

Suspecting the Figures: What Church Leaders Think About Government's Commitment to Combating COVID-19 in Nigeria

Journal of Asian and African Studies

2023, Vol. 58(5) 725–746

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DOI: 10.1177/00219096211069645

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Abstract

Public trust in government can significantly determine the outcome of health policies in any society. Hence, studies have been gauging peoples' level of trust in their governments' commitment and capacity to win the fight against COVID-19. However, these studies have omitted religious leaders. This is despite the fact that religious leaders play key roles in the area of health in many societies. The present study, therefore, explored the opinions church leaders have about the credibility of the COVID-19 statistics and other government responses in Nigeria. Data were collected through semi-structured interviews with 18 church leaders drawn from Anglican, Catholic, and Pentecostal churches in Nigeria. A descriptive narrative approach was employed in the thematic organization and analysis of data. Findings show that only one participant expressed confidence in the credibility of the COVID-19 statistics and other government's responses. The rest, with the exception of one participant who was uncertain, was distributed between those who believe the statistics and other government efforts are exaggerated and those who believe they are false. The study also found that denominational affiliation mattered with respect to the perceptions about the credibility of the COVID-19 statistics and other government responses. Implications of findings for policy and research are discussed.

Keywords

COVID-19 statistics, church leaders, public trust, pandemic, government, responses, Nigeria

Introduction

Public trust has been shown to be critical in determining the outcome of government policies and programmes. Trust, according to Rotter (1967), is 'expectancy held by an individual or a group that the word, promise, verbal, or written statement of another individual or group can be relied upon'

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(p. 651). It is also a firm belief or confidence in the credibility, truth, or ability of someone or something. Different factors shape peoples' trust in government. These include personality traits (Freitag and Ackermann, 2015; Peshkopia et al., 2019), social and educational status (Dalton, 2005), peoples' satisfaction with government policies and service delivery (Christensen and Læg Reid, 2005; Kampen et al., 2006), political leaders (Citrin, 1974; Valgarðsson et al., 2020), economic performance (Wroe, 2016), and political issue priorities (Hetherington and Rudolph, 2008). Other factors include people's socioeconomic conditions (Search for Common Ground, 2021), conspiracy theories (Whembolua and Tshiswaka, 2020), and political corruption (Ezeibe et al., 2020). Studies have shown that trust in government boosts communication between citizens, facilitates the building of democratic institutions, cuts transaction costs, and minimizes conflict (Dyrstad et al., 2021; Mara, 2001; Newton, 2008; Putnam, 1993). It also affects tax compliance (Koumpias et al., 2020), electoral choices (Hetherington, 1999), and policy preferences (Hetherington and Globetti, 2002; Wilkes, 2014). Trust in government also affects peoples' attitudes and willingness to comply with government-sponsored health directives especially during pandemics (Blair et al., 2017; Devine et al., 2020; Freimuth et al., 2014; Jennings et al., 2021; Siegrist and Zingg, 2014; Weinberg, 2020).

Hence, following the outbreak of the COVID-19 pandemic, a couple of studies have sought to know how people feel about the efforts and credibility of their governments with respect to COVID-19 governance. These studies show that high trust in government and its institutions have resulted in a high level of compliance with lockdown rules and government-sponsored safety measures in countries/regions such as Canada, Europe, South Africa, Ghana, and Senegal (Bargain and Aminjonov, 2020; Centre for Social Change, 2020; Gyimah-Boadi, 2021; Parsons Leigh et al., 2020; Sabat et al., 2020), whereas low trust in government has caused suspicion and disregard for government COVID-19 directives in countries/regions such as Latin America, the Caribbean, Malawi, and South Africa (note that the initial high trust level in South Africa eventually declined; Gyimah-Boadi, 2021; Madrid-Morales and Wasserman, 2021; Sapienza, 2020; Wasserman and Madrid-Morales, 2021). The reported civil disobedience and resistance to government-instituted anti-COVID-19 measures in Nigeria have also been shown to be largely driven by the high political distrust or low public trust in the country's political leadership and institutions (Abdullateef and Okonkwo, 2021; Ezeibe et al., 2020; Gyimah-Boadi, 2021; Ossai, 2021; Search for Common Ground, 2021).

While these studies offer great insights into peoples' perceptions about the credibility of their governments with respect to COVID-19 governance as well as the effects of these perceptions on their willingness to adhere to the government-sponsored safety measures, they failed to gauge the opinions of stakeholders as important as church leaders. Given the level of influence this group wields, one would agree that for governments to win the war against the pandemic in many societies, they may need to get this group to buy-in into the entire campaign against COVID-19. Moreover, studies show that religious leaders play critical roles in promoting public health measures, especially among poor and disenfranchised populations (Chatters, 2000; Taylor et al., 2000). The roles they played in preventing the spread of Ebola in Sierra Leone; increasing child protection activities in Senegal; increasing the use of contraceptives in Kenya; reducing the rate of stigmatization; and boosting the rate of participants accessing voluntary HIV counselling and testing in many countries are all well documented (see International Council of Voluntary Agencies (ICVA), 2021; World Vision International, 2021). In Nigeria, religious leaders are not only the most trusted elites ahead of political office holders (see Howard, 2020), but also shape the socioeconomic and political landscapes in the country. In the area of health, religious leaders have played (and still playing) decisive roles in the country (see Moyet, 2021; Nasir et al., 2014).

The present study therefore explored the perceptions Anglican, Catholic, and Pentecostal church leaders have about the credibility of the COVID-19 statistics and other government's responses in

tackling the spread of COVID-19 in Nigeria. Given the importance of statistics in the campaign against COVID-19, the Praia City Group released a document to guide governments across the globe in producing statistics on COVID-19 in their respective countries. Sponsored by 12 international organizations including United Nations Office on Drug and Crime (UNODC), United Nations Development Programme (UNDP), World Justice Project, and many others, the document basically stipulates the reasons and principles for producing statistics during or on COVID-19 (Praia City Group, 2020). While timely and reliable COVID-19 statistics, according to the document, play a vital role in informing an effective response to the pandemic (Praia City Group, 2020), beliefs about these statistics are what inform action or inaction of people towards the pandemic. This goes to say that the beliefs of church leaders about the government COVID-19 statistics and other responses may not only influence their adherence to COVID-19 safety measures but also determine the extent to which they go in influencing their congregations in terms of their attitudes and behaviours towards the virus. This further highlights the need for the present study.

COVID-19 statistics and other governments' responses in Nigeria

COVID-19 statistics in the context of this study refer to the daily reports of the number of confirmed COVID-19-infected persons (i.e. confirmed cases), persons on admission, treated and discharged persons (i.e. discharged cases), and persons dead (i.e. deaths). In this sense, the provision of these daily reports is considered as part of governments' responses to COVID-19. While addressing the question 'Why governance statistics to address a health crisis?' the Praia City Group (2020) notes that 'official statistics on governance have a crucial role to play to ensure that major, life-changing decisions are based on the best available information' (p. 2). With specific reference to COVID-19, the group notes that given the declining levels of trust in government in the face of huge impacts of COVID-19, there is no better time for governments all over the world to embrace official timely and sound data or statistics as part of their responses to the pandemic. This is because these statistics, especially when timely and reliable, play critical roles in informing an effective response to the COVID-19 pandemic (Praia City Group, 2020). Reliable COVID-19 statistics can help governments in addressing secondary impacts of COVID-19 and in identifying dysfunctions of governance systems that may be hindering an effective response. They can also help the citizens in holding the government to account for its response plans and strategies (Praia City Group, 2020).

COVID-19 statistics in Nigeria are provided by the Nigeria Centre for Disease Control (NCDC). The NCDC is the official agency created in 2011 by the Nigerian Federal Ministry of Health to prevent and manage the spread of infectious diseases and other public health emergencies in the country. It is specifically charged with the responsibility of coordinating public health preparedness, surveillance, laboratory, and response functions in the country (see Njidda et al., 2018). Hence, during the Ebola virus disease outbreak in 2014, the NCDC played a critical role in containing its spread in Nigeria and other African countries (Njidda et al., 2018). With respect to the present COVID-19 pandemic, the NCDC is also at the forefront in the management and control of the spread in Nigeria. A major responsibility of this agency in this era of COVID-19 is to, through collaboration with State Ministries of Health, provide daily statistics or information on the number of confirmed, discharged, active cases of COVID-19 as well as deaths resulting from the virus across the country. These statistics are usually published officially on the agency's website (see <https://covid19.ncdc.gov.ng/>).

The same statistics are shared on social media platforms such as WhatsApp, Twitter, Facebook, and so on. The statistics are also frequently displayed on national television stations such as the NTA, Channels, and so on. Although, some citizens, as Abdullateef and Okonkwo (2021) found in

their study, think these statistics are inconsistent and bloated by NCDC to embezzle money, Obi-Ani et al. (2020) note that the ability of the NCDC to disseminate COVID-19 information through these media especially the social media platforms gave Nigerian citizens a better chance to be fully prepared for COVID-19 as opposed to the period of the Influenza pandemic in which there was limited news on the virus when it came to Nigeria. The NCDC confirmed the first case of COVID-19 in Lagos on 27 February, 2020 (NCDC, 2021a) amid several controversies as some Nigerians suspected that COVID-19 is not in the country (see Onapajo and Adebisi, 2020). Today (i.e. 28 November 2021), there are reported 213,982 confirmed cases, 3,823 active cases, 207,184 discharged cases, and 2,975 deaths in the country (see NCDC, 2021a). See Table 1 for the breakdown of the statistics by state.

As part of the response to the pandemic, the federal government of Nigeria, on March 9, 2020, created the Presidential Task Force on COVID-19 (PTF; which was eventually renamed 'Presidential Steering Committee on COVID-19') to coordinate and oversee Nigeria's multisectoral intergovernmental efforts to contain the spread and mitigate the impact of the COVID-19 pandemic in Nigeria (see PTF, 2021). Similar committees were also instituted at state levels in the country. For instance, the government of Enugu State instituted an 11-man state project steering committee for the Nigeria COVID-19 Preparedness and Response Project to oversee the COVID-19 response at the state level (see Uzodinma, 2021). Similar committees were established in states like Ondo, Edo, and so on (see NAN, 2021; Shittu, 2020). In consultations with the PTF and the NCDC, the federal government of Nigeria instituted some measures to contain the spread of the virus in the country. Some of these measures include an initial lockdown of nonessential activities; closure of schools; a ban on international flights; and so on (NCDC, 2021b). These measures were eventually eased gradually beginning from 5 May 2020. Ibrahim et al. (2020) note that the easing of the lockdown in Nigeria was partly prompted by the unbearable economic consequences of the lockdown in the country and partly by the fact that many governments had begun easing lockdown measures in their respective countries.

However, it is important to note that Nigeria, like most countries in Africa, bears less of the burden of COVID-19 compared to other countries such as the United States and Italy (Lone and Ahmad, 2020). This is despite the prediction that Africa, given its high degree of multifarious sector vulnerabilities, will be among the worst hits by COVID-19 (Moore et al., 2017). These variations in the COVID-19 outbreak, according to studies (e.g. Abu Hammad et al., 2020; Iwuoha et al., 2020; O'Neill and Netea, 2020; Ugwu et al., 2020), could be attributed to geographic (e.g. hot temperature) factors, genetic and racial characteristics, undertesting and reporting, trained immunity, adoption of 'glocalized' (i.e. the combination of global and local responses) approaches, and so on. However, these findings are not conclusive, as the debate is still ongoing.

Nevertheless, the emergence of the second and third waves (especially the Delta variant) of the COVID-19 infections globally (e.g. United Kingdom, Brazil, South Africa, India, etc.) and specifically in Nigeria prompted the review of the COVID-19 response nationwide. The PTF (now Presidential Steering Committee on COVID-19 (PSC)) reinstated the enforcement of the COVID-19 Health Protection Regulations and announced Phase 4 of the Eased Lockdown, effective from 11 May 2021 (NCDC, 2021b). Some of the measures involved in this phase included the maintaining of the current nationwide curfew from 12 am to 4 am, the limitation on civil servants allowed to come to work with alternate day arrangements, the closure of recreational venues, gyms, and indoor sports facilities until 11 June 2021, and so on (see NCDC, 2021b). Nigeria commenced the COVID-19 vaccination programme on 5 March 2021 (see Adebowale and Kanabe, 2021) and as of 27 September 2021, about 1.8 million persons have been fully vaccinated (see Jimoh, 2021). Perhaps due to the identified COVID-19 vaccine hesitancy even among health workers (see

Table 1. The breakdown of the COVID-19 statistics by state (as of 28 November 2021).

States affected	No. of cases (lab confirmed)	No. of cases (on admission)	No. discharged	No. of deaths
Lagos	78,136	463	76,920	753
FCT	23,491	70	23,197	224
Rivers	12,891	43	12,694	154
Kaduna	10,164	66	10,018	80
Plateau	9,938	62	9,804	72
Oyo	8,776	13	8,572	191
Edo	6,601	2	6,319	280
Ogun	5,375	1	5,294	80
Ondo	4,580	7	4,475	98
Kano	4,430	49	4,260	121
Akwa Ibom	4,348	228	4,076	44
Delta	4,149	1,483	2,556	110
Kwara	4,001	237	3,700	64
Osun	3,027	35	2,906	86
Enugu	2,790	5	2,756	29
Gombe	2,727	23	2,646	58
Nasarawa	2,517	133	2,345	39
Anambra	2,405	0	2,386	19
Katsina	2,333	86	2,210	37
Imo	2,200	195	1,964	41
Ebonyi	2,062	26	2,004	32
Abia	2,030	9	1,990	31
Benue	1,907	370	1,512	25
Bauchi	1,803	44	1,736	23
Ekiti	1,779	12	1,739	28
Borno	1,356	12	1,306	38
Taraba	1,269	15	1,222	32
Bayelsa	1,249	13	1,208	28
Adamawa	1,157	27	1,098	32
Niger	1,063	45	998	20
Sokoto	810	3	779	28
Cross River	662	4	633	25
Jigawa	617	10	590	17
Yobe	502	3	490	9
Kebbi	470	0	454	16
Zamfara	362	29	324	9
Kogi	5	0	3	2

Source: NCDC (2021a).

COVID-19: coronavirus disease.

Adejumo et al., 2021), the federal government is contemplating a compulsory vaccination for civil servants in the country (see Adebawale, 2021). Although Edo and Ondo state governments already *announced compulsory COVID-19 vaccinations for adults in their states*, Odusote (2021) has highlighted some legal implications of such announcement, one of which is the absence of legislation that mandates Nigerians to take vaccines.

With respect to the funding of COVID-19 responses, the Nigerian government began with making an adjustment to the 2020 budget in May 2020 to cope with the economic burden occasioned by COVID-19. This adjustment involved the designation of 500 billion naira (\$1.3bn) as a COVID-19 Intervention Fund aimed at upgrading healthcare facilities, supporting subnational government interventions, financing public works projects, and funding social interventions (Ejiogu et al., 2020). It is important to note that to meet this budgetary adjustment, the federal government made some structural reforms that have adverse socioeconomic implications on Nigerians. Some of these reforms include the removal of 457.50 billion naira allocated in the original 2020 pre-COVID budget for the subsidy of petroleum products, the proposal to freeze nonessential recruitment into the public sector (with the exemption of health and security), the reduction of state governments' monthly revenue allocations, and so on (see Ejiogu et al., 2020). Given Nigeria's heavy reliance on oil revenue which of course was substantially affected during the global lockdowns, the federal government largely borrowed to meet this budgetary demand and other COVID-19 response expenditures. For instance, the federal government's total of pandemic-related borrowing from multilateral lenders (e.g. World Bank, the International Monetary Fund, and the African Development Bank) amounts to \$6.9 billion (Dixit et al., 2020; Ejiogu et al., 2020; Onuba, 2020).

Through the COVID-19 Basket Fund and the CACOVID initiatives, the federal government also received donations from international organizations like the European Union (EU; who donated a sum of EUR 50 million [21 billion naira] on April 2020) and private philanthropists such as Aliko Dangote, Access Bank Group, Zenith Bank, Guaranty Trust Bank, and several others (who donated a total of \$55.7m as of April 6, 2020; see Ejiogu et al., 2020; European External Action Service, 2020; Unah, 2020). It is important to note that the government also received some donations from some church leaders and organizations in the country. For instance, Anglican Church donated the sum of 5 million naira to Ogun State Government to tackle the virus. The Roman Catholic church, on the other hand, granted the federal government full access to the '435 Catholic hospitals and clinics in Nigeria' as a way of aiding the government's efforts (Onyalla, 2020; Ossai, 2021). Pentecostal churches such as RCCG, Dunamis, Living Faith International (i.e. Winners Chapel), and Elevation Church donated Intensive Care Units, relief (e.g. foods), and COVID-19 safety materials (e.g. hand sanitizers, face masks, and hand gloves) and medical equipment to Abuja and Lagos States (see Taiyese, 2020).

To cushion the economic impacts of COVID-19 on citizens and businesses, the House of Representatives on 24 March 2020, passed an Emergency Economic Stimulus Bill to provide 50% tax rebates to formal businesses that are registered under the Companies and Allied Matters Act so that they can use this saving to continue employing their current workers (Dixit et al., 2020). However, due to the fact that many businesses in Nigeria are in the informal sector and not registered, the impact of this bill has been insignificant. Also, the government on 1 April 2020, announced that it will make transfers of 20,000 naira (\$52) as well as food items to poor and vulnerable households registered in the National Social Register (NSR). However, due to the very small number of registered persons in the NSR (i.e. about 11 million people) and lack of robust national information management system that can enable efficient electronic payments (Dixit et al., 2020), this initiative has been marred with a lot of irregularities and corruption (see Amundsen, 2020).

However, on request for accountability by the Socio-Economic Rights and Accountability Project (SERAP) and the Connected Development (CODE), the federal government disclosed that it spent 'N30,540,563,571.09, representing 84% of the N36.3 billion public funds and donations received to respond to COVID-19 between 1st April, 2020 and 31st July, 2020, leaving the balance of N5.9 billion' (Press Release, 2020). Although this was well received by these organizations, they requested further details of the expenditures and the plans on how to spend the balance of 5.9 billion naira (see Press Release, 2020). Whether or not this detailed accountability has been made is not known. Also, at the COVID-19 Transparency and Accountability Project Conference organized

by CODE in partnership with BudgIT civil society organization in Abuja, the federal government noted that, of the 500 billion naira COVID-19 intervention fund, 288 billion naira has been released to implementing agencies, while it is now in the process of releasing additional sum to Ministries, Departments and Agencies (*Vanguard*, 2021). Yet, many Civil Society Organizations including Pentecostal Fellowship of Nigeria (PFN), BudgIT, and so on, have expressed their reservations about how the COVID-19 fund was spent in Nigeria. According to Bishop Moses Ezedebe, the Chairperson of the Anambra State branch of the (PFN),

the claims that about N31 billion was spent in just four months is laughable. I can't believe it because I can't say where what and how the money was spent. It is unacceptable, quite wicked; this is very bad news. (Osibe, 2020)

In the words of Gabriel Okeowo, the Chief Executive Officer for BudgIT,

In tracking government's level of responsiveness, we have shown, through data . . . overarching issues such as discrepancies in palliatives and cash transfer distributions, substandard healthcare compounded by the pandemic, disintegration of COVID data, vague procurement processes and blatant corruption by government officials. (Omolaoye, 2021)

Method

Participant's recruitment

Eighteen church leaders were selected from Anglican, Catholic, and Pentecostal churches (i.e. 6 church leaders from each of the churches). The choice of these denominations was informed by the fact that the leaderships of the denominations are critical in Nigeria's Christianity (Nche, 2020a). With congregations that constitute the major proportion of Nigeria's Christian population of about 96 million (Pew Research Center, 2015), they wield significant influences in the country. For instance, through several platforms such as the Christian Association of Nigeria, PFN, and the Catholic Bishops' Conference of Nigeria (CBCN), these church leaders have shaped social, economic, and political landscapes in Nigeria (see Binniyat et al., 2017; Nolte et al., 2009). These church leaders have also played significant roles in the area of health and disease control in Nigeria (see CBCN, 2017; Makinwa, 2016). For instance, during past global health crises or pandemics (such as HIV/AIDS and Ebola Virus Disease), the government, with strong supports from church leaders (e.g. through the Faith-based Health Volunteer Advisors), successfully contained (and still containing) their spread in the country (see Ezeanolue et al., 2013; Patel et al., 2015). These suggest why their opinions matter with respect to the COVID-19 campaign in Nigeria.

The 18 church leaders were purposively recruited from three remote communities of Enugu State, Nigeria. These communities are Mbulu Iyiukwu in Enugu East Local Government Area (LGA); Udueme in Igbo-Etiti, LGA; and Okpanku-Aninri in LGA. Six participants (i.e. 2 Anglicans, 2 Catholics, and 2 Pentecostals) were recruited from each of these communities. These communities are among the farthest from the urban areas in Enugu State. The choice of these communities was informed by the belief that the roles of church leaders in these areas are more pronounced and significant. The populations in these remote areas have less access to social media, direct government sensitization campaigns, and so on unlike their urban counterparts who may form views if they so choose from their diverse sources of information. Thus, their mind-set, attitudes, views about the COVID-19 pandemic, and their response to it is mostly formed from the information they get from their church leaders whom they trust very much. Therefore, the roles of church leaders in such areas are not only likely to be more genuine but

Table 2. Sociodemographic information of participants.

S/N	Pseudonyms	Age	Sex	Education	Position	Denomination
1	Agnes	40	F	OND	Unit leader	Pentecostal
2	Glory	45	F	WAEC	CCRN leader	Catholic
3	Carolyn	58	F	WAEC	Women leader	Anglican
4	Ebenezer	45	M	BA	Parish Priest	Catholic
5	Patrick	43	M	BA	Parish Priest	Catholic
6	Osmond	42	M	BSc	Vicar	Anglican
7	Sixtus	47	M	BA	Parish Priest	Catholic
8	Alfred	50	M	BSc	Pastor	Pentecostal
9	Divine	39	M	OND	Evangelist	Pentecostal
10	Paul	34	M	BA	Vicar	Anglican
11	Victor	38	M	WAEC	Assistant Pastor	Pentecostal
12	Mark	52	M	HND	Vicar	Anglican
13	Peter	46	M	WAEC	Catechist	Catholic
14	John	44	M	WAEC	Warden	Anglican
15	Kenneth	38	M	BSc	Pastor	Pentecostal
16	Isaac	43	M	BSc	EFAC leader	Anglican
17	Raymond	55	M	MA	Parish priest	Catholic
18	Luke	32	M	WAEC	Youth leader	Pentecostal

The names used in the table are pseudonyms. CCRN: Catholic Charismatic Renewal of Nigeria, EFAC: Evangelical Fellowship of the Anglican Communion.

also very essential and decisive to the survival and safety of their congregants. The specific churches for the study were also purposively selected in line with the study plan to interview six church leaders each from Catholic, Anglican, and Pentecostal churches. Of the 209,158 COVID-19 confirmed cases in Nigeria as of 28 November 2021, 2790 cases are reportedly confirmed in Enugu State (see NCDC, 2021a).

The age of the participants ranged between 32 and 58 years with a mean of 43.9. Fifteen of the participants are male (see Table 2 for demographic details). The criteria for selecting participants included (1) the participant must be a priest, pastor in charge of a church or lay person in position of leadership, for instance, leader of a pious group or an organ such as women, men, or youths in the church and (2) the identified church leader must be an adult, 18 years of age or more and must have been resident in the study area or in charge of the church for at least 1 year approximately spanning the period that the pandemic has lasted. Informed consent forms were issued and duly signed by qualified participants. The form informed the participants that the study is purely academic and their participation was voluntary. Their permission to record the interviews was obtained, and they were assured that the information they give out is confidential as pseudonyms shall be used instead of their real names in the report of the study. The participants were contacted through direct, face-to-face contact at the study locations albeit observing social distancing and mask-wearing protocols. Some of the participants granted the interviews upon contact while some others made appointments for another day with the researchers.

Data collection

The main source of data for this study was in-depth semi-structured face-to-face but physically distanced interviews conducted from 22 March to 4 May 2021. Apart from the probes prompted by

the responses of participants, the interview schedule contains three major questions. The question number one requested for participants' demographics and the other two open-ended questions focused on the subject matter of the study, the perception about the credibility of the COVID-19 statistics, and other government's responses. These questions include: (1) What are your thoughts about the daily COVID-19 statistics/data from the NCDC?; What do you think about the credibility or genuineness of the statistics? and (2) Could you please share your opinion on other government's responses/efforts in tackling COVID-19 in Nigeria? What do you think about the sincerity of these efforts including the expenses reported to have been made?

The questions were open-ended to give the participants the opportunity to bring into the discussion any new or unique experience or insight that may be yet unknown to the researchers; the research is explorative on account of the fact that the COVID-19 pandemic and pandemics in general is an entirely new experience, an uncharted course for many people. The interviews were recorded using an audio-recording device and with the consent of the participants. Remarkable mannerisms exhibited by participants during interaction with the researchers were seen as nuanced reactions to issues and are also written down as field notes to help buttress narration/description during the analysis of data. The duration of the interviews differed with the shortest lasting for 48 minutes and the longest for 1 hour 36 minutes. The length of the interview depended entirely on the disposition of each participant as the interviewers gave them free rein to air their views.

Data analysis

The collected interview data were analysed thematically using the narrative analytical method. The choice of the narrative analytical method was imperative because of the abundance of rich but individually unique data that resulted from experience that can only be aptly captured through profound listening and narration. Specifically, using Colaizzi's proposed steps in analysing qualitative data (cited in Nche, 2020a, 2020b, 2020c; Nche et al., 2019) as a guide, the researchers did the following:

1. Transcribed the audio-recorded interviews into neat and readable copies. The field notes were also read and written out in a more legible form.
2. Read and reread each transcript to obtain a general sense of the whole content.
3. Extracted statements with significance to the research question and wrote them on separate sheets of papers.
4. Articulated meanings from the statements in line with the objective of the study.
5. Sorted the articulated meanings into categories and emerging themes.
6. Unified the findings of the study into a detailed description of the subject matter of the study, which is perception of church leaders with regards to the government COVID-19 statistics and other government responses to the pandemic in Nigeria.

Findings and discussion

Participants in the current study with the exception of one person, who was uncertain, expressed their opinions concerning the credibility of the regular statistics showing the daily rate of COVID-19 infections, recoveries, deaths as well as other government's claimed efforts at curbing the spread of the pandemic. Three distinct subthemes emerged. Some of the participants believe that the statistics published are totally false, a majority expressed the opinion that it is exaggerated while only one participant declared confidence in the data given out by the authorities as true. The belief that the COVID-19 statistics are false and exaggerated reinforce the findings of Abdullateef and

Table 3. Summary of perceptions of the COVID-19 statistics and other government responses.

S/N	Perceptions	Catholic %	Anglican %	Pentecostal %	Total %
1	It is totally honest	1 (17%)	–	–	1 (6%)
2	It is totally false	–	2 (33%)	5 (83%)	7 (39%)
3	It is exaggerated	5 (83%)	3 (50%)	1 (17%)	9 (50%)
4	Uncertain	–	1 (17%)	–	1 (6%)

COVID-19: coronavirus disease.

Okonkwo (2021b) which shows that the majority of their participants in Abuja, Nigeria, believed that the COVID-19 statistics produced by the NCDC are exaggerated or bloated to embezzle funds. These opinions, as their study showed, were largely prompted by the finding that the participants had never had or seen anyone infected or killed by COVID-19 in Nigeria, suggesting that direct (or indirect) experience has a place in COVID-19 scepticism.

A denominational pattern was also visible in the participants' responses. In the opinion of most of the Catholic participants, the published data and claims are exaggerated although one of them thinks that they are entirely a truthful representation of the facts. A majority of the Pentecostals expressed the belief that the whole COVID-19 outcry is a hoax, while the Anglicans are divided between the answers, false and exaggerated. Coincidentally, the position of the Pentecostals seems to be reflective of the radical and antigovernment attitudes previously displayed by known Pentecostal leaders at the very beginning of the pandemic (Alao, 2020; Ibrahim, 2020; Krippahi, 2020; Osibe, 2020). See Table 3 for a summary of the responses. The opinions of the participants are discussed below.

The statistics and other government's efforts regarding the COVID-19 pandemic are honest

Only one of the participants in the current study unequivocally insisted based on a personal experience that statistics on COVID-19 published by the authorities constitute an honest picture of the actual situation and that the government is making sincere efforts to curb the spread of the virus and to cushion the effects of the exigencies created by the pandemic on the citizenry. According to Raymond, a Catholic priest:

Coronavirus disease is real and I trust those figures. One of my cousins who live in Lagos was diagnosed with it in the first week of December 2020. His case was quite severe and he was isolated and treated but thanks be to God, he survived it.

It is important to note the place of personal experience in inhibiting COVID-19 scepticism. Pereira (2020), for instance, reported a case in Ohio, United States, involving a COVID-19 sceptic who eventually joined public service campaigns after surviving COVID-19 infection. Meanwhile, studies have shown, albeit with respect to climate change scepticism, that people who have had personal experience with climate change impacts are more likely to believe that climate change is real (Spence et al., 2011). However, in a study among France citizens, Attema et al. (2021) did not find any evidence for an impact of personal experience with COVID-19 on beliefs and lower risk perceptions of the virus. These contradictory findings, perhaps, could be as a result of the differences in cultural contexts of Attema et al.'s study and the present one. With regard to other government's efforts he submitted:

I believe that the government is trying as we hear in the news for instance in providing palliatives, in making sure that security people enforced protocols and so on. However, I discovered that as usual, our problem is corruption. Some government officials used the opportunity to park palliatives for future (political) campaigns when people are dying of hunger. Some of these parking stores were discovered by EndSARS¹ protesters.

Statistics on COVID-19 and other government's efforts are exaggerated

Nine of the 18 participants in the current study expressed the opinion that the statistics published on COVID-19 in Nigeria and other government efforts with regard to the pandemic are exaggerated. For example, in the view of Carolyn of the Anglican Communion:

For me, to some extent, I believe that COVID-19 is real, it is just that the government politicized the issue to make it look bigger than it is here in Nigeria through the statistics they publish daily, so that they can justify all that money that they mention that they are using to fight the disease. On the sincerity of other government's efforts she submits. The government has been trying at least in the area of creating awareness, but the issue of palliatives is a different thing. We hear all those amounts on the radio and TV (television), but in some quarters like in the eastern part of the country, I have not seen anything tangible. What we see is more of Churches, NGO's (Non-governmental organizations) and individuals buying and distributing items, but not government.

Similarly, Victor, Pastor of a Pentecostal Church, believes that the published figures on COVID-19 are exaggerated. According to him:

COVID-19 is a real divine affliction, but even at that, the effect is not as much as they are making it out to be. I believe that our climatic condition has helped us a lot. It is just like a higher version of malaria here in Nigeria but there are other parts of the world that it is a serious matter. As far as I am concerned, there is too much exaggeration by those in government for economic reasons, the figures are not real.

The belief that COVID-19 is a higher version of malaria as well as the one which states that the African climate immunizes Africans against the virus constitute some of the conspiracy theories (although still subjects of debate in many studies; see Hussein et al., 2020). The belief about the 'protective nature' of African climate has specifically been found to be common among many Nigerians (see Famuyiwa, 2021; Yuan et al., 2020) and shown, like in the present study, to have also nurtured distrust of government among citizens of DR Congo (Whembolua and Tshiswaka, 2020). Responding to the question on the sincerity of other government's efforts, Victor submits:

Personally, I am disappointed with the government, actually they did share (palliatives), but it was like a pinch of salt in a tank load of water. What was shared did not make any impact. My whole church was given 10 nose masks and we are up to 80 or 90. I saw food items shared but they were small compared to what we hear announced in the media. Imagine two cartons of *indomie* (noodles) given to a whole village. The EndSARS protest exposed the fact that palliatives were hidden in warehouses; the labels were there for people to see. I personally did not see the impact of the billions of naira announced on TV and radio at the grassroot or on the people they were supposed to be meant for.

Responding to the same question, Peter, a Catechist of the Catholic Church, believes that the figures of the incidence of the COVID-19 in Nigeria are inflated and that government is not sincere in its efforts. In his words:

Check it for yourself, if that number of new infections they announce every day is real, how many people you know personally are suffering the disease? Just do the mathematics. They make the pandemic to look serious to explain the disappearance of those billions you hear that they are spending which we don't see the effect anywhere. It is God that has been saving us.

Similarly, Sixtus, a Catholic priest observes that:

A situation where many people died of hunger during the lockdowns . . . the people that died as a result of hunger are even more than people COVID-19 supposedly killed. In a situation whereby palliatives are released and some government officials will hoard them in warehouses anticipating time of election when they will now share it as a means of going back to office shows that the government of Nigeria is not sincere. It gives the impression that the situation is not as serious as they would want the average Nigerian to believe through those published figures because, action speaks louder than words.

Statistics on COVID-19 and other government's efforts are false

Seven of the participants in the study expressed the opinion that figures published by the NCDC with regard to the incidence of the novel coronavirus disease in Nigeria as well as other claimed efforts by the government to curb the spread of false alarm aimed at creating an excuse to loot public funds. Kenneth, pastor of a Pentecostal Church, believes that:

Those statistics are not true. They (government) are just using coronavirus as an excuse to eat money. Sometimes they will be saying in the news that they used so (sic) and so amount (of money) to fight coronavirus but if you check it, you will understand that it is not true. I even believe that coronavirus pandemic has stopped in Nigeria, but they don't want to announce it because they still want to continue making money from it.

Mark of the Anglican Communion simply said in response to the question that it is severe cases of Malaria that are being passed on as COVID-19 infections in Nigeria. Regarding the sincerity of the government's efforts to fight the virus he answered:

I don't know about other people but I did not see any palliatives from government neither did any of my members tell me that they did. I can only judge by my own experience. Apart from the palliatives that we got through the diocese; I didn't see any other (one). The Bishop called a meeting for the sharing and we took it to individual churches.

John, another leader in Anglican Communion, gave an insight into the reasons why some Nigerians including himself are questioning the credibility of the COVID-19 statistics and government efforts as follows:

It is becoming more difficult by the day to convince people to continue to comply with the COVID-19 protocols. In fact, almost nobody sincerely adheres to them now except in some churches where their leaders insist on it. I blame this on the body language of government office holders. They still gather for ceremonies and when you see them, they behave as if nothing is happening. This has made people including me to doubt if actually there is a pandemic in the country. For instance, we all watched the burial of Abba Kyari, the late Chief of staff. Secondly, looking around, COVID-19 has no particular peculiar symptoms, even if people are suffering from it and getting better or even dying, nobody knows because they are not tested. It will be associated with other previously known illnesses, so, the statistics we hear on the radio, TV, and other media sound like myth. People are not seeing anybody confirmed to have the coronavirus infection, so, they are beginning to think that it does not exist and I think so too.

Divine, a Pentecostal pastor, also thinks that the actions or inappropriate handling of the pandemic in Nigeria is more than any other thing, evidence that the hype about the pandemic in the country including published statistics is a hoax. According to him:

I don't think that the government has done what it should do. I think that they have even disappointed the masses more than before. When announcing the lockdown, there were promises of assisting the people as many will lose their means of livelihood but nothing happened around here. In the community where I serve, I was watching and asking questions nothing meaningful was done. At a point we heard that government brought face masks and when we got there, it was only 10 masks for a community of hundreds of people. There is no sincerity here. There is no grass root sensitization. Whatever the people know about the pandemic around here came mostly from the churches . . . amazingly during the rerun of election held on 5th of December due to the death of the representative of the area in the House of Assembly, there was distribution of items to canvass for votes. It was clearly indicated on the bags of rice; they were palliatives meant to be distributed during the lockdown but were hoarded to be used to buy votes during election. Those in government do this because they know that the whole noise about COVID-19 in Nigeria is a scam because God saved us through our type of weather. If it were to be real and all those figures are true, they wouldn't exhibit such a corrupt behaviour, they would have been in a war mode because nobody does that kind of thing during a war.

Agnes, a unit leader in a Pentecostal church, similarly believes that the published figures on COVID-19 in Nigeria are false. Explaining her opinion, she says,

everyday, we will hear on the media that people are dying or being infected with COVID-19 but you don't see anybody dying of COVID-19 around you. It is all 'they said' all we see here my sister is poverty and hunger.

Implications of findings and conclusion

The study has shown that, of the 18 participants, only 1 believes that the COVID-19 statistics as well as other government responses are credible and genuine. This position, as findings showed, was largely informed by the participant's personal experience involving his cousin who recovered from COVID-19. This, of course, highlights the place of personal experience in inhibiting COVID-19 scepticisms. Although Attema et al. (2021) found no evidence for an impact of personal experience with COVID-19 on beliefs and lower risk perceptions of the virus in their study. The rest, apart from the participant who was uncertain, were distributed between those who believe that the statistics and other government efforts are exaggerated (i.e. 9 participants) and those who believe they are false (i.e. 7 participants). A major driver of this disbelief among these participants is the suspicion that government officials are enriching their pockets through the exaggeration and falsification of the statistics on the cases of COVID-19 infections, recovery, and death. The discovery of the hoarded COVID-19 palliatives during the EndSARS protest across the country (see Obiezu, 2020) further substantiated their suspicion.

Interestingly, this belief that COVID-19 statistics are being falsified by government officials to embezzle funds is not only common but has also been confirmed through the reported cases of COVID-19 corruption across countries in Africa. For instance, Oduor (2021) reported corruption cases in five African countries (e.g. Malawi, Kenya, Nigeria, Uganda, and South Africa) where funds and other incentives meant to caution the impacts of COVID-19 have been embezzled and mismanaged by government officials. Another driver of this suspicion which was cited by one of the participants is the manner with which some government officials conduct some of their activities or events in disregard of COVID-19 safety measures. For this participant, if the government

that issued COVID-19 preventive measures does not observe these measures in their gatherings, then it is difficult to trust the commitment of such a government to the fight against COVID-19 in Nigeria. For instance, some Nigerians have raised concerns over the tendency of President, Muhammad Buhari, not to wear a face mask in several official meetings (see *Africanews*, 2020).

The findings also showed that denominational affiliation mattered as the disbelief about COVID-19 statistics and other government responses was largely expressed by Pentecostal church leaders. Only two Anglicans shared the same view. While this can be said to be partly informed by the lack of government's accountability and commitment as has been cited by some of the participants, this Pentecostal disposition seems to be rather largely informed by the theological orientation about the virus itself. This is because evidence abounds of Pentecostal leaders who have expressed theologically based scepticisms not only about COVID-19 but also about the vaccines (Alao, 2020; Ibrahim, 2020; Krippahi, 2020; Osibe, 2020). Djupe and Burge's (2021) study also shows that people who hold prosperity gospel beliefs (which is a major feature of Pentecostal churches) see COVID-19 as a sign of end-time, politically motivated, and ready to defy the order of the government to close worship centres.

Nevertheless, this suspicion has serious implications for the campaign against COVID-19 in Nigeria. First, it could cause these leaders to jettison government-sponsored COVID-19 safety measures, especially the ones specifically provided for religious gatherings in the country. These measures provide guidelines on the number of persons that should be accommodated in a single gathering, the degree of the distance that should be maintained within a religious building, and the availability of essential equipment like hand sanitizers, hand washing spots, materials, and so on. Already, studies have shown how distrust in governments affects peoples' attitudes towards government-sponsored health policies and directives (see Blair et al., 2017; Devine et al., 2020; Ezeibe et al., 2020; Freimuth et al., 2014; Jennings et al., 2021; Siegrist and Zingg, 2014; Weinberg, 2020). Second, it could affect the commitment of these leaders to the creation of awareness on COVID-19 in their local churches. Third, this distrust could cause these leaders not only to be hesitant in taking the COVID-19 vaccines but also to discourage their congregations from taking the same. This, of course, has already been happening among some church leaders in Nigeria. The role currently played by the General overseer of the Christ Embassy, Chris Oyakhilome, is a case in point (see Nwaubani, 2021). While certain theological orientations might largely inform some of the vaccine scepticisms, the distrust in government could make matters worse. However, it is difficult to tell exactly what impact this distrust will have on church leaders' commitment towards the campaign against COVID-19 in Nigeria. This is because, unlike non-leaders who may not have the responsibility or expectations characteristic of leaders and as such can easily get swayed by the feeling of distrust, church leaders may not have the luxury to be easily swayed their distrust notwithstanding. For instance, despite the presence of this distrust, some church leaders, as noted by some of the participants, still made some efforts to provide some palliatives for their congregations during the lockdown in the country. Some even donated money, medical equipment, and relief materials to the government to help in the fight against COVID-19 (see Onyalla, 2020; Taiyese, 2020). Hence, there may be a need for future studies to explore the impact of trust and distrust on COVID-19 responses among church leaders in Nigeria.

Overall, it is difficult to expect or call for change in the current dispositions of some of these church leaders towards the government COVID-19 statistics and other responses. This is because these dispositions reflect the many years of distrust of the political systems in Nigeria. For instance, Nigeria ranks among the top seven countries with the highest level of citizen distrust of government officials (Ezeibe et al., 2020; World Economic Forum, 2018). For many years, Nigerians have been deceived, misled, and impoverished under many successive governments in the country. According to the Transparency International latest report, the corruption perceptions index (i.e.

perceptions of the degree of corruption) for Nigeria grew from 10 score in 2001 to 25 score in 2020 – growing at an average annual rate of 5.97% (Transparency International, 2021). This is largely occasioned by the wanton political corruption, embezzlement, and misappropriation of public funds involving political office holders in the country. The rates of poverty and youth unemployment, on the contrary, have consequently been on the increase (see Nwokoma, 2021; World Bank Group, 2019). All these dampen peoples' trust in government. Interestingly, this distrust does not only affect peoples' attitudes to core political activities like general elections (see Akinyemi, 2019) but also affects peoples' dispositions towards other activities of the government such as COVID-19 governance as the present study has shown.

Similar situations can be found in other countries whose citizens are dissatisfied with their political systems (see Sapienza, 2020). For instance, Latin America and the Caribbean, like Nigeria, have a very high rate of corruption, poverty, and unemployment (International Labour Organization (ILO), 2020; Transparency International, 2019; Vakis et al., 2015). Hence, Sapienza (2020) reported a very low level of trust the citizens have towards their political systems and what that means for COVID-19 governance in these countries. Little wonder, Latin America, was declared by the World Health Organization as the epicentre of the COVID-19 pandemic in May 2020, accounting for more than 40% of the world's COVID-19 deaths, with the total infection rate exceeding 6.5 million cases and a loss of more than 350,000 lives to date (OECD, 2020; Reuters, 2020). That the same rate of COVID-19 infections and death are not reported in Nigeria is not necessarily because of citizens' compliance with the government-sponsored safety measures in the country. It is rather because of other factors such as geographic (e.g. hot temperature) factors, genetic and racial characteristics, undertesting and reporting, trained immunity, and so on (see Abu Hammad et al., 2020; O'Neill and Netea, 2020; Oyesola et al., 2020; Ugwu et al., 2020).

Nevertheless, the findings of the present study suggest the following: First, there is a strong connection between good governance and citizens' trust. This has been attested to in many studies (e.g. Caillier, 2010; Park and Blenkinsopp, 2011; Zhao and Hu, 2017). Second, and which is the most important in the context of this study, the level of trust or distrust in government developed over time largely determines the effectiveness and success of the government's efforts in containing the spread of viruses/pandemics. This, also, has been confirmed by many studies (e.g. Devine et al., 2020; Jennings et al., 2021; Weinberg, 2020). This, therefore, highlights the need for governments all over the world and particularly in Nigeria to take providing good governance seriously as bad governance usually has serious implications for disease control.

This study has some limitations. First, the study focused majorly on the church leaders' perceptions/beliefs about the COVID-19 statistics and other government's responses without much attention on the impact of these beliefs on the church leaders' responses/behaviours towards the virus in Nigeria. However, this was necessary because of the fact that peoples' behaviours towards events/issues are usually determined by their beliefs about or the meaning they make of such issues. It was also necessary to focus largely on these beliefs in the interest of space. Future studies, as suggested earlier, may need to address the impact of church leaders' trust or distrust of the government's commitment to the fight against COVID-19 on their responses/behaviours towards the virus in Nigeria. Second, the study focused only on church leaders. Future studies may need to explore the opinions of Muslim clerics about the government's responses to COVID-19 in Nigeria. This would be necessary to provide a complete picture of religious leaders' perception of the government's commitment and responses to COVID-19 in Nigeria. Third, like many qualitative studies, the sample size in the present study is small. Also, all the participants were drawn from a state in the southeastern part of Nigeria. Hence, while generalization of findings should be done with caution, there may be a need for future studies to have broader coverage in terms of participation or draw participants from more than one region of the country. This may allow for comparisons across regions. These

limitations notwithstanding, it is believed that the present study contributes an important perspective to the body of knowledge on the connection between religion and COVID-19 and, in extension, the public trust research.

Acknowledgements

We acknowledge and appreciate the efforts of the informants who granted interviews on their perceptions of the COVID-19 statistics and the government's commitment in the fight against COVID-19 in Nigeria.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Note

1. The EndSARS protest started in Nigeria on October 8, 2020. It was prompted by the accumulated years of police brutality specifically perpetrated by the Special Anti-Robbery Squad (*SARS*) – a police unit that was formed to combat armed robbery and other serious crimes in Nigeria. The slogan 'EndSARS' calls for the disbandment of the unit.

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