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11 VACCINATION ATTITUDES OF IVORIAN MUSLIMS:

“ISLAM IS NOT AGAINST VACCINES
– BUT THIS IS DOUBTFUL!”

Abstract

During the COVID-19 pandemic the situation in Ivory Coast was characterized by a deep mistrust against the hygienic measures of the government as well as against the vaccines that were offered as a means to protect oneself against infection with the virus. The chapter focuses on attitudes of Ivorians who define themselves as Muslims toward COVID-19 and tries to find out if they share into the rejection of vaccines and what religion has to do with their attitude. A small study done with qualitative empirical methods, of course, can never be representative for the whole Islamic population in Ivory Coast. Yet, the interviews grant a glimpse into the attitudes toward vaccines and into the relationship between religion, health and politics. The research results in the preliminary impression that socio-cultural and political factors are more important than religion. Significant differences between social groups within the Islamic community become clear.

Keywords: COVID-19, Ivory Coast, Côte d'Ivoire, Islam in Africa, pandemic, disease, healing, religion and science, health and politics

Introduction

In preparation for the workshop “COVID-19 and Religion”, which took place in November 2021 at the University of Bamberg the author decided to do some preliminary research among Ivorian Muslims to find out how

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far religious attitudes influence the way how the COVID-19 vaccines are conceived.

These interviews on attitudes towards COVID-19 vaccination among Ivorians who identify themselves as Muslims took place at a time when travelling was still restricted and the pandemic was quite far from ending. The general image of Africans' reaction to public health measures in general and to vaccination especially, was mainly influenced by reports on the religious activism initiated by African Christians. Maybe not the majority of Christian religious leaders but those who dominated public discourse in media shaped the image of vaccination as a satanic weapon threatening health and life of African people. The apocalyptic framing of the public discourse about pros and cons of vaccines resulted in an anti-Western, anti-colonial, and anti-scientific war on vaccination.

Responses to the COVID-19 within this matrix of apocalyptic mind-set sustains the anti-modern harboured perceptions. A further onslaught on humanity as AIDS. Only this time, God has protected Africa from severe COVID-19 casualties. Initially, government officials voiced that COVID-19 is a well-promoted hoax by fake news of prominent western media houses. The late president of Tanzania, John Magufuli, dismissed its actual existence [...] As, however, the pandemic started ravaging Africa and Afro-Americans, perceptions quickly shifted from denial to acceptance. The new realities redirected the attacks on new aims. There was an uproar after some Western doctors suggested COVID-19 vaccines to be tested in Africa. Now, vaccines were seen as racist weapons to kill Africans. The chief justice of South Africa, Mogoeng Mogoeng, echoed prophets like Emmanuel Makandiwa, who declared that the COVID vaccines are the dreaded '666 mark of the beast'. Getting a vaccine shot was perceived as receiving the mark of the beast (Rev 13:16).

Other conspiracy theories promoted [...] declared the protective facemask to be the 'mask of the beast'. The banning from entering supermarkets or public places without a mask is seen as the fulfilment of 'no-one shall be able to sell or buy without the mark of the beast' (Rev 13:17). Plans of having a vaccine certificate for international travel were interpreted as opening a way for the new (satanic) world order. Since world leaders are agents of dark forces controlling the world, the whole pandemic and its vaccines are seen as belonging to the grand scheme of things. The new hybrid apocalyptic worldview, which incorporates indigenous apocalyptic thinking and borrowed Judeo-Christian apocalypticism, transfix many Africans into an apocalyptic appetite that interprets the zeitgeist through apocalyptic glasses. (NYAHUMA & KÜGLER 2021:8)

While the vaccine discussions nourished from Christian traditions were well noted and academically analysed, African Islam seemed to get a bit out of the focus. Sure, there are important contributions like the edited volume focusing on COVID-19 and the Middle East and North Africa (MENA) region, but the chapters do not focus much on religious attitudes. The conclusions show clearly that religion is rather reduced to the group of religious leaders, who are seen as “role models” like sports stars and media representatives among others.

The pandemic has also put the relationship between religion, science and politics to a renewed test, including the question of whether to comply with or resist governmental measures on religious grounds. Noël van den Heuvel and Ulrike Freitag showed how religious actors were detrimental in developing and sustaining systemic responses to the current crisis in Iran and Saudi Arabia. It has become clear that for a successful reaction to the systemic health crisis, religious leaders are indeed of particular relevance; one might add representatives of other domains as well, whether it be culture and sports, academia and media, or wherever individuals have the chance to serve as role models for the general public. (HOBAlKA, MÖLLER & VÖLKEl 2022:173)

Religion as a mind-set guiding attitudes, feelings and actions of individuals and groups are not really taken into account. Also the book is not dealing with Africa south of the Sahara.

This clearly is the case in the chapter that Silindiwe ZVINGOWANISEI contributed to BiAS 36 (2023). She discusses responses of Muslims in Zimbabwe to the COVID-19 pandemic. ZVINGOWANISEI argues that Islam has always played a positive role in the domain of health in Zimbabwe. She notes how Muslims (individuals and organisations) have been active in combatting the spread of HIV/AIDS as well as distributing medical treatment to those infected. ZVINGOWANISEI argues that Zimbabwean Muslims complied with COVID-19 protocols of the Zimbabwe government. Thus, she concludes that Muslims showed that they have strong religio-cultural resources that will be helpful in response to future pandemics in Zimbabwe.

[ZVINGOWANISEI’s contribution] foregrounds the role of the Islamic community in promoting public health and human well-being during the COVID-19 pandemic through their cultural identity and other religious resources. [Thus, she] advocates for the inclusion of minority religions such as Islam in post-COVID-19 recovery initiatives and in any other future pandemics. (ZVINGOWANISEI 2023:91)

Although these statements could be rated as speaking a bit *pro domo*, they are confirmed by other authors (e.g. DUBE 2022) too. Anyway, the data base of ZVINGOWANISEI is limited to Zimbabwe and her analysis does not focus on the debate on vaccination. Thus, there is good reason to give Francophone Muslims from West Africa a voice by asking how Ivorians who identify themselves as Muslims use religious patterns to shape their attitudes toward COVID-19 vaccination.

The First Set of Interviews (October 2021)

The first and rather small research campaign started in October 2021 and used a questionnaire that aimed at finding out the general attitude toward COVID-19 vaccines and also to what extent religious motives were involved in this attitude.

The whole group of interviewees comprised 9 persons. Three of them identified themselves as women, six as men. The average age of the three women was 37 years (ranging from 31 to 42 years). The average age of the six men was 29.8 years (ranging from 27 to 35 years).

The interviews went along a short questionnaire, which was read by the interviewer or handed out to the interview partner (IP) so that they could fill in their answers themselves. The questionnaire was, of course, in French, while it is rendered here in English translation also (appendix 1). The interviews took place on locations in several towns and cities in Ivory Coast).

The preliminary results of this first set of interviews in 2021 (FSI 21) can be summed up in the general statement that vaccinophobia is a minority position in the group of interviewees.

Table 1 (FSI 21)

	<i>contra</i>	<i>pro</i>	unclear
Women	1	2	
Men	1	4	1

Furthermore, religion seems no obstacle for vaccination. The few IPs that show an attitude against the vaccination give other reasons than religious ones. Their attitude is based on social, cultural or political reasons like a

feeling of losing freedom by being forced by the government, mistrust in the government or in the scientific quality of the vaccine. On the other side, the pro-group mentions religion as a source of motivation to practice social responsibility by protecting human health and life. Thus, the 2021 interviews give the impression that for the majority of Ivorian Muslims their religion not only constitutes no obstacle for vaccination but is, just in the contrary, a motivation to do all possible – including vaccination – to protect health and life of themselves and of others (family and community). Despite the small number of interviews, the results are not irrelevant as they are in accordance with the already mentioned results of other researchers.

Open questions

Although the results of the first set of interviews seem so clear, there are many open questions that cannot be answered by this small set of data. Among these unanswered questions the most thrilling probably are:

1. What is the education level of the interviewees?
2. How intensive is their individual relationship to religion?
3. Does religious preaching/teaching against vaccination exist and how influential is it?

Re-asking the IPs on their professional and educational background

Due to the fact that the interviewer still was in contact with all of the IPs, it was possible to clear at least question #1 in an action of re-asking the IPs on their professional position and their level of formal education.

This re-asking was done in the first week of December 2021 and the result showed a quite high uniformity of the IP-group in this point. The following table gives a short overview over the results:

Table 2 (FSI 21)

Interview Number	Alias	Professional position	Level of formal education
1	M27 ¹	Student	Master
2	F31	Student	Master
3	M28	Technician	Bachelor
4	M27	Technician	Bachelor
5	M35	Engineer	Master
6	M29	Engineer	Master
7	F38	MSR ²	Bachelor
8	M33	Engineer	Master
9	F42	MSR	Bachelor

Table 2 shows that all the members of the first IP group were situated in an academic/ professional context. Thus, the answers of the FSI 21 group refer to only a very small fragment of Islamic population in Ivory Coast. Even if qualitative research never can (or even wants to) achieve representative results, this small sector of society was rather problematic.

Therefore, it appeared necessary to broaden the horizon of the study and get access to IPs from other parts of society.

The second set of interviews (July – August 2022)

The idea of giving a voice to other parts of Islamic population in Ivory Coast was operationalized by shaping three additional groups of IPs.

- The first group was labelled “ordinary people” (OP) and comprised persons that do not define themselves as political or religious experts.

¹ The alias of the IPs are produced by composing age and gender. As alias are repeating in other IP groups, the interview number is then added to clearly identify the specific IP.

² Both F39 and F42 give their professional position as “déléguée médicale” which is translated here as “medical sales representative” (=MSR).

- The second group was “religious leaders” (RL), comprising persons that have a religious function of leading, preaching, and teaching in an Islamic community.
- The third group was “journalists” (IJ) and comprised Islamic persons working for media and, therefore, had influence on public opinion.

The “ordinary people” group of IPs (OP)

The questionnaire for the OP group was a slightly extended version of the 2021 questionnaire (appendix 1) as it included elements of the re-asking action mentioned above. This group of IP was the largest one in the second set of interviews. It comprised 14 IPs from different urban areas of Abidjan and different working settings. The age of the IPs ranges from 18 to 40 years with an average of 30.6 years. The following table gives an overview.

Table 3 (OP)

Interview Number	Alias	Occupation	Personal Vaccination attitude
10	M40	Shopkeeper	Negative
11	F31	Housewife	Negative
12	M35	Craftsman	Negative
13	M23	Technician	Negative
14	F28	Housewife	Negative
15	M29	Taxi driver	Negative
16	F18	Shop assistant	Negative
17	M38	Warehouseman	Negative
18	F29	Shop assistant	Negative
19	M34	Electrician	Negative
20	F25	Shop assistant	Negative
21	F29	Housewife	Negative
22	M30	Shopkeeper	Negative
23	M39	Driver	Negative

At the first glance, one can see that we did not find any IP in this group who was *pro* vaccination. What appeared as a minority opinion in the first set of interviews, is here not only the majority. It is the *only* attitude documented. Without any exception, all of the IPs are against vaccination. The reasons given for this attitude mostly are fear of damages caused by the vaccination. This fear often is given as well under “emotional reasons” as under “rational reasons”. As there is no IP speaking *pro* vaccination, it is, of course, impossible to say anything about the differences connected with gender or age. The uniformity of the group concerning the negative attitude toward vaccination marks a stunning difference to the 2021 interviews. Due to the character of our data base, it is, however, impossible to thoroughly interpret the reasons for this difference. One can only speculate if it has to do with the different social contexts of the two IP groups or with different perceptions of dangers and risks in a later phase of the pandemic. Anyway, one should always keep in mind that Ivory Coast never saw the high number of casualties that Western countries like Italy, Spain, or USA suffered from.

In spite of the clear differences between the OP group of 2022 and the first IP group of 2021, there is one point that both groups have in common. They do not link religion with a negative attitude toward vaccination. Of course, there is no link between Islam and a positive vaccination attitude as all the IPs in the OP group are showing a *contra* position. Yet, they link their religion with the general responsibility for personal and public health. The OP group is very homogenous in not using their religion as a direct argument for their *contra*-vaccine-position. None of the IPs states that there is a religious commandment against medical treatment or vaccination in general. Yet, there are links between anti-vaccination attitude and religion. The following table gives an overview:

Table 4 (OP)

Interview Number	Alias	Statement on religious reasons for an attitude against COVID-19 vaccination
10	M40	<i>L'islam est une religion de vérité</i> (Islam is a religion of truth)
11	F31	<i>L'islam est une religion de vérité</i>
12	M35	<i>L'islam demande d'être rassuré et convaincu d'une chose avant de la faire</i> (Islam demands to be sure and convinced of something before doing it)
13	M23	<i>L'islam demande d'être rassuré et convaincu d'une chose avant de la faire</i>
14	F28	<i>L'islam est une religion de vérité</i>
15	M29	<i>L'islam recommande d'abandonner tout ce qui n'est pas sûr</i> (Islam recommends to leave everything aside that is not safe)
16	F18	<i>L'islam demande la méfiance envers tout ce qui est nouveau</i> (Islam demands mistrust against everything new)
17	M38	<i>L'islam est une religion de vérité</i>
18	F29	<i>L'islam est une religion de vérité</i>
19	M34	<i>L'islam est une religion de vérité</i>
20	F25	<i>L'islam est une religion de vérité</i>
21	F29	<i>L'islam est une religion de vérité</i>
22	M30	<i>L'islam est une religion de vérité</i>
23	M39	<i>L'islam est une religion de certitude et non de doute</i> (Islam is a religion of certainty and not of doubt)

The question concerning “religious reasons” for their attitude often (i.e. in 9/14 cases) is answered by a general, positive statement on Islam. The stereotypic qualification “religion of truth” gives the impression of something learned. Maybe the saying is part of the public discourse among Muslims in Ivory Coast, a pre-defined pattern. In the context of an attitude against COVID-19 vaccination the saying implies that this vaccination is

not true. And indeed the IPs show mistrust against the reliability, effectiveness, and harmlessness of the modern vaccines. 4/14 IPs express this uncertainty about the quality of the vaccine by defining a religious tendency to avoid uncertain and doubtful things. Furthermore, one IP – the youngest person in the group – claims that there is a religious motive of rejecting innovation *per se*. As, most probably, even IP 16 (F18) would not reject really everything new, one can understand this utterance as a highly generalized expression of doubts. The IPs 12 (M35), 13 (M23), 15 (M29), and 23 (M39) express the same doubts very clearly.

To sum up, one could say that the members of the OP group show a link between Islam and their rejection of the COVID-19 vaccination. This link has to do with their doubts and mistrust against the quality of the vaccine. Their sceptical attitude seems not to originate directly from religious tradition. Instead, it is obviously used as a secondary confirmation of a negative perception that is informed by other sources. Due to the design of our interviews we cannot say anything about these sources.

It will be very interesting to compare these results with the two other groups, namely religious leaders and journalists.

The IP group of religious leaders/ Imams (RL)

This group of IPs consisted of six men who gave Imam as their profession. A gender mix was not possible in this group as the position of an Imam is clearly gendered as masculine in Ivory Coast. A woman functioning as Imam may be possible nowadays in some Islamic movements in Western countries like USA, France, and UK among others, but would not be acceptable in Ivory Coast – as in most countries³ – even if the history of Islam obviously did not generally exclude women from this function.

The age of the members of this IP group ranges from 40 to 50 years, with an average of almost 46 years. This means that the RL group is much older than our other IP groups, and also much older than the median age of the Ivorian population, which sits at a bit more than 20 years⁴. Although

³ For the exceptions in history and present times see the overview at https://en.wikipedia.org/wiki/Women_as_imams.

⁴ A median age of 20.3 is given by the CIA's factbook (<https://www.cia.gov/the-world-factbook/countries/cote-divoire/#people-and-society>) for the whole population of Ivory Coast. See also: <https://worldpopulationreview.com/countries/ivory-coast-population>.

our IP groups are in no way meant to be representative, this higher average of age is a fact, which could be understood as an expression of a cultural tradition associating higher age with experience and wisdom qualifying for leadership.

The personal position on COVID-19 vaccination is mixed with a tendency to a negative stance. While three members of this IP group are openly against vaccination, the other three say ‘yes’, but with a lot of fear and doubts. Even with them scepticism prevails.

Due to the pastoral influence of religious leaders on members of their specific congregation, the professional context of their attitude toward vaccination is of high importance. To catch a glimpse into this area two additional questions were added to the questionnaire for this group of IPs – numbered as (5) and (6) in appendix 3. The following table gives an overview of the RL answers.

Table 5 (RL)

Interview Number	Alias	The relevance of COVID-19 vaccination for the religious work
24	M40	Demanding to follow the regulations of state authorities
25	M49	Topic in Friday preaching ⁵
26	M45	Topic in Friday preaching
27	M50	Topic in Friday preaching
28	M48	Topic in Friday preaching
29	M43	Topic in Friday preaching

While most IPs of the RL group follow the impetus of the question (5) and simply inform about preaching on the topic of COVID-19 (vaccination), one IP, 24 (M40), already informs on the content of his preaching. He says

⁵ According to Islamic tradition the Friday sermon (*Khutbah Jum'ah*) is the most prominent form of public speech. Usually, the Imam leading the prayer is also acting as preacher. The sermon is expected to address religious topics as well as topics concerning political and social developments relevant for the life of the Islamic community. Cf. https://en.wikipedia.org/wiki/Friday_prayer.

that he demands the members of his community to obey to the regulations of the state authorities. Due to the importance of the Friday sermon for the guidance of believers it is of interest to ask about the attitude toward COVID-19 vaccination expressed publicly on these occasions. Having in mind the quite sceptical personal attitudes mentioned above, one might expect to find reflections of these attitudes in the IPs public preaching. However, one cannot expect that the public speaking is simply an unfiltered repetition of the personal view. The religious, social, and political responsibility characterizing contributions to the public discourse will always influence the content.

Table 6 (RL)

Interview Number	Alias	Attitude toward COVID-19 vaccination in public speaking
24	M40	Responsibility of the scientific community to God as the highest authority
25	M49	Respecting public health authorities Trusting in the help of God
26	M45	Respecting public health authorities Trusting in the help of God
27	M50	Respecting public health authorities Trusting in the help of God
28	M48	Respecting public health authorities Trusting in the help of God
29	M43	Respecting public health authorities Trusting in the help of God

The stereotypical character of most of the answers shows clearly that the public speech is more controlled than the personal attitudes. This may not only be true for the Friday sermon itself but also for the interview answers. The public speaking of these religious leaders respects political factors as well as religious ones. While the call for trusting in God pays respect to religious tradition and may serve to strengthen the religious identity of the community, the call for respecting the health regulations of the state remembers the faithful of the duties of citizenship, especially the loyal

obedience to the state authorities. Both calls are very general and do not give any specifications, and it is difficult to say if this is sending a message of its own. One only can ask if the absence of any explanation or argument concerning the health regulations implies any critique of these regulations. Yet, the probability is high that the unspecific call for obedience does not necessarily imply a message of consent with the state's measures – at least if the personal scepticism toward COVID-19 vaccination can be used as an interpretation context for the answer to question (6).

Although our OP group is not identical with the congregation members of our RL group, their anti-vaccination attitude (see above table 3) constitutes a context for a further interpretation, which can claim at least some probability: With some certainty, one can conclude that the audience of the RL group's preaching also is sceptical against vaccination as an element of the public health measures. Thus, the general call for respecting the measures of health authorities can be understood as an act of balancing between the political necessities and obligations on one side, and the expectations of the audience on the other. If an Imam would preach completely against the attitudes of his congregation, he would easily lose his authority. But if he would use his function to publicly speak against regulations of the state, he could easily get into political trouble. Thus, the general call for obedience – without explicitly mentioning vaccination – appears as highly reasonable. In combination with demanding for trusting in God's help, the message is also that beyond the state there still is a higher authority. This is a point that is beyond doubt with IP 24 (M40). He clearly points to this highest authority and warns scientists not to play with human lives.

The IP group of Islamic journalists (IJ)

In times of mass media, the public preaching addressing an audience in face-to-face communication is, of course, not the dominant way of informing and influencing communities. This is true even if the authority of the Friday sermon traditionally is estimated as a very high-ranking one. Therefore, it was interesting to establish an IP group of journalists who define themselves as Muslims. The questionnaire for them was in great parts the same as for the other groups. Yet, we added two questions reflecting their professional context as public communicators – just as we

did with the Imams. In appendix 4 these additional questions are numbered as (5) and (6).

The IJ group consists of six men who define themselves as Muslims and as journalist. The fact that there is no gender diversity in this group cannot be interpreted.

The age of the IPs in this group ranges from 33 to 40 years, with an average of 34.8 years. With this the IJ group is older than the OP group but clearly younger than the RL group.

In the IJ group, the personal attitude toward a vaccination against COVID-19 is characterized by a clear *pro* tendency (see table 7).

Table 7 (IJ)

Interview Number	Alias	Attitude toward COVID-19 vaccination	
		Personal	Public
30	M40	<i>Pro</i> – with worries	None
31	M35	<i>Pro</i>	None
32	M33	<i>Pro</i> and <i>contra</i>	None
33	M35	<i>Pro</i>	None
34	M33	<i>Pro</i>	None
35	M33	<i>Pro</i>	None

While IP 30 (M40) indicates that his stance *pro* vaccination is accompanied by many worries (« beaucoup d’inquiétudes »), IP 32 (M33) says that he is as well *pro* as *contra*. The other four IPs of the IJ group are stating a clear *pro* attitude. Thus, this group of IPs differs from the OP and the RL group by showing in majority a positive personal attitude toward COVID-19 vaccination. The result is similar to that of the first group of IPs (2021) but even more positive: We have not one clear *contra* position in the IJ group.

The link between the mostly positive personal vaccination attitude and religion is not very clear as the answers are quite stereotypic. 2/6 IPs say that their religion demands to obey the government’s regulation. With slight variations, the other 4/6 say that Islam allows everything that is effective and acceptable to protect public health.

Unfortunately, the interviews do not give much information about the link between this personal attitude and the professional communication in public. All of the IPs in the IJ group give a stereotypic answer to question (6) saying that they simply transmit the information given by the ministry of health. This is quite surprising as all of the IPs answer to question (5) that COVID-19 is an important topic that is discussed weekly or even daily. It is a pity that the IPs do not inform us what exactly the point of discussion is. One can only speculate if the transmission of the official information given by the state is an expression of a positive attitude insofar as no scepticism or doubt is expressed.

Conclusion

Although our IP groups show quite different attitudes toward COVID-19 vaccination they have some characteristic in common. The first and most clear is that none of our IP groups showed an explicit link between religion and an anti-vaccination position. Even in the most sceptical group (OP), there is no IP linking religion and vaccinophobia directly. Instead, there is mistrust against the vaccination and this uncertainty is linked with religious tradition. This lack of explicitly religious vaccinophobia marks an impressive difference between our Islamic IP groups and their Christian counterparts mentioned above. While Christian preachers oppose COVID-19 vaccination (and other public health measure) with many religious arguments – even using directly their holy scripture in fight against vaccination, we cannot see anything comparable with Ivorian Muslims. This is even true with the group of religious experts. Although the RL group is quite sceptical they do not indicate that they use their public role to preach against vaccination. If they in fact did, they at least do not admit in the interviews.

The vast majority of the religious leaders and the journalists shows a professional self-understanding that is formatted by loyalty and obedience to the state and its regulations. Although this attitude of loyalty seems quite formal in both cases, both IP groups link their loyalty with a specific concept of their religious tradition. Islam is conceived as a source of obedience and submission to the state's laws in general and to public health regulation specifically.

As our interviews, unfortunately, had no adequate gender diversity, one cannot answer the question if the attitude toward vaccination is influenced by gender aspects.

Concerning other factors like age and educational level, at least some traces can be detected. As the mainly academic group (FSI 21) and the journalist group (IJ) show the most positive personal attitude toward vaccination, one might conclude that higher education reduces anti-vaccination attitudes. This might also be true for younger age, but in this point our results are not a good basis for further conclusions as all our IP groups show a median age that is higher than that of the total population in Ivory Coast.

As to the above mentioned research done with Muslims in other countries, one can say that our results do not speak against the results of prior research – even if our interview design delivers a data base, which is too limited to speak of a confirmation. Yet, it seems obvious that Islamic scepticism against COVID-19 vaccination usually is lacking the religious “apocalyptic fever” that prominent parts of African Christianity show in this point.

Finally, some open questions have to be mentioned. Firstly, what would be the results if Islamic rebellion groups standing beyond the loyalty tradition could be included into research? And secondly, what would be the results, if Islamic population in rural areas would be asked? Thirdly, how would the picture change if online communication via social media would be analysed?

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Appendices

Appendix 1: The first questionnaire (2021)

<p>Questionnaire</p> <p>Groupe : Personnes islamiques à Côte d'Ivoire</p> <p>Numéro : / Nom alias : / Date : / Lieu : / Age : / Sexe : / Religion :</p>	<p>Questionnaire</p> <p>Group: Islamic persons in Ivory Coast</p> <p>Number: / Alias: / Date: / Place: / Age: / Sex: / Religion:</p>
<p><i>Question :</i></p> <p>A condition qu'il est possible de recevoir sans problème une vaccination (gratis) contre le coronavirus que serait votre réaction ? Voudriez-vous vous décider en faveur d'une vaccination ? Ou contre ?</p>	<p><i>Question:</i></p> <p>Supposed that it will be possible to get a (free) vaccination against the corona virus, what will be your reaction? Would you decide for a vaccination? Or against?</p>
<p><i>Question :</i></p> <p>Quelles sont les raisons rationnelles en faveur ou contre la vaccination ?</p>	<p><i>Question:</i></p> <p>What are the rational reasons for or against the vaccination?</p>
<p><i>Question :</i></p> <p>Quelles sont les raisons émotionnelles en faveur ou contre la vaccination ?</p>	<p><i>Question:</i></p> <p>What are the emotional reasons for or against the vaccination?</p>
<p><i>Question :</i></p> <p>Quelles sont les raisons religieuses en faveur ou contre la vaccination ?</p>	<p><i>Question:</i></p> <p>What are the religious reasons for or against the vaccination?</p>
<p><i>Question :</i></p> <p>Y-a-t-il quelque chose additionnelle que vous voulez dire sur le thème de vaccination ?</p>	<p><i>Question:</i></p> <p>Is there something that you would like to add concerning the topic of vaccination?</p>

Appendix 2: The OP questionnaire (2022)

Questionnaire	Questionnaire
Groupe : Personnes islamiques à Côte d'Ivoire (population normale/ non-académique)	Group: Islamic persons in Ivory Coast (ordinary people/ non-academic)
Numéro : / Nom alias : / Date : / Lieu : / Age : / Sexe : / Religion : / Occupation :	Number: / Alias: / Date: / Place: / Age: / Sex: / Religion: / Occupation:
<p><i>Question :</i></p> <p>A condition qu'il est possible de recevoir sans problème une vaccination (gratis) contre le coronavirus que serait votre réaction ? Voudriez-vous vous décider en faveur d'une vaccination ? Ou contre ?</p>	<p><i>Question:</i></p> <p>Supposed that it will be possible to get a (free) vaccination against the corona virus, what will be your reaction? Would you decide for a vaccination? Or against?</p>
<p><i>Question :</i></p> <p>Quelles sont les raisons rationnelles en faveur ou contre la vaccination ?</p>	<p><i>Question:</i></p> <p>What are the rational reasons for or against the vaccination?</p>
<p><i>Question :</i></p> <p>Quelles sont les raisons émotionnelles en faveur ou contre la vaccination ?</p>	<p><i>Question:</i></p> <p>What are the emotional reasons for or against the vaccination?</p>
<p><i>Question :</i></p> <p>Quelles sont les raisons religieuses en faveur ou contre la vaccination ?</p>	<p><i>Question:</i></p> <p>What are the religious reasons for or against the vaccination?</p>
<p><i>Question :</i></p> <p>Y-a-t-il quelque chose additionnelle que vous voulez dire sur le thème de vaccination ?</p>	<p><i>Question:</i></p> <p>Is there something that you would like to add concerning the topic of vaccination?</p>

Appendix 3: The RL questionnaire (2022)

(With two added questions)

Questionnaire	Questionnaire
<p>Groupe : Personnes islamiques à Côte d’Ivoire (Chefs religieux/ Imams)</p> <p>Numéro : / Nom alias : / Date : / Lieu : / Age : / Sexe : / Religion : / Occupation :</p>	<p>Group: Islamic persons in Ivory Coast (religious leaders/ Imams)</p> <p>Number: / Alias: / Date: / Place: / Age: / Sex: / Religion: / Occupation:</p>
<p><i>Question :</i> A condition qu’il est possible de recevoir sans problème une vaccination (gratis) contre le coronavirus que serait votre réaction ? Voudriez-vous vous décider en faveur d’une vaccination ? Ou contre ?</p>	<p><i>Question:</i> Supposed that it will be possible to get a (free) vaccination against the corona virus, what will be your reaction? Would you decide for a vaccination? Or against?</p>
<p><i>Question :</i> Quelles sont les raisons rationnelles en faveur ou contre la vaccination ?</p>	<p><i>Question:</i> What are the rational reasons for or against the vaccination?</p>
<p><i>Question :</i> Quelles sont les raisons émotionnelles en faveur ou contre la vaccination ?</p>	<p><i>Question:</i> What are the emotional reasons for or against the vaccination?</p>
<p><i>Question :</i> Quelles sont les raisons religieuses en faveur ou contre la vaccination ?</p>	<p><i>Question:</i> What are the religious reasons for or against the vaccination?</p>
<p>(5) <i>Question :</i> Quelle importance avait/ a le thème de vaccination dans votre travail religieux (enseignement, sermons publics, conversation pastoral individuelle) ?</p>	<p>(5) <i>Question:</i> What was/ is the importance of the vaccination topic in your religious work (teaching, public preaching, individual pastoral consulting)?</p>

(6) Question :

Voudriez-vous nous dire quelle position en regard de vaccination vous avez pris dans vos déclarations publiques ?

Question :

Y-a-t-il quelque chose additionnelle que vous voulez dire sur le thème de vaccination ?

(6) Question:

Would you please tell us, which position you took concerning the vaccination in your public speaking?

Question:

Is there something that you would like to add concerning the topic of vaccination?

Appendix 4: The IJ questionnaire (2022)

(With two added questions)

Questionnaire

Groupe : Personnes islamiques à Côte d'Ivoire (journalistes)

Numéro : / Nom alias : / Date : / Lieu : / Age : / Sexe : / Religion : / Occupation :

Question :

A condition qu'il est possible de recevoir sans problème une vaccination (gratis) contre le coronavirus que serait votre réaction ? Voudriez-vous vous décider en faveur d'une vaccination ? Ou contre ?

Question :

Quelles sont les raisons rationnelles en faveur ou contre la vaccination ?

Question :

Quelles sont les raisons émotionnelles en faveur ou contre la vaccination ?

Questionnaire

Group: Islamic persons in Ivory Coast (journalists)

Number: / Alias: / Date: / Place: / Age: / Sex: / Religion: / Occupation:

Question:

Supposed that it will be possible to get a (free) vaccination against the corona virus, what will be your reaction? Would you decide for a vaccination? Or against?

Question:

What are the rational reasons for or against the vaccination?

Question:

What are the emotional reasons for or against the vaccination?

Question :

Quelles sont les raisons religieuses en faveur ou contre la vaccination ?

(5) *Question :*

Quelle importance avait/ a le thème de vaccination dans votre travail comme journalistes ?

(6) *Question :*

Voudriez-vous nous dire quelle position en regard de vaccination vous avez pris dans votre communication journalistique au public ?

Question :

Y-a-t-il quelque chose additionnelle que vous voulez dire sur le thème de vaccination ?

Question:

What are the religious reasons for or against the vaccination?

(5) *Question:*

What was/ is the importance of the vaccination topic in your work as journalist?

(6) *Question:*

Would you please tell us, which position you took concerning the vaccination in your journalistic communication in public?

Question:

Is there something that you would like to add concerning the topic of vaccination?