10.20378/irb-90298

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9 Prophecy versus Science: The Role of Religiosity in COVID-19 Vaccination in Zimbabwe

Abstract

By 11 Dec. 2020, the Pfizer vaccine against COVID-19 was authorised for emergency use by the Food & Drug Administration in the USA. Other vaccines from different companies were later availed. Of these, Zimbabwe chose to use Sinopharm, then Sinovac from China and later the Johnson & Johnson vaccine. When it was reported that it would be expected that everyone (except those with genuine medical reasons against vaccinations) be vaccinated, responses from religious leaders varied. Of interest is how leaders of New Pentecostal Movements (NPMs) in Zimbabwe deployed prophecy to influence vaccine uptake. The purpose of this paper is to analyse the prophecies given during this period and establish how these shaped people's attitudes towards vaccines. The intention of the paper is to highlight the continued battle for supremacy between religion and science. Data for the paper will be gathered from sermons uploaded on Youtube as well as structured interviews with selected people in Zimbabwe. Secondary sources will be used to support primary data.

Keywords: COVID-19, prophecy, science, vaccine, Zimbabwe

Introduction

The theorisation of religion and science is in itself a daunting task. It goes without saying that there has been a perennial debate on how the two relate. There has been two schools of thought on the subject. One school of thought perceive the two to be antagonists while the other view them as compatible. In 1875, Draper attributed the antagonism between religion and science then to the continuation of a struggle that commenced when Christianity began to attain political power. He argued that the history of science is not a mere record of isolated discoveries, but a narrative of the conflict of two contending powers, that is, the expansive forces of the hu-

man intellect and the compression arising from traditionally faith and human interests. AGAZZI (n.d) traces the origins of the view that science and religion are antagonists to nineteeth century positivism. Propounded by Auguste Comte, positivism celebrated science as the perfect form of knowledge (AGAZZI, n.d) and progress and also maintained that this progress had to be secured by a constant fight against metaphysics and religion (2014:10). For Comte, knowledge reaches maturation after passing through three stages, namely the theological, metaphysical and finally the scientific stage (AGAZZI, 2014:17). For science to advance, KURTZ (2003:11) argues that theology had to be abandoned. MCGRATH (2010:2) argues against the notion that science and religion occupy well-defined domains or areas of competency which do not overlap or intersect. He cautions that neither science nor religion can claim to give a total account of reality. In his analysis, science and religion ought to be viewed as dealing with similar questions but, they obviously operate at different levels and they try to answer these questions in different ways. For him, when taken together, science and religion "can offer a stereoscopic view of reality denied to those who limit themselves to one discipline's perspective on things" (MCGRATH, 2010:2). However, PAUL (2020) note that though there has been a broadening of ideas in the two fields of inquiry, there remain paradoxies inhibiting the synchronisation of religion and science. However, AGAZZI (2014:10) notes that the antagonism may be falling away because there has been a realisation that science and technology cannot tackle present day challenges that the world faces. Hence, science and technology have begun to consider the input from fields such as ethics, philosophy, anthropology etc. Current approaches in science and technology have also begun to make reference to values, human dignity, human rights (AGAZZI, 2014) to mention but a few.

In light of the continued debate on the relationship between science and religion, this chapter seeks to examine how the relationship turned out during the COVID-19 pandemic. The chapter focuses mainly on how religion and vaccine hesitancy particularly the way New Pentecostal Movements in Zimbabwe deployed prophecy to counter scientific advice. It becomes imperative for the chapter to make a discursive analysis of the prophecies in order to establish the way they shaped attitudes towards vaccines. This should enable us in the final analysis to establish how science and religion battled for supremacy in a COVID-19 context in Zimbabwe.

In order to put the discussion into its proper context, a definition of key concepts such as science and religion is necessary.

Defining *Science* and *Religion*

Defining the above concepts is not a straight forward endeavour. Their meanings vary depending on the context in which they are used. In reference to science, LAM (n.d) notes that there is a lot of confusion and misconception concerning science. Up to today, the nature and content of science has not been established. FARA (2015:189) argues that defining science is not straight forward because science is culturally situated and so does not have a permanent or universal meaning. For her, science is not static but changes over time. Furthermore, science brings together a number of disciplines such as the hard sciences (chemistry, physics, biology, and maths) and soft sciences (sociology, philosophy, psychology). While the two categories both refer to science, their methodologies are different. When defining science, MICKENS & PATTERSON (2016:2) say it is the systematic observation, creation, analysis, and modelling of patterns which exists in the physical universe. For them, science provides people with public knowledge which is available to anyone to examine, test, criticise and generalise. For FARA (2015) science is depicted as the rise of reason and emphasis is placed on its supremacy over religion.

Debate about the meaning of religion has been a perennial one. Scholars are not agreed as to what really constitute religion. From CROCKETT's point of view, "scholars simply do not know what religion is in itself, apart from their phenomenological characterisation of it" (1998:4). He further argues that:

> Religion cannot be known immediately as a thing in itself, but also that it is at least partially constructed as an object by the observer, interpreter, or scholar. Any definition of religion must be seen as constructed by human knowing rather than simply given to or imposed upon an observer.

The challenge in this case is in trying to understand religion as both abstract and concrete. In this study, I do not wish to delve into the arguments about the definition of religion except to state that the term has been defined differently in different disciplines. For example, sociologists, psychologists, historians, theologians, phenomenologists, philosophers, etc.,

have provided definitions that speak to their fields of study. Hick Cited in CRAWFORD (2002:3) explains this clearly when he says:

> Religion is one thing to the anthropologist, another to the sociologist, another to the psychologist...another to the Marxist, another to the mystic... As a result, there is a great variety of theories of the nature of religion. There is, consequently, no universally accepted definition of religion, and quite possibly there never will be.

Confronted with this perennial challenge this study adopts a definition which views religion as a set of beliefs and practices that endeavour to fulfil an expectation of a supernatural being.

The definition of the two concepts expose various ways in which they differ. FRAZIER (2003:28) aptly captures the differences when he argues:

> Science (and reason) must not yield any of its own ground. Science is based foremost on evidence, not authority or revelation. In science, nothing is taken on faith, while in religion, faith is at the heart of belief. In science, all knowledge is tentative, continually subject to revision when better explanations and evidence (always aggressively sought) are acquired, religion asserts the presence of unchanging and unchallengeable eternal truths. Science proposes explanations about the natural world and then puts those hypotheses to repeated tests using experiments, observations, and creative and diverse arrays of other methods and strategies. Many religions discourage scepticism or critical examination of cherished precepts. This commitment to test the validity of ideas and claims separate science and religion

KURTZ supports FRAZIER's view when he asserts that the major difference between science and religion lies in their perception of truth. He notes the way science requires an open mind, free inquiry, critical thinking and its willingness to question assumptions. He further argues that "the test of a theory or hypothesis is independent ...of bias, prejudice, faith, or tradition; and it is justified by the universal..., transcending specific cultures and replicable in any and every laboratory in the world" (KURTZ, 2003:13). On the other hand, he argues that "although religions claim to be universal, they have split into contending factions concerning hegemony: they rely on the acceptance of faith in specific revelations and their interpretation by differing prophets, priests, ministers, rabbis, monks or mullahs (KURTZ, 2003:13). CRAWFORD (2002:ix) rejects the view that religion and science are in conflict with each other. He acknowledges that there are

some scientists who contend that religion is grounded in superstition and that it belongs to 'primitive' stages of human development. For this group, science advances and provides remedies for modern problems. However, CRAWFORD also notes that there is another group of scientists, who recognise that religion asks different questions than science. For this group, religion is still useful for living a good life and giving meaning and purpose to existence. Hence, this interplay between science and religion was noticeable during the COVID-19 pandemic.

WHO Guidance on the COVID-19 Pandemic

From the year 2019 to the present, the world continues to grapple with the COVID-19 pandemic and its effects. At its onset, the pandemic ravaged nations with no cure in sight. On 30 January 2020, the World Health Organisation (WHO) Director-General determined that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (WHO, 19 March 2020). There was, therefore, need for individual states to put measures in place for its containment. The WHO suggested quarantine which involved the restriction of movement while the infected were isolated from the rest of the population. Quarantine was to be enforced only as part of a comprehensive package of public health response and containment measures. This also had to be in accordance with Article 3 of 2005 International Health Regulations which recognises the need for respecting human dignity, human rights and fundamental freedoms of persons. In this case, those exposed to infection were to quarantine for 14 days from the day of exposure for monitoring and early detection purposes. As the pandemic progressed, the quarantine rule applied to all travellers entering a particular country. However, at the peak of the pandemic, total lockdowns were imposed world-wide through travel bans and closure of borders. On 14 April 2020, the WHO released it COVID-19 Strategy update. Statistics indicated that by that date, 1.7 million people had been infected and 85 000 had succumbed to the disease (WHO, 14 April 2020). The WHO implored nation-states to control the pandemic by slowing down the transmission and reducing mortality associated with COVID-19 through **(i)** mobilising all sectors and communities to ensure that every sector of government and society takes ownership of and participate in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing, **(ii)**

controlling sporadic cases and clusters and prevent transmission, **(iii)** suppressing community transmission through context-appropriate infection prevention and control measures, and **(iv)** reducing mortality by providing appropriate care for those affected by COVID-19 and developing safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need (WHO, 14 April 2020). Other containment measures such as masking up and sanitisation of hands were added to those that were already in existence. As these were enforced, scientists were working round the clock to come up with a vaccine that would tackle the virus. By 11 Dec. 2020, the Pfizer vaccine was authorised for emergency use by the Food and Drug Administration (FDA) in the United States of America. Other vaccines from different companies were later availed. Hence, in 2021, a number of vaccines were available namely Biontech/Pfizer, Johnson & Johnson, Moderna, Astra Zeneca, Sinopharm, Sinovac among others. The uptake of the vaccines worldwide was initially very slow but gradually improved. Anti-vaccine groups emerged and mobilised people to reject vaccines using various conspiracy theories. In sub-Saharan Africa, religion played a major part in influencing vaccine uptake and Zimbabwe is no exception. In the next section, I turn to examine the COVID-19 situation in Zimbabwe.

COVID-19 in Zimbabwe: An Overview

COVID-19 was first detected in China, Wuhan Province in December 2019 (Wang, Gao, Lou & Zhang, 2020; Wu, Chen & Chan, 2020; Zhu, Wei & Niu, 2020; Kumar et al., 2021; Worobey, 2021). As it spread across continents, Africa recorded its first cases in February 2020 (Culliers, 2020; Massinga Loembe, 2020; Osseni, 2020). Zimbabwe recorded its first case and COVID-19 death in March 2020, which led the government to declare its first lockdown on 30 March 2020 and this was punctuated by partial business openings and other lockdowns as the infection cases increased (Chitungo, et al., 2022; Manyonganise, 2022; Sibanda, Muyambo & Chitando, 2022). This has been the experience of Zimbabweans up until March 2022. By 9 October 2022, Zimbabwe had recorded 258000 COVID-19 cases with 5604 deaths. Compared with other countries, the cases are reasonably low. This can be attributed to a number of reasons which are beyond the scope of this study. As alluded to earlier,

vaccines against COVID-19, became available from December 2020 particularly for frontline staff. Zimbabwe chose to use Sinopharm, then Sinovac from China and later the Johnson & Johnson vaccine. Medical scientists had proven the efficacy of vaccines and that vaccination would help prevent hospitalisations and deaths caused by COVID-19 infection. Furthermore, scientists had envisaged that the vaccination of more than half the population would ensure herd immunity (GARCIA & YAP, 2021). Zimbabwe needed to vaccinate sixty percent of the total population (14 million people) to reach herd immunity. When it was reported that it would be expected that everyone (except those with genuine medical reasons against vaccinations) be vaccinated, responses from religious leaders varied. Historically, some religious groups in Zimbabwe shun the conventional health delivery system which they claim, goes against their faith. Apostolic churches such the Johane Marange African Apostolic Church (JMAAC) and the various groups of the Johane Masowe Church (JMC) are known for shying away from hospitals and use of conventional medicine. Hence, in the context of COVID-19 in Africa in general and specifically Zimbabwe, religion and religious leaders played a critical role in shaping attitudes towards the pandemic as well as responses to it. The Zimbabwean health system has deteriorated over the years leading the general public to lose faith in it. This has shaped Zimbabweans' health seeking behaviours where trust is put in religious leaders even for biomedical ailments. The major reason for this is that African Indigenous Religion(s) and some Christian traditions in Africa rely on divination/ prophecy for both diagnosis and prescription of solutions.

Prophecies against Vaccine uptake

Prophecy is a key aspect of Christianity in Africa. It separates mainline Christianity from African Initiated Churches (AICs) and African Pentecostalism. Similar to African forms of divination, AICs and Pentecostal prophets claim to have the ability to predict the future. Religion in Africa is intertwined with health and healing (UKAH, 2020). Hence, even with the availability of hospitals, most Africans still rely on either indigenous healing methods as well as faith healing. Faith healing is practiced by AICs and Pentecostal churches. As a result, some AICs and Pentecostal churches do not allow their members to seek help from hospitals. MASIYIWA, CHENJERAI & MUJURU (2021) spoke to Emmanuel, a member

of the Johane Masowe Chishanu Apostolic Church (JMCAC) who argued that God spoke to their chief prophet a long time ago and told them not to seek medical attention, because they can get protection from all illnesses through prayers and this is what they believe in. Members of JMAAC also subscribe to this notion. The prayers they are told to rely on are often accompanied with prophecies. OMENYO (2011:30) notes that prophecy is the bridge that connects African Indigenous Religion(s) with AICs and African Pentecostalism.

As COVID-19 ravaged the world, self-proclaimed prophets in Africa attempted to explain it. UKAH (2020:452) notes that religious responses to COVID-19 came to the forefront of explanation and analysis because Africans seek understanding and interpretation of the 'why' of the pandemic. The 'spiritual' explanations at times brought the church into conflict with the state. The late 'Prophet' Temitope Joshua (aka TB Joshua), founder of Synagogue Church of All Nations prophesied that the virus would disappear on the 27th of March 2020. He retracted his prophecy by claiming that the Holy Spirit had misled him and that in actual fact, he meant that the virus would disappear in Wuhan, China where it originated from. Even this was also not true. Another Nigerian pastor, Chris Oyakhilome, founder of Christ Embassy Ministries claimed that it was not a virus that was killing people, but the 5G technology. David Oyedepo, founder of Winners Chapel was sceptical about the COVID-19 vaccine. He argued that it was not well tested, hence, he discouraged members of his church from taking the vaccine. He argued:

> They want Africa dead. I heard them say it. When we didn't die as they proposed, they brought out the vaccination scheme. You need to hear their proclamation that Africa will lack spaces to bury corpses (OBADARE, 2022).

These were some of the conspiracy theories that were peddled by church leaders to dissuade their members from cooperating with governments to curb the spread of the virus.

In Zimbabwe, church leaders responded in different ways to the uptake of the vaccine. The most prominent figure who let his thoughts public about the vaccine is 'Prophet' Emmanuel Makandiwa, founder of the United Family International Church (UFIC). To start with, he claimed to have prophesied about the coming of the virus on 20 November 2016, then repeated the prophecy on 7 July 2017. In a YouTube clip played in his

church in March 2020, it showed that he prophesied about a deadly disease that would come from the ocean that would kill millions of people. He indicated how the disease would confound medical personnel. On 1 March 2020, he engaged his church in prayer against the coronavirus. However, he said the prayer would not halt the virus, because it is very aggressive. He promised that God would give power to his people to curse the virus. He instructed his members to take charge against the virus through prayer. From his point of view, if they pray, scientists would find a cure for the virus in already existing medication. He said "It's not about getting the right cure, but allowing God to intervene." He further claimed that God wanted to prove to us that we are not educated. As the clips were being played, the pastors moderating the discussion referred to him as 'the voice of God." On the 17th of March 2020, he said God had shown him that the virus was increasing its speed, but God was also weakening its intensity. When the President of the United States of America, Donald Trump announced that Hydroxycloroquine had been discovered to be effective in curing coronavirus, the UFIC members went into overdrive to celebrate what their 'prophet' had seen before the announcement. Scanning through the comments on social media platforms, one can see how members of the church and other followers from around the world focus on the figure of the prophet. They refer to him as the 'Moses of our time', 'the Seer of our time', 'the Prophet of our time', and 'the Voice'. The general sentiment was that there was no need to fear because the 'Prophet' had enunciated the mind of God.

At the peak of the pandemic, he claimed that the virus was receding but that those who were benefitting financially from it did not want to report it. Like Oyakhilome and Oyedepo, Makandiwa told members of his church not to take the vaccine for various reasons. First, he argued like Chris Oyakhilome that the cause of the virus was the 5G technology; second, he posited that the vaccine was rushed hence, it lacked credibility since its long-term effects were not ascertained; third, he claimed that he had been shown the individuals behind the virus whose intention was to depopulate Africa so that they could recolonise it. In this claim, Makandiwa rubbished the public vaccination of political leaders of Western countries as he told his congregants that they needed to first prove that these leaders were taking the same vaccine as the one they were going to be given. Using the example of the Guyana Massacre of 1978, he

claimed that the vaccines contained poison, which would cause a pandemic. Furthermore, he alleged that the vaccine was the 'mark of the beast' mentioned in the Book of Revelation. From his point of view, the vaccine contained a chip, which would cause everyone to be monitored. This chip would introduce a programme into the human body resulting in the alteration of one's DNA. It was surprising how he blamed previous vaccines as the major cause for Africa's failure to resist the COVID-19 vaccine as he claimed that it is because the DNA of Africans had already been tempered with. In order to buttress his point, he alleged that once that chip is in one's body, then they are controllable and this would remove from the people a desire to worship God. He branded Western political leaders, big pharmaceutical companies and prominent business people from the West as agents of the devil (Fosu-Ankrah & Amoako-Gyampah, 2021). He, therefore, challenged the Zimbabwean state and declared that he and his family were not going to receive the vaccine. In his own words, he said:

> It will come. If they bring it here [vaccine] I will go to jail and my children will go to jail. I am ready for that. You have to drink it yourselves. You want to live. Some of us we have the life already…I will not be forced to take that…I will disobey my government on this one…We are in this world, but we are not of this world… (YouTube, 12 April 2020).

Makandiwa is an influential religious figure in Zimbabwe. He is known for claims to produce miracle babies, and miracle money among others. To his followers, everything he says is the truth and he is their 'spiritual Papa'. Hence, when he spoke of him and his family not taking the vaccine, he should have been talking of members of his church because it encompasses his 'family'. As a result, members of his church and others who do not go to his church but follow his prophecies heeded his call to refrain from vaccination. He had declared that under the doctrine of 'covering' he would cover them with his prayers. At one of the church services before the enforcement of lockdowns, he declared that whosoever was listening to his prayer that particular Sunday was protected from the virus (Fosu-Ankrah & Amoako-Gyampah, 2021). Wanjiru Njiru (2020) notes that such false prophecies offer false hope to people and Sande (2021) is of the view that this can lead church members to conduct their lives recklessly by disregarding public health messages. In the case of Makandiwa, most of his church members believed in his declaration of protection. Like their 'Papa', they also shunned vaccination. I had informal discussions with

some of them who declared that "unless the prophet comes back and says we should get the vaccine, we will not get it." When it became mandatory to access certain places only with proof of vaccination, these members resorted to buying the vaccination cards from unscrupulous health personnel. Some even threatened to quit their jobs if they were going to be forced by their employers to be vaccinated. However, as Zimbabwe entered into the third wave, members of his church also started to succumb to the virus including pastors. He later backtracked on his claims and called on Christians to get vaccinated. He warned his followers not to use his name as a reason for not being vaccinated. Despite his earlier pronouncements on the vaccine, he said he never said there was a chip in the vaccine or that it was the mark of the beast. In fact, for him anyone who thinks that the vaccine would remove God from their lives needed to revisit their theology because it was not biblical. He encouraged his followers to listen to public health officials. He argued:

> As far as the matter is concerned, we have professionals who are dealing with the issue physically, practically. I deal with these issues from a spiritual standpoint. So what the doctors are telling you is what you need to do (KAROMBO, 26 July 2021).

Many people felt that his backtracking had come too late when a lot of people had died. They, however, commended him for doing the right thing. Others felt that there should have been a strong political hand behind his changed attitude. Reference was made to the uneasiness with which he appeared in the video as he broadcast his message. People interpreted this to mean that he had been forced probably by the government to change and announce his stance on vaccination. Some people ridiculed his followers for being dump and being misled by 'false' prophets. It was, however, interesting to note that some of his followers continued to hold on to his initial pronouncements about vaccine. As I discussed with one of them, she said that behind the message by the 'Man of God' on getting vaccinated, they were able to pick that the vaccine remains unsafe for them. Hence, they remained adamant that they would not get vaccinated. Such attitudes buttress UPENIEKS, FORD-ROBERTSON & ROBERTSON's opinion (2022) when they note that religious believers who hold strong beliefs in an engaged God are most likely to distrust the COVID-19 vaccine. DRUCKMAN ET AL. (2021) also argue that those who hold stronger religious beliefs tend to be less scientifically literate and less differential to scien-

tists. They further note that in the context of COVID-19, there was a notable link between the number if misperceptions held and religiosity as well as partisan identity. In this case, the attitude towards the vaccine by some sections of NPMs and Apostolic sects presented a challenge for the government because these brands of Christianity have the majority of followers in Zimbabwe.

On the other hand, there were some prophets in Zimbabwe who used prophecy to enable their members to make sense of the pandemic as well as encourage them to adhere to scientific ways provided by public health personnel. Frahm-Arp (2021) notes the same attitudes among self-proclaimed prophets in the South African context. These prophets like Ian Ndlovu argued that the vaccine was God's way of providing a solution for the virus. Ndlovu rebuked pastors who were commenting on a medical issue as if they were experts in the medical field. He reiterated that vaccines were made by scientists not pastors, hence, any questions regarding vaccines should be directed to scientists. In a YouTube video posted on 16 August 2021, he refuted claims that the vaccines contained the mark of the beast, but said it was God's way of controlling the spread of the virus. He explained that it is God who releases divine knowledge which assists scientists to come up with effective vaccines. Hence, he encouraged his congregants to make personal decisions on whether to get vaccinated and to desist from consulting him because he was not a doctor. Such personal decisions were also notable in some Apostolic sects. For example, Gladys Mapondera, a member of JMAAC in Hurungwe told Apostolic Women Empowerment Trust (AWET) that she chose to be vaccinated because it was a matter of life and death for her and her family. She said "our church doctrine says we don't go to the hospital when [we] are sick or get vaccinated, but with COVID-19 it was a new ball game altogether and I have to take matters into my own hands." For her, she took a personal decision and did not inform church leaders. She said "*ndakati kana ndichifa inini ndinofa ndega, saka vanhu ngatityei chirwere* (I said if I die, I die alone, so people we should fear the disease). Another member of an Apostolic sect interviewed by Masiyiwa, Chenjerai & Mujuru (2021) avered that:

> We understand that there are things that require spiritual guidance and others do not need that guidance. We just have to follow the experts in the field. All coronavirus measures that are being implemented are not to harm us, but to protect us.

Andby Makururu, founder of Johane the Fifth of Africa Apostolic Church was also interviewed by MASIYIWA, CHENJERAI & MUJURU and he indicated that he was pro-vaccine. This is generally a departure from the doctrine of these churches, but personal decisions had to be taken for people to safeguard themselves from infection. In addition, ecumenical bodies in Zimbabwe such as the Zimbabwe Council of Churches (ZCC), the Zimbabwe Catholic Bishops Conference and the Evangelical Fellowship of Zimbabwe played their part in encouraging vaccine uptake. Other leaders of NPMs who did not share Makandiwa's perception also came out and publicly received their jabs in order to encourage people to receive the vaccines. Pastors like Talent Chiwenga openly rebuked Makandiwa and told him not to comment on issues of science. The clash between the men of cloth and the different nature of their views within the broader context of the fight against COVID-19 raises pertinent national issues. Generally, these people are very influential, have a strong loyal constituency of followers, which is easily convinced by their messages. Hence, what they tell their congregants can help stop or increase the spread of the COVID-19 virus.

In order to deal with negative attitudes towards scientific solutions to COVID-19 DRUCKMAN et al (2021) suggest an engagement with opinion leaders such as religious leaders in the relevant communities, as this can assist in combating misperceptions. Having understood the critical role that religion plays in shaping health-seeking behaviour, the United Nations International Children's Emergency Fund (UNICEF) and the Ministry of Health and Child Care (MoHCC), partnered with the Apostolic Women Empowerment Trust (AWET), to create a space for dialogue with interfaith religious leaders from across Zimbabwe so as to leverage support for the COVID-19 vaccine roll out and recovery. Through this engagement, religious leaders noted that the spread of misinformation and uncontrolled information had undermined people's trust in the COVID-19 vaccines. UNICEF (November 2021) noted that collaboration with interfaith and community leaders helped in shifting negative perceptions about the COVID-19 vaccines that had been attributed to widespread misinformation and long-held religious beliefs. Hence, religion need to complement scientific efforts against any pandemic.

Whither Science and Religion?

Scholars of religion and health have noted the continued confrontation between religion and science. Fosu-Ankrah & Amoako-Gyampah (2021) note that the outbreak of COVID-19 in Africa heightened tension between some charismatic Christian leaders and science. In the same vein, writing on Nigeria, Obadare (2022) observes that COVID-19 highlighted the tensions between the needs of religious leaders and the imperatives of public health on the social terrain of a pandemic which affirms certain axioms about state and society relations. Sande (2021) observes how religious perspectives about COVID-19 have emphasised the challenge of the relationship between science and religion and the fluidity of some theologies underpinning forms of Christianity like African Pentecostalism. The above observations paint a gloomy picture on the relationship between science and religion. However, positive responses by another section of the clergy and their members offer hope of collaboration between the two disciplines.

Some scholars have suggested a bridging of the gap between science and religion particularly for the African context. Chabata (2021:274) has called for dialogue between religious and biomedical discourses which for him can yield enormous and sensible results that can transcend hollow dogmatic doctrines of the church. Sande (2021) calls for theological development targeting the nexus between divine healing, science and pandemics. All these are commendable recommendations. I would add to this discussion the need to revisit the concept of Freedom of Religion and Belief (FoRB). Within the Zimbabwean context specifically, religion is not strictly regulated because the constitution stipulates that people have the freedom of religion. There are no set boundaries of how far religion can deviate from government-set programmes meant to save lives. The COVID-19 pandemic laid bare the laxity or the absence of laws that regulate the relationship between religious institutions and the state. The fact that church leaders could comment on scientific issues which they are not knowledgeable of, raises questions about FoRB. I argue that there is need to rethink FoRB in the context of pandemics. While FoRB is a human right, boundaries concerning public health messaging in a pandemic context need to be regulated. Religious leaders need to respect these boundaries in order to avoid misleading their followers which may result in unnecessary loss of life. Manyonganise & Biri (forthcoming) have called on Zimbabwean political leaders to encourage theological training for church

leaders so that in the event of pandemics such as COVID-19, they interpret biblical texts in life-giving ways as well as challenge an overreliance on the spirit. FRAHM-ARP (2021) argues that a pneumatology that disregard the physical realities of a disease and told people to ignore healthcare guidelines would be harmful to followers and place them in danger. Hence, in a pandemic context, religion should function as a social tool to bring cohesion in communities as well as to enable people to derive meaning from situations not to peddle conspiracy theories that discredit science and misinform the public. DRUCKMAN ET AL. (2021) aver that misperception about science are a major concern as they undermine efforts for a healthy and productive society.

Conclusion

The intention of this chapter was to examine the role of religiosity in COVID-19 vaccination in Zimbabwe. It focused on highlighting the role of prophecy in shaping attitudes on vaccine uptake by Christians in Zimbabwe. The chapter noted the centrality of prophecy in AICs and African Pentecostalism specifically in NPMs. In the COVID-19 context in Zimbabwe as in the rest of Africa, the chapter noted how prophecy played a critical role in explaining the pandemic as well as shaping responses to it. Emmanuel Makandiwa was discussed at length because he was very vocal in claiming ownership of a prophecy that had predicted the coming of the virus. He further directed the response of his followers to the uptake of the COVID-19 vaccine through peddling conspiracy theories of how the vaccine had a chip with a mark of the beast mentioned in Revelation 13. Though he later corrected this misinformation, many people in his church had died. The chapter also discussed church leaders who positively influenced vaccine uptake showing that religiosity played an ambivalent role during the COVID-19 pandemic in Zimbabwe. What this shows is a continued conflict between science and religion. The church leaders who spoke on the need for pastors to avoid commenting on issues they are not trained in offer hope of the possibilities of science and religion working hand in hand rather than in confrontation. In the final analysis, the study has called on Zimbabwe and probably Africa to rethink FoRB in the context of pandemics. More research is required on how such concepts can be presented in the Zimbabwe Constitution so that messaging on public health issues is centralised and restricted to qualified personnel.

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