding denominational affiliation, to encourage their children not to shun other vaccines such as for yellow fever.

Conclusion

Vaccines' ability to relieve suffering, protect lives and minimise healthcare spending has been jeopardised in Makurdi, particularly amongst Pentecostal Christians. Pentecostal Christians feel that there is an evil intention or motive concerning COVID-19 vaccination. They also feel that aphorisms concerning the Jewish expectation of the anti-Christ and Messiah have been fulfilled by the coronavirus vaccine mandate. Parents on their own part refuse to be vaccinated, thereby strengthening their children's determination to not take the vaccine. To curb vaccine hesitancy, there is a need for the government to call on the pastors of Pentecostal churches in Nigeria to enlighten them on the efficacy and safety of the COVID-19 vaccine rather than this authoritarian method of trying to coerce people into taking the vaccine.

Acknowledgements

Competing interests

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

Authors' contributions

Both authors contributed equally to this work.

Ethical considerations

This article followed all ethical standards for research without direct contact with human or animal subjects.

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability

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.

References

- Akwataghibe, N.N., Ogunsola, E.A., Broerse, J.E.W., Popoola, O.A., Agbo, A.I. & Dieleman, M.A., 2019, 'Exploring factors influencing immunization utilization in Nigeria – A mixed methods study', *Frontiers in Public Health* 7, 392. https://doi. org/10.3389/fpubh.2019.00392
- Amzat, J., Aminu, K., Kolo, V.I., Akinyele, A.A., Ogundairo, J.A. & Danjibo, M.C., 2020, 'Coronavirus outbreak in Nigeria: Burden and socio-medical response during the first 100 days', International Journal of Infectious Diseases 98, 218–224. https:// doi.org/10.1016/j.ijid.2020.06.067
- Archiga, A., 2022, More Nigerians take up COVID shots after expired doses destroyed, viewed 02 February 2022, from https://www.reuters.com/world/africa/morenigerians-take-up-covid-shots-after-expired-doses-destroyed-2022-01-28/.
- Australian Government Department of Health, 2022, Is it true? Can COVID-19 vaccines alter my DNA?, viewed 06 February 2022, from https://www.health.gov.au/ initiatives-and-programs/covid-19-vaccines/is-it-true/is-it-true-can-covid-19vaccines-alter-my-dna.
- Balana, B.B., Oyeyemi, M.A., Ogunniyi, A.I., Fasoranti, A., Edeh, H., Aiki, J. et al., 2020, The effects of COVID-19 policies on livelihoods and food security of smallholder farm households in Nigeria: Descriptive results from a phone survey, viewed 05 February 2022, from https://www.ifpri.org/publication/effects-covid-19-policieslivelihoods-and-food-security-smallholder-farm-households.
- Bali, S., 2016, Fear casts a long shadow Zika virus and the lessons from Ebola, viewed 22 May 2016, from http://www.linkedin.com/pulse/fear-casts-long-shadow-zikavirus-lessons-from-ebola-bali-ph-d-.
- Benue, 2022, Makurdi Local Government Area, viewed 06 February 2022, from http://www.iambenue.com/benue-state/local-governments-areas/makurdilocal-government-area/.
- Catholic News Service, 2020, Vatican: Without alternatives, current COVID-19 vaccines are morally acceptable, 05 February 2022, from https://www.archstl.org/vaticanwithout-alternatives-current-covid19-vaccines-are-morally-acceptable-6058.
- Dixit, S., Ogundeji, Y. & Onwujekwe, O., 2020, How well has Nigeria responded to COVID-19?, viewed 05 February 2022, from https://www.brookings.edu/ blog/future-development/2020/07/02/how-well-has-nigeria-responded-tocovid-19/.

- Ezigbo, O., 2021, Nigeria: Why Nigerians are afraid to accept Covid-19 vaccine Kaigama, viewed 08 February 2021, from https://allafrica.com/stories/202102080177.html.
- Gerety, R.M., 2013, In Nigeria, miracles compete with modern medicine, viewed 19 December 2013, from https://www.theatlantic.com/international/ archive/2013/12/in-nigeria-miracles-compete-with-modern-medicine/282517/.
- Idris, J., 2014, 'Ebola virus disease containment in Lagos State, Nigeria', Presentation by Dr. Jide Idris, Honourable Commissioner for Health of Lagos State, Nigeria, The 2nd African Conference on Emerging Infectious Disease and Biosecurity, Eko Hotels Convention Centre, Lagos, Nigeria, 27–29 July 2016.
- Igomu, T., 2020, Investigate hoarding of COVID-19 palliatives by states, SERAP urges ICPC, viewed 25 October 2020, from https://healthwise.punchng.com/investigatehoarding-of-covid-19-palliatives-by-states-serap-urges-icpc/.
- Ikhuoria, E., 2014, Case study: How Nigeria contained the Ebola outbreak, viewed 05 February 2022, from https://www.one.org/us/blog/case-study-how-nigeriacontained-the-ebola-outbreak/.
- Jindal, H., Jain, S., Suvvari, T.K., Kutikuppala, L., Rackimuthu, S., Rocha, I.C.N. & Goyal, S., 2021, 'False-negative rt-pcr findings and double mutant variant as factors of an overwhelming second wave of covid-19 in India: An emerging global health disaster', SN Comprehensive Clinical Medicine 3(12), 2383–2388.
- Katherine, H., 2014, How did Nigeria quash its Ebola outbreak so quickly?, viewed 08 February 2022, from https://www.scientificamerican.com/article/how-did-nigeriaquash-its-ebola-outbreak-so-quickly/.
- Kosarkova, A., Malinakova, K., Van Dijk, J.P. & Tavel, P., 2021, 'Vaccine refusal in the Czech Republic is associated with being spiritual but not religiously affiliated', Vaccines 9(10), 1157. https://doi.org/10.3390/vaccines9101157
- Manpower Nigeria, 2022, About Makurdi Local Government Area (LGA), viewed 06 February 2022, from https://www.manpower.com.ng/places/lga/168/ makurdi.
- McClean, D., 2016, How Nigeria won the fight against Ebola, viewed 11 October 2016, from https://reliefweb.int/report/nigeria/iddr2016-how-nigeria-won-fight-againstebola.
- Muanya, C., Onyedika-Ugoeze, N., Egbejule, M. & Nwaoku, O., 2021, 'FG set to sanction Nigerians refusing COVID-19 vaccination', *The Guardian*, 01 September 2021, p. 1.
- NAN, 2021, 'Delta variant still dominant COVID in Nigeria NCDC', The Guardian, 22 November 2021, p. 1.
- Obinna, C., 2021, Extortion, intimidation mar COVID-19 vaccination at Lagos centres, viewed 09 November 2021, from https://www.vanguardngr.com/2021/11/ extortion-intimidation-mar-covid-19-vaccination-at-lagos-centres/.
- Oegema, G.S., 1998, The anointed and his people: Messianic expectations from the Maccabees to Bar Kochba, vol. 27, A&C Black, Edinburgh.
- Okorie, V.O., Okorie, N. & Amusan, L., 2021, 'Youths' violent resistance of necropolitical landscape of COVID-19 in Nigeria's vanishing foodscapes and waterscapes', *Social Sciences & Humanities Open* 4(1), 100193. https://doi.org/10.1016/j. ssaho.2021.100193
- Omer, S.B., Salmon, S.A., Orenstein, W.A., DeHart, P. & Halsey, N., 2009, 'Vaccine refusal, mandatory immunization, and the risks of vaccine-preventable diseases', *The New England Journal of Medicine* 366, 1981–1988. https://doi.org/10.1056/ NEIMsa0806477
- Onah, O., 2021, 'A critical reflection on COVID-19 palliative saga in Nigeria: Implications of human greed', Aquino Journal of Philosophy 1(2), 3–16.
- Onyulo, T., 2021, Is COVID-19 God's punishment? African Christians debate as their presidents die, 17 March, viewed 05 February 2022, from https://www. christianitytoday.com/News/2021/March/Tanzania-Magufuli-Dies-Covid-President-Burundi-God-Punishme.Html.
- Østebø, T., Tronvoll, K. & Østebø, M., 2021, 'God's wrath in the era of the digidemic: Religious interpretations of Covid-19 in Ethiopia', Journal of the American Academy of Religion 89(4), 1334–1359. https://doi.org/10.1093/ jaarel/lfab099
- Otu, A., Ameh, S., Osifo-Dawodu, E., Alade, E., Ekuri, S. & Idris, J., 2018, 'An account of the Ebola virus disease outbreak in Nigeria: Implications and lessons learnt', *BMC Public Health* 18(1), 1–8. https://doi.org/10.1186/s12889-017-4535-x
- Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J. et al., 2009, 'Improving the quality of spiritual care as a dimension of palliative care: The report of the consensus conference', *Journal of Palliative Medicine* 12, 885–904. https://doi.org/10.1089/jpm.2009.0142
- Randall, R., 2020, Should Pastors speak up about the COVID-19 vaccine?, viewed 05 February 2022, from https://www.christianitytoday.com/ct/2020/decemberweb-only/should-pastors-speak-up-about-covid-19-vaccine.html.
- Salmon, D.A., Dudley, M.Z., Glanz, J.M. & Omer, S.B., 2015, 'Vaccine hesitancy: Causes, consequences, and a call to action', *Vaccine* 33(4), D66–D71. https://doi. org/10.1016/j.vaccine.2015.09.035
- Schilling, M., Gamble, J. & Gamble, N., 2020, Fear not, sneer not: A healthy Christian response to COVID-19, viewed 05 February 2022, from https://www.abc.net.au/ religion/coronavirus-a-healthy-christian-response-to-covid-19/12063556.
- Schnell, L., 2020, Is the coronavirus an act of God? Faith leaders debate tough questions amid pandemic, viewed 31 January 2022, from https://www.usatoday. com/story/news/nation/2020/04/02/coronavirus-god-christain-jewish-muslimleaders-saying-deadly-plague/5101639002/.
- Sulmasy, D.P., 2009, 'Spirituality, religion, and clinical care', Chest 135(6), 1634–1642. https://doi.org/10.1378/chest.08-2241

- The Johns Hopkins Hospital and Johns Hopkins Health System, 2022, What is coronavirus?, viewed 13 February 2022, from https://www.hopkinsmedicine.org/ health/conditions-and-diseases/coronavirus.
- United Nations Development Programme, 2020, Socio-economic impact of the COVID-19 pandemic in Nigeria, viewed 5 February 2022, from https://www.greengrowthknowledge.org/research/socio-economic-impact-covid-19-pandemic-nigeria.
- United Nations Development Programme, 2022, COVID-19 pandemic humanity needs leadership and solidarity to defeat COVID-19, viewed 05 February 2022, from https://www.ng.undp.org/content/nigeria/en/home/coronavirus.html.
- Vanguard, 2021, COVID-19: Delta variant most dominant in Nigeria, says Health Minister, viewed 14 September 2021, from https://www.vanguardngr.com/2021/09/covid-19delta-variant-most-dominant-in-nigeria-says-health-minister/.
- Wise, M.O. & Tabor, J.D., 1992, 'The Messiah at Qumran', *Biblical Archaeology Review* 18(6), 60–65.
- World Health Organization (WHO), 2021, COVID-19 weekly epidemiological update 49, viewed 28 July 2021, from https://www.who.int/emergencies/diseases/novelcoronavirus-2019/situation-reports.
- World Health Organization (WHO), 2022, Coronavirus disease (COVID-19): Vaccines, viewed 05 February 2022, from https://www.who.int/emergencies/ diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/ coronavirus-disease-(covid-19)-vaccines.
- Yang, H., Bartlam, M. & Rao, Z., 2006, 'Drug design targeting the main protease, the Achilles' heel of coronaviruses', *Current Pharmaceutical Design* 12(35), 4573–4590. https://doi.org/10.2174/138161206779010369