

Theological Rigidity Against Covid-19 Vaccines Among Rural Christian Learners in Gutu, Zimbabwe

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Abstract

This article explores theological rigidity and misconceptions against solutions to increase *COVID-19* vaccination among rural learners in Zimbabwe. This qualitative study is anchored on socio-cultural theory by Levi Vygotsky. An interpretive paradigm embedded in a case study design was used to explore the concepts. We used a purposive sampling technique to select nineteen knowledge rich rural Christians drawn from Pentecostals, African initiated Traditional Churches and Evangelicals denominations. In-depth interviews were conducted with the selected informants. Two focus group discussions (FGDs) were administered with participants drawn from each of the three denomination categories, giving a total of six FGDs. Data generated through focus group discussions were analyzed through thematic content analysis. We found that a significant number of rural learners in Zimbabwe have not been vaccinated due to a myriad of reasons. These include their rigid theological beliefs, cultural resistance and political skepticism. Consequently, the paper recommends that there is need for the Government, Church organizations and other stakeholders to collectively engage each other and find solutions to increase the uptake of *COVID-19* vaccines among rural learners.

Keywords: Church, *COVID-19*, theological rigidity, misconceptions, vaccine; vulnerable

1. Introduction

This article explores theological rigidity and misconceptions against solutions to increase *COVID-19* vaccination among rural learners in Zimbabwe. The advent of *COVID-19* occurred when the world had no vaccination and strategies to deal with it. The disease was declared on 11th March 2020 as a pandemic by World Health Organization (WHO, 2020). As a result, Christians all over the world began to seek ways to protect themselves from *COVID-19* virus and to treat it. Currently there are “over 3 million cases of *COVID-19* infections worldwide and over 207, 973 deaths in 213 countries and territories.” (Newday, 2021:3). In America, *COVID-19* has caused death of many learners, parents, relatives and has negatively affected workers income, businesses and as a result learners and parents could not afford food, online education and other necessities (Adeybouye, Adekunle, Rahman, McBryde & Eicen, 2020; Lett, Kumar, Roman, Tollefsen and Saville, 2020; WHO, 2020). In Britain, *COVID-19* affected politics as citizens demonstrated against Governments’ failure to provide adequate vaccines,

financial support to disadvantaged and marginalized citizens including learners in both urban and rural schools (Russell Sage Foundation, 2020).

2. Literature Review

Some studies on Church focused on *COVID-19* lockdown rules stipulated that, there should be social distance and many Governments banned religious physical gatherings as they were regarded as super spreaders of *COVID-19* pandemic (Alliance Church Report, 2021; Evangelical Fellowship of Zimbabwe, 2020). Other literature (South Africa Ministry of Health, 2020; WHO, 2020; Zimbabwe Ministry of Health, 2020), address ways to mitigate the spread of *COVID-19* virus found that, there is need for collective approach between the Governments and Non-Governmental Organizations, private companies, religious communities, medical practitioners and other concerned citizens urgently engage in research studies to create medication, awareness programs and provide resources to fight *COVID-19* pandemic.

In Madagascar, the president, Andry Rajoelina encouraged all Christians to use herbal tea as a way to mitigate the impact of *COVID-19* epidemic (Matiashe, 2021). Furthermore, in support of tradition medication, in Tanzania some Christians are (were) using herbal medicine as declared by their President John Magufuli (Newsday, Zimbabwe 2020). The above cases show that, general most Christians in some countries use homemade medication to deal with *COVID-19* disease. The use of traditional medicines show that some Christians shun medically certified *COVID-19* vaccines or they use both. Zimbabwe has recorded 37 307 Christians infected by *COVID-19* virus whilst 1 542 died due to the pandemic (Zimbabwe Ministry of Health and Child Care, 2021; Dzinamarira, et al, 2021). On the 18th February 2021, Zimbabwe launched its first *COVID-19* vaccines which include the *Sinopharm* from China, Coaxing vaccine from India and *Sputnik V* vaccine from Russia among others (Herald, 2021; Mavhunga, 2021; Scoone, 2021). On the other hand, literature on Zimbabwe show that there is very low statistics of Christians in Zimbabwe taking *COVID-19* vaccinations. Voice of America (2021:1) narrated that, “Doctors in Zimbabwe say they are worried about slow pace of the country’s *COVID-19* vaccination program for front line workers and the statistics are not that encouraging.” Some literature observed that, resistance of *COVID-19* vaccine is based on its side effects, misconceptions, myths, religious beliefs, lack of information and misinformation among other reasons (Dzinamarira, et al, 2021; WHO, 2021). However, we noted that there is dearth of literature on the theological rigidity against covid-19 vaccines among rural Christian learners in Gutu, Zimbabwe. Therefore, this article seeks to address this gap.

The theoretical framing of this paper is anchored on the socio-cultural theory. The theory was propounded by Russian psychologist Levi Vygotsky in 1978. According to Snowman, McCown and Bieher (2005), socio-cultural learning theory by Vygotsky has the following canons that shape learners’ behavior: knowledgeable others, socio-culture, language, play, scaffolding, Zone of Proximal Development (ZPD). The fore-mentioned principles of socio-cultural learning theory was utilized in this article. Knowledgeable others are parents, teachers, community leaders, and church leaders among others who have knowledge, skills and expertise on issues (Chinyoka & Naidu, 2014). Scaffolding means that those informed members of the community do help the uninformed to be endowed with similar knowledge. Vygotsky’s socio-cultural theory emphasis on the importance of language in transmitting information from one person to another (Chingombe, 2018).

We apply the Vygotsky socio-cultural theory principles in this article as follows: firstly, the Knowledge others have the capacity to influence learners in Zimbabwe on decisions such as getting treatment and behaviors that are socially accepted (Chinyoka & Ganga, 2014). In this

paper we advance the view of Chinyoka and Naidu (2014) that scaffolding manifests as experts such as pastors, doctors, nurses and more competent peers provide relevant information about the *COVID-19* pandemic. Secondly, socio-culture of the community where learners come from has a bearing on them in relationship with type of medication to take or not (Dzinamarira et al, 2021).

In the current study, we sought to explore the theological rigidity, misconceptions and benefits that emanate from the interactions between learners and Church's socio-cultural beliefs based on their theological persuasions. Thirdly, language plays a critical role in communicating theological ideologies among learners, their ecclesia leaders, community leaders, peers and others concerning significant issues (Mwamwenda, 2014; Snowman et al, 2005) such as *COVID-19* vaccines, fears and misconception. Fourthly, Vygotsky's theory holds that, learners learn when they are playing with their peers (Chinyoka & Naidu, 2014). We are of the view, that some parents, churches and teachers may not teach their learners and children about *COVID-19* however, their children may learn from their knowledgeable peers during interactions at home and at school. Fifthly, Snowman et al (2009) view the ZPD as the distance between a child's actual problem solving and higher level of potential development as determined by problem solving under adult guidance or collaboration with more capable peers. The ZPD's full development depends upon full social interaction.

We argue that some rural learners may get knowledge about theological misconceptions regarding what *COVID-19* is, its causes, vaccines and other ways to avoid it such as the wearing of masks. Learners derive these from their parents and other mature Christians. Lastly, Eggen (2010) noted that Scaffolding is helping students answer difficult questions or solve problems by giving them hints or asking leading questions on life and learning issues such as *COVID-19*, theological arguments for or against. From above discussion of Vygotsky theory, we are convinced that it is appropriate in this paper, as it acknowledges that religious leaders, parents, teachers and more competent peers provide support to rural learners in understanding *COVID-19* virus, vaccines, misconceptions and benefits of using vaccine. To date, there are limited studies that deal with the theological beliefs, misconceptions and solutions to reduce low intake of *COVID-19* vaccines among learners in the rural area where this study is located. In addition, we noted that, some studies on *COVID-19* pandemic and Church focus on views of single denominations, but this study sought the multi-views from different Pentecostal and Evangelical churches (Baloyi, 2021). This helps in getting diverse views on the topic under discussion. Therefore, there is need to engage in this study. To clearly explore the topic, this article poses two critical questions:

- a. What are the theological misconceptions that hinder Christian rural learners to take *COVID-19* vaccines and;
- b. How can the Church members mitigate theological misconception that militates against *COVID-19* vaccines uptake among rural learners in Zimbabwe?

3. Methodology

This study employed a qualitative case study approach guided by an *interpretivist* paradigm. According to Denzin and Lincoln (2005:22), "interpretivist paradigm is guided by researcher's set of beliefs and feelings about the world and how it should be understood and studied". We chose this paradigm because it allowed the participants to give informative different perspectives since Creswell and Poth (2018:24) argue that "multiple interpretations, meanings, and knowledge" concerning the topic under discussion are easily explored. Greenhaigh and

Nick (2015) add that a case study is used in exploring phenomena that is unknown such as *COVID-19* pandemic and vaccines.

Nineteen (ten female and nine male) participants from Gutu rural district in Masvingo province in Zimbabwe were purposively selected from a broad diversity of churches bearing different doctrines, namely Pentecostals and evangelicals. Purposive sampling was used since it enabled the selection of a few knowledgeable participants to offer high quality views on the study issues (Ames, Glentony & Lewin, 2019). Researchers got permission from Church leaders to select participants from their congregations who could voluntarily participate in this study. To get divergent views, the participants were selected based on their gender, age and societal roles. We also purposively included health personnel in our pool of participants with a view to triangulate the sentiments that emerged from lay persons on health matters. The diversity of participants also comprised pastors, school teachers and some learners and parents. In this study, we did not begin with a rigid framework of participants' numbers because our view was to collect views to the point of data saturation. Data saturation is a point at which no new views continue to emerge in a study (Saunders et al., 2015).

We conducted two focus group discussions (FGDs) with each of the three broad categories of Church organizations (Pentecostals and Evangelicals), to make a total of six (6) FGDs. The FGDs comprised of 8-10 members, the numbers of which were reasonably manageable. The FGDs served a two-fold purpose; firstly, to ground-truth the views expressed by in-depth interview participants and, secondly to explore more public perceptions to a point of data saturation. We adhered to *COVID-19* regulations of social distance in sitting arrangement, sanitizing and wearing masks. All focus groups meetings took place on Saturdays at 4pm-6pm as agreed by participants. Ground rules such as punctuality and active participation were agreed upon. We did our meetings on Saturday at 4pm to allow those who worship on Saturday to attend the meetings. There was professionally trained secretary who recorded all participants' views. The data was analyzed using thematic content analysis where ideas were collated into belief and perspective themes (Braun & Clarke, 2006) that were used to draw conclusions on sentiments. Poth and Creswell (2018) aver that thematic content analysis is one type of analysis used in qualitative data and emphasis on recording, examining generated data, coding data and putting data into themes.

4. Result and Findings

The data generated from the participants was categorized into three distinct themes namely (i) theological rigidity, (ii) misconceptions that affect the uptake of *COVID-19* vaccines; and (iii) how to mitigate with aim of encouraging *COVID -19* vaccine usage among rural Christian learners in Zimbabwe.

Theological rigidity

Some theological rigidity and misconceptions among Christians emanate from various Church doctrines and general misinterpretation of biblical verses. The data from the participants clearly showed that rural learners are not being vaccinated because of their parents' interpretation of Christian doctrine and biblical verses. The power of hermeneutics and doctrinal persuasions contribute to low intake of *COVID-19* vaccines among rural learners. One renowned religious leader of one Evangelical denomination had this to say:

In our church we believe that, sicknesses and diseases are a result of sins against God. Therefore, we hold that, COVID-19 virus killing and making Christians

sick around the world is because of sin. There are many verses that support my view, that sickness is a result of sins human being commit against God, for example, Micah 6:13, "So also, I (God) will make you sick, striking you down, desolating you because of your sins. The only medication to COVID-19 pandemic is repenting from our sins and receives forgiveness from God and we will be forgiven. Therefore our children will not go to clinic to receive COVID-19 vaccine.

Another female pastor from a Pentecostal church argued that:

There is no need to go to medical practitioners to seek medication because I have strong believe that, my God through the wounds of Jesus Christ can heal me. I hold that, going to clinic to be treated is a sign of lack of faith in the ability of God to heal. Psalms 103 verse 2-5 says...God who forgives all your iniquities, who heals all your disease... Basing on the above verses, I will pray and fast for my child to get healed and be protected from any disease including COVID-19, therefore, I will not allow my child to take COVID-19 vaccines.

Another senior member of an African Traditional Church said:

Our church believes in using anointed water, oil, and handkerchiefs to treat any sickness such as COVID-19 pandemic. Failure to use this makes God angry and I will not heal. Our church does not believe in western medicines. They are evil.

The majority of the participants from the conducted FGDs reflected strong conviction that only God can heal their sicknesses. One outspoken male participant from an African Traditional Church cited a biblical verse Micah 6: 13. According to the members, sicknesses are a product of sinning against God. Therefore, to receive healing from God one has to ask God for forgiveness as according to Exodus 23:25. Therefore, COVID-19 pandemic is healed by forgiveness. This was reiterated by the consensus from another Pentecostal FGD where it was clearly stated that in order for healing to take place, Christians must pray and fast as stipulated in the bible.

Some of the Christian medical personnel fear death because they have lack of trust in the safety and efficacy of COVID-19 vaccine therefore they do not allow their children to be vaccinated. They clearly stated that they do not trust COVID-19 vaccines as they regard it as dangerous, unsafe and high health risk. These fears and uncertainties make their children and relatives' of children at rural schools not to be vaccinated. One long-serving female nurse from a local hospital commented that:

I am a practicing medical practitioner and a Christian. I believe that as Christians, we also need to be treated at medical facilities. However, given the conspiracy surrounding the usage of COVID-19 vaccines, I am not going to allow my child to get vaccinated from COVID-19 virus because I do not trust the Sinopharm COVID-19 vaccine from China. There are many sources that say Sinopharm from China has some major side effects. I cannot risky my only daughter by exposing her to dangerous COVID-19 drug.

COVID-19 misconceptions

Zimbabwe is currently politically polarized. Some citizens do not trust the Government's initiatives (Herald, 2020; Dube, 2021). As a result, they resist the COVID-19 vaccines through

campaigns and some Christians end up not taking vaccine due to their political persuasions. Politicization of *COVID-19* vaccination in Zimbabwe has contributed to the low intake of vaccines as reflected by one respondent who is also a school teacher:

Senior political party members are leading the *COVID-19* vaccine and this has created a perception that, it's a political campaign. Some Christians in my locality do not trust Government's generosity such as giving Christians free medication in rural areas. The ruling party always gives free food and clothes and to its party members excluding opposition party members. As a result, some opposition members in my rural area are refusing free *COVID-19* vaccines as they fear to be killed by ruling party.

Similar sentiments emerged from the FGDs with views indicating that the lockdowns that were being imposed did not tally with the rate at which Christians were being affected. The majority alluded that the *COVID-19* pandemic is a reality but did not call for serious and repeated lockdown situations imposed in the country. Such sentiments added to the general shunning of *COVID-19* vaccines by the populace.

Another senior teacher at a high school in Gutu had this comment to share:

It is now difficult to discern whether *COVID-19* figures are realistic or fictitious. The sincerity of the Ministry of Health and Child Care on its imposition of lockdowns is highly questionable. The government's announcement of a lockdown often coincides with the announcement by school teachers to engage in a strike meant to compel the government to effect a salary increment.

The findings from the study also revealed the role of Social media such as *WhatsApp* being an influential source of information during *COVID-19* induced lockdown. During FGDs, the influence of television and radio sets was not highly referred to due to their high cost and poor network connectivity. Therefore, most rural Christians reportedly revealed that they have access to smart phones with *WhatsApp*, *Instagram*, *YouTube* and *Facebook* facilities where they readily share information concerning *COVID-19* vaccines. On the negative impact of social media on the *COVID-19* vaccine, the participants shared following information:

Table 1 below shows some of the outstanding comments regarding *WhatsApp*-circulated *COVID-19* misconceptions.

Table 1. Selected sentiments from some participants on *COVID-19* misconceptions.

Respondent category	Outstanding sentiments
Female pastor	<i>I got information that COVID-19 vaccine was made to kill us as Africans. I forwarded to 10 WhatsApp groups with 250 each members, this means my message was received by 2500 Christians at once. This wrong information spread faster and may cause Christians to stop using COVID-19 vaccine.</i>
Parent church member	<i>There is lot of misinformation that is being spread on the social media especially on WhatsApp. During lockdown we are relying on WhatsApp for information because of needy to know current information about COVID-19 vaccines. However, I realize there is false information being peddled about COVID-19 being propagated on social media and it's confusing.</i>

High school student	<i>It is difficult to take vaccinations seriously when some deaths are falsely blamed on COVID-19. I saw a message on WhatsApp from someone who alleged that his brother reportedly died due to COVID-19 virus yet the cause of the death was related to HIV-AIDS.</i>
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The above sentiments by the participants undoubtedly reflect the impact of social media on COVID-19 vaccine usage.

Ways to promote the use of COVID-19 vaccines among rural learners in Zimbabwe

Participants were interrogated for views regarding various ways to improve the partaking of COVID-19 vaccines. Most FGD participants agreed that, there is need for the Government, private health organizations, and Church leaders to have a prudent dialogue around the use of COVID-19 vaccines. The majority of Church leaders admitted that they are huge crowd pullers with potential to influence decision-making within communities. Accordingly, it was reported that the discourse between the government officials and various Church leaders could pave way for the acceptance and successful intake of COVID-19 vaccine. Echoing the same sentiments, one outspoken church deacon had this to say:

The Government and the Church should have meetings and share biblical and Government policy position on the COVID-19. The unity and speaking with same voice will make citizen use the COVID-19 vaccines. A compromise should be reached between these two influential institutions.

Another parent with three children (two boys and one girl) attending a local school added:

There are some churches that own hospitals and they are serving the community through provision of quality and affordable health care especially in rural areas. It is my view that, the Government may sit down with these churches and address their concerns amicably in relation to COVID-19 vaccines.

A myriad of responses from interviewed nursing professionals also pointed to the fact that since March 2021, the Government, political leaders, and Church leaders failed to synergize awareness and campaign programs to encouraging Zimbabweans to get vaccinated. The campaign was broadcasted live on national television, newspapers and other media platforms. Going further, suggestions from FGDs alluded to the fact that such acts as those where the Zimbabwean president and several other political leaders got vaccinated with various COVID-19 vaccines should have been done at various public settings in order to motivate other citizens to follow suit.

The perspectives from the majority of school authorities reflected that learners might be vehicles of COVID-19 transmission in schools. The common allusion was that Christian medical personnel should act to influence their fellow members by giving correct scientific information concerning COVID-19 vaccines. One long-serving school head had this to say:

We trust the medical knowledge that the educated health personnel are endowed with. In rural areas, nurses and other health professional are regarded as vital source of authentic information and community members accept it. In that regard, if they tell church members that COVID-19 vaccines are a vital option to

curb the spread of COVID-19, surely majority of skeptical Christians will take the COVID-19 vaccines.

When interviewed during the study, three medical doctors concurred that some rural Church members trust Zumbani (*Lippia javanica*) over scientifically approved COVID-19 vaccines, adding that the latter has a long history of traditional usages in tropical Africa as an indigenous herb. However, the experts echoed that tradition remedies may be dangerous to human healthy if not scientifically approved.

Discussion

The findings of the study resonate with experiences in several other country settings. The tendency by many Christians in Zimbabwe to shun COVID-19 vaccines has been witnessed in several other countries. Best (2015) affirmed that, in times of health crisis Christians resort to spirituality. In South Africa, some Christians rejected COVID-19 vaccines due to many reasons such as the alleged clotting of blood following immunization. In America, a study by Pew Research Centre (2020) found that, 28 % of American Christians believed that God can heal them from COVID-19 through prayer and fasting. However, the study does not reveal if American Christians shun scientifically approved medication due to their faith in God. A study in Poland by Kowalczyk, Roszkowski and Bejek (2020, 2674) found that, “religious beliefs and practices are associated with various health aspects such as ability to cope with the diseases, recovery from hospitalization and positive attitude in difficulty times.” This implies that, some Christians believe in divine healing when sick and some Christians do not believe in science hence they did not take COVID-19 vaccines.

The fact that the majority of learners in Christian community do not believe in COVID-19 vaccines because of their Church doctrine and biblical teachings from their parents’, Church leaders and other congregants did not come as a surprise. WHO (2020) asserts that some Christians use other means to access healing such as water and anointing oil. This reflects the power of socio-cultural religious belief systems, values and norms as stipulated in Vygotsky’s socio-cultural theory on acceptance / non- acceptance of COVID-19 vaccines (Vygotsky, 1978). We argue that, the Church is a community where there are rules, values, regulations, doctrines and teachings that, should be religiously followed to avoid punishment by God and the Church at large.

The increase of COVID-19 intake among rural learners depends on the accurate information disseminated by nurses and doctors (Mavhunga, 2021). Indeed, misinformation and misconceptions about COVID-19 on internet platforms such as WhatsApp have caused Christians not to use COVID-19 vaccines (Islam, Laato, Talukder & Sutine, 2020). One study in South Africa found that, some health workers are challenging the effectiveness of COVID-19 vaccines and are refusing to be vaccinated (Opera News, 2021). Similarly, some Zimbabwean medical personnel similarly reflected serious skepticism over COVID-19 vaccines (Ziyambi, 2021).

To date, the traditional ways of communication such as the face-to-face method have been replaced by online platforms. However, online means of communication are too fluid and open to content exaggeration and misinterpretation. In many instances, Christians receive and forward incorrect and inconsistent myths on paramount issues such as the COVID-19 pandemic. A study by Tarisayi and Manhivi (2017) observed that WhatsApp has been used by students to spread gossip and unfounded allegations about others students and lecturers in Zimbabwean universities. Social media has been abused to send wrong information about

COVID-19 vaccines, death due to *COVID-19* in Zimbabwe as a result the Government of Zimbabwe enacted a law that made it a criminal act to spread (Zimbabwe Ministry of Health and Child Welfare, 2020). The Zimbabwean culture forbids the peddling of false information particularly where it relates to human death. It is inhumane and against socio-cultural values such as respect of others as reflected in Vygotsky socio-cultural theory (Chingombe & Mangwa, 2014).

Church leaders and parents are regarded as knowledgeable others in socio-cultural theory by Vygotsky. Therefore, rural school learners trust the information on *COVID-19* vaccine from their parents and church leaders as true, indisputable and must be adhered to (Chidarikire, 2017). In the Zimbabwean rural context, children are taught to listen to the instructions of their parents and those in authority such that failure to adhere to instructions is a punishable offence (Chavhunduka, 2009). We therefore argue that healthy workers, who are the custodians of medical knowledge, ought to give precise information relating to the scientific basis of *COVID-19*, prevention measures, its treatment and general management of the sick and deceased. Equally important in the bid to eradicate *COVID-19* misconceptions is the need to depoliticize the response to the pandemic. Dzinamarira, et al (2021) argued that, some Zimbabwean Apostolic church members do not take vaccinations because of their mistrust towards political leaders. Thus, the provision of *COVID-19* vaccine should be depoliticized by making sure that all Christians, regardless of their political and religious affiliation have equal access to *COVID-19* awareness, prevention and treatment resources.

5. Conclusion

This article reveals that wrong hermeneutics, ecclesial and cultural persuasions contribute to *COVID-19* skepticism and low intake of vaccines among rural learners. Some Christian medical personnel also have lack of trust in the safety and efficacy of *COVID-19* vaccines, thus equally transferring the fears to the generality of the members of the community. Lack of acceptance of *COVID-19* vaccination has also been ascribed to the political attachment of the response to the pandemic; that is the awareness campaigns, treatment and programming of the lockdown schedules. Social media platforms such as *WhatsApp*, *Facebook*, *Instagram* and *YouTube* are too open to manipulation by unscrupulous users who post a diverse assortment of uncensored content. Such platforms have been used to propagate negative information on *COVID-19* vaccines.

Accordingly, the article advances the following recommendations:

1. Church should value and embrace theological education to refresh and empower her hermeneutics for correct applications with regards to tragic issues such as pandemics.
2. Christians should integrate their faith and spirituality with science to withstand pandemics like Covid-19
3. Parents should understand that learners have right to access quality health and quality education in the face of Covid-19 pandemic regardless of their religious beliefs as enshrined in the Constitution.
4. Stiff prison sentences should be imposed on parents and religious learners who deny young children access to treatment.
5. Further studies should be done on the efficacy and use of traditional medicines in conjunction with *COVID-19* vaccines as some Christian learners use them to deal with *COVID-19* pandemic. Furthermore, there should be large scale studies on the same

phenomena in different rural areas and urban in Zimbabwe to get the actual perspectives of Christians learners and other stakeholders in relation to *COVID-19* vaccines.

6. *COVID-19* pandemic and vaccination programs of any nature should be de-politicized in Zimbabwe through actively engaging non-political players such as traditional leaders, church leaders, and medical personnel among others.
7. *COVID-19* information should be easily available in all local languages in Zimbabwe that all Christians (learners) may understand it and make informed decisions on using *COVID-19* vaccines and their children.

References

- Adeyboye, O.,A. Adekunle, A.,I Rahman, K., M. McBryde, E.S. & Eisen, D.P. 2020. Economic consequences of Covid-19 Outbreak: the need for epidemic preparedness. *Public Health*, 8(1):241-245
- Best, M. Buton,, & Olver, I. (2015). Do patients want doctors to talk about spirituality? A systemic literature review. *Patient Education and Counselling*, 9 (8): 1320-1328
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative research in. *Psychology Journal*. 2 (3): 77-101
- Chavhunduka, G.,L. (2009). *Christianity, African Religion and African medicine*.<http://www.wcc-coe-org/wcc/what/intereligion/cd33-02.html>. (accessed 9. 02.2023)
- Chidarikire,M. (2017). *Peer Counselling strategy to mitigate drug abuse in Zimbabwean rural learning ecologies*. Unpublished PhD thesis. University of Free State, South Africa
- Chinyoka, K. & Ganga, E. (2014). An exploration of psychological effects of poverty on child development in Ngundu in Zimbabwe. *NAWA Journal of Language Communication*, 4(2): 143-154
- Chinyoka, K. & Naidu, N. (2014). Underage and unprotected: Psychosocial effects of child labour on the academic performance of learners in Zimbabwe. *Journal of Psychology*, 5 (1): 65-74
- Creswell, J.,W. & Poth,C.,N (2018). *Qualitative Inquiry and Research Design 4th Edition*. Sage Publisher: London
- Denzin, N., K. & Lincoln. Y.,S. (2005). *The Discipline and Practice of Qualitative Research*. New York: Sage Publication
- Dzinamarira, T. Nachipo, B. Phiri, B & Musuka, G. (2021). Covid-19 vaccine roll-out in South Africa and Zimbabwe: Urgent need to address community preparedness, Fears. *Vaccine*, 9 (2): 1-10
- Eggen, K. 2010. *Educational psychology: Windows and classroom*. 8th Ed. New Jersey: Pearson
- Herald. (2021). *Tackling Covid-19 lockdown teen pregnancies and school dropouts*. www.herald.co.zw. (accessed 08.02. 2023)
- Lett. A., Z. Roman, R., G. Tollefsen, S. & Saville, M. (2020). The Covid-19 vaccine development landscape. *National Rev. Drug Discovery Journal*, 1 (9): 305-316

- Islam, A.K.,M. Takukder, E.& Suitine, E. (2020). Misinformation sharing and social media fatigue during Covid-19: An affordance and cognitive load perspective. *Technol Forecast Soc.Change*, 1 (2):100-111.
- Mavhunga, C. (2021). *Zimbabwe rolls out corona virus vaccination program*. www.cdn.amproject.org. (accessed 07 .02. 2023).
- Matiashe, F., S. (2021). *Covid-19 vaccines face a trust gap against same traditional African remedies*.www.qz.com. (accessed 06.02. 2023).
- Mwamwenda, T.,S. 2014. *Educational Psychology: An African Perspective*. Durban. Heinemann.
- Newsday, Zimbabwe. (2020). *Covid-19 ticking time bomb in Zimbabwe*.<https://www.newsday.co.zw>. (accessed 10. 02. 2023)
- Pew Research Center. (2020). *What lessons do Americans see for Humanity in Pandemic?*www.pewforum.org. (accessed 11. 02. 2023)
- Snowman, J. McCown, R. & Bieher, R. (2014). *Psychology applied to teaching*. 12th Ed. New York: Hughton Mifflin Company
- Sowetan Newspaper. (2020). *South Africa record daily Covid-19 cases of nearly 18, 000*.<https://www.sowetanlive.co.za>. (accessed 7 .02.2023).
- Tarisayi, K. & Manhivi, R. (2017). Social media tools in Education: A case of WhatsApp use by Heritage Studies Teachers in Zimbabwe. doi: 10.15580/GJSS.2017.4.82217108. (accessed 7 . 02. 2023)
- Opera News. (2021). *Nurses “Reluctant” to take Vaccine*.<https://www.operanewsapp.com/zw/en/share> (accessed 11. 03. 2021)
- Rusell Sage Foundation. (2021). *Social, Political, Economic and Psychological consequences of Covid-19 pandemic*.www.russellsage.org. (accessed 09.02. 2023).
- Voice of America. (2021). *Zimbabwean Doctors worried about low acceptance of Covid-19 vaccines*.www.voanews.org. (accessed 3 . 04. 2021).
- WHO. (2020). *Novel Coronavirus*
<https://www.who.int/emergencies/diseases/novecoronavirus-2019> (accessed 4.03. 2023)
- Zimbabwe Ministry of Health and Child Care. (2020). *Zimbabwe joins the rest of the world fighting the Covid-19 pandemic*. <https://www.mohcc.gov.zw>. (accessed on 7.02. 2023).
- Ziyambi, M. (2021). *Masvingo Province hot spot of child early pregnancies*.<http://www.tellzim.com>. (accessed 11.02. 2023).

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