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The Responses of the Christian Church to Pandemics in Nigeria: a Historical Comparison of the 1918 Influenza and COVID-19 Pandemics

Oluwasegun Peter Aluko, PhD

Department of Religious Studies, Obafemi Awolowo University, Ile-Ife,
Nigeria
segmoroc@gmail.com

Abstract

In the past, pandemics have influenced how religious organisations respond to emergencies and play a part in society. The Christian church in Nigeria has responded to pandemics in a variety of ways over the years, especially during the COVID-19 and 1918 influenza pandemics. By making use of secondary sources, the theological, institutional, and social aspects of Christian responses to pandemics in Nigeria are examined in this historical analysis. It draws attention to significant changes, such as the 1918 pandemic's shift from faith-healing techniques and spiritual rebirth to COVID-19's technological adaption, humanitarian efforts, and public health initiatives. The paper makes the case that, although both pandemics posed difficulties for Christian institutions, they also aided in the growth of churches, changes in doctrine, and the development of church-state relations. The study sheds light on how Nigerian Christianity continues to adjust to health crises and more significant societal changes by contrasting the two historical periods. The results imply that pandemics not only put religious fortitude to the test but also act as stimulants for modifications in Christian attitudes towards science, technology, and government.

Introduction

Over the years, one form of pandemic or another have ravaged the entire world, including Nigeria. This has caused many untold hardships to persons, institutions, and countries worldwide. As a result, many have looked for alternative ways of staying alive and active in their different endeavours. While some cannot make any headway, others have been brought into the limelight and have hitherto experienced stardom. One of many such institutions is the Christian church in Nigeria. Previous studies on pandemics have received considerable scholarly attention globally (Balfour and Scott 1924; Beveridge 1977; Collier 1974; Heaton and Falola 2006; Jordan 1927; Mills 1986; Ohadike 1991; Oluwasegun 2015; Patterson 1983; Patterson and Pyle 1991; Phillips 1990; Phimister 1973; Potter 2001; Taubenberger and Morens 2009, 2010; Tomkins 1992, 1994). These studies have examined the historical, medical, and socio-political dimensions of pandemics across different contexts. Some research has also explored the intersection of pandemics and religion, particularly the role of religious institutions in responding to health crises (Ayegboyin and Ishola 2013; Fagunwa 2020; Kowalczyk et al. 2020; Peel 1968; Phillips 1987; Quadri 2020; Wildman et al. 2020). However, despite this wealth of literature, there remains a significant gap in the historical documentation and critical analysis of how the Christian church in Nigeria has responded to pandemics over time.

Existing studies primarily focus on individual pandemics, such as COVID-19, without a comprehensive historical survey of how the Christian church in Nigeria has reacted to pandemics over different historical periods and how these responses have shaped religious practices, theological perspectives, and church growth. This study, therefore, using secondary sources, builds on the researcher's previous work (Aluko 2020), which focused on the Christian church's response to COVID-19, by broadening the scope to analyse and compare the responses of different Christian denominations to major pandemics that have impacted Nigeria, particularly the 1918 influenza pandemic and COVID-19. Furthermore, it examines the implications of these responses on the church, society, and the broader religious landscape in Nigeria.

Meaning of Pandemic

According to Samal (2014:165),

a pandemic is an epidemic with a higher magnitude in terms of geographical area, number of cases and days of suffering resulting in disabilities or deaths.

It is an epidemic that spreads globally (Patterson 1985; Saunders-Hastings and Krewski 2016). This is why Cunha (2004) and Muthu (2005) believe '[p]andemics can spread from continent to continent and across the world in a few months' (Cunha 2004:141) through the human population, thereby affecting a large number of people, a significant part of a nation, the entire nation, a continent, or a part of the world as a whole. Moreover, with the availability of technological advancements worldwide, there is every possibility for a massive spread within days. However,

A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. (Samal 2014:165)

Also, pandemics are distinguished from epidemics by their geographical spread and have caused significant illness, death, and disruption for centuries (Saunders-Hastings and Krewski 2016:1). Furthermore,

if the novel virus has the ability to infect humans and achieve human-to-human transmission, and possesses virulence for humans, a pandemic may arise, as humans are unlikely to have appreciable immunity to the novel strain. (Saunders-Hastings and Krewski 2016:2)

The *Dictionary of Epidemiology* (Last 2001:131) defines a pandemic as

An epidemic occurring worldwide, or over a very wide area, crossing international boundaries, and usually affecting a large number of people.

The classical definition, however, includes nothing about population immunity, virology, or disease severity.

Modern definitions include ‘extensive epidemic’ [6], ‘epidemic ... over a very wide area and usually affecting a large proportion of the population’ [7, p. 94], and ‘distributed or occurring widely throughout a region, country, continent or globally’ [8], among others. (Morens, Folkers, and Fauci 2009:1018)

In the case of influenza, biologists also require that pandemic strains undergo key genomic mutations, known as antigenic shifts. For the World Health Organisation (WHO) to pronounce a level six pandemic alert, there must be sustained transmission in at least two regions. WHO’s (Kelly 2011:540) standard definition of pandemic influenza refers to a situation in which a new and highly pathogenic viral subtype, one to which no one (or few) in the human population has immunological resistance and which is easily transmissible among humans, establishes a foothold in the human population. At that point, it rapidly spread worldwide.

The Christian Church and Pandemics in Nigeria, 1918 and 2020

As the advent of Christianity in Nigeria was in two phases – the first phase being a failed attempt in the fifteenth century, while the second phase firmly established the Christian faith in 1842 even though Ajayi (1965) has already noted its advent in 1841 – the emergence of the pandemic in the country could be rightly traced to the influenza pandemic of 1918–1919. This influenza pandemic, also known as the Spanish flu, was an exceptionally deadly global pandemic caused by the H1N1 influenza virus (Fagunwa 2020:52; Taubenberger and Morens 2006). It was believed to have started in March 1918 in Kansas, United States (Patterson and Pyle 1991:5), with some other cases recorded in countries like France, Germany, and the United Kingdom in April. Though the number of casualties recorded often varies between scholars (Jordan 1927:229; Mills 1986:10; Ohadike 1991:1393; Patterson 1981:401-431, 1983:497; Patterson and Pyle 1983:1305-1306), it is generally agreed

upon that the pandemic was very deadly. Africa was affected by the second and third waves of the pandemic (August–December 1918 and January–July 1919, respectively) to the extent that 1.5–2 million people were recorded to have died from its surge (Ohadike 1991:1393; Patterson and Pyle 1983:1299, 1991:14). According to Patterson and Pyle (1983:1299),

The devastation of late 1918 and early 1919 was as totally unexpected, unexplainable and uncontrollable in Africa as it was on other continents.

In Nigeria, the first case of the Spanish flu was recorded in Lagos on September 14, 1918, appearing initially in ports used for transporting military personnel and supplies (Hartley, Danielson, and Krabill 2021:8; Ohadike 1991:1394; Patterson and Pyle 1983:1304). It reached Abeokuta on 1 October 1918, Ibadan on 5 October 1918, Onitsha on 14 October 1918, Warri on 17 October 1918, Owerri on 25 October 1918 and other parts of the country (Ohadike 1991:1394-1396). This influenza dealt a mighty blow to the country, especially in Lagos. Quoting a correspondent in the *Lagos Standard* on 23 October 1918, Peel (1968:60) notes that,

Lagos has passed through terrible times these last two or three weeks . . . it is like a veritable city of the dead.

In fact, Hartley, Danielson, and Krabill (2021:8) note explicitly that ‘Lagos lost 1.5% of its 81,941 inhabitants’. According to Ohadike (1991:1396),

out of a population of 18 million, about 500,000 died in Nigeria during the outbreak, slightly over a quarter of a million in southern Nigeria and slightly less than a quarter of a million in the northern provinces.

Ayegboyin and Ishola (2013:34) even wrote that,

It is recorded that within a short time, as many died from the plague as had died from the four years (1914–1918) of deadly conflict on the battlefield.

However, despite the various attempts to curtail the spread of the virus, many were infected. While some died, others ‘developed immunity to the virus’ (Hartley, Danielson, and Krabill 2021:8). While the devastating effect of the pandemic was untold, churches and other organisations were shut down by the British colonial government, thereby crippling the community’s religious activities and paralysing its spiritual life. Ayegboyin and Ishola (2013:34) noted that many Europeans returned home, and a few missionaries abandoned their congregations to heed the call to return to their countries. Several churches were without ministers, and spiritual matters seemed to fade into oblivion.

More recently, there has been the advent of the coronavirus disease of 2019 (COVID-19). Named COVID-19 by the WHO on 11 February 2020, it is a pandemic from Wuhan, in the Hubei province of China, emerging in December 2019. The coronavirus disease has developed new variants that are believed to be more severe than the first. The first was the Beta variant, which was discovered in October 2019; the second was the Alpha variant from November 2020; the third is known as the Delta variant from December 2020; the fourth is known as the Gamma variant from January 2021, and the fifth is the Omicron variant from November 2021. These variants are of particular importance due to their potential for increased transmissibility (Shahhosseini et al. 2021), increased virulence, or the reduced effectiveness of vaccines against them (Kupferschmidt 2021). As of 25 September 2022, there were 6,579,331 deaths worldwide (Worldometer 2022), while Nigeria recorded only 3,155 deaths as of 25 September 2022 (Nigeria Centre for Disease Control 2022).

It could be said that the recent pandemic is not as deadly as the 1918–1919 pandemic, especially in Nigeria and Africa at large, because of the casualty rate. This is because, unlike Europe, America, and Asia, Africa has hitherto recorded few cases of death emanating from the sting of the virus. Nonetheless, many countries, including Nigeria, imposed lockdowns on their countries to contain the virus’s spread at the outset of the coronavirus disease. As a result of this lockdown in Nigeria, many institutions were greatly affected, and the Christian church was no exception. Churches were locked down with no physical meeting in the country, especially in states where the effects of the virus were so severe. One of the effects was noted by Adichie (2021), who opined that many Catholic Christians in southeast Nigeria began to lose their faith due to the lockdown, as the weakness of faith was mainly prompted by

restrictions on participating in parish activities because of the lockdown. As noted by Peel (1968:60–61), there were ‘strong protests’ against the closing of churches during the 1918 pandemic; the same also took place during the lockdown that the government imposed for COVID-19.

The Responses of the Christian Church during the Pandemics

The two pandemics that have affected the Christian church in Nigeria happened in two different epochs. With over a century’s difference, both pandemics have had a great effect on the outlook of the Christian church in its present form. As the pandemic ravaged the country, the Christian churches responded in their various ways. Below are some of their responses.

The Rise of the Aladura Movement

The movement now known as the *Aladura* could be said to have started due to the aftermath of the First World War and the 1918 pandemic (Ayegboyin and Ishola 2013; Peel 1968). As many people were looking for a way out of the surge of the pandemic, some groups decided (upon claiming to have divine directions) to pray and seek the face of God for divine intervention. The primary group during this particular period was the *Egbe Okuta Iyebiye* (Precious Stone or Diamond Society) under the leadership of J. B. Sadare, the church’s people’s warden. He was supported by some members of the St Saviour’s (Anglican) Church, Italupe, in Ijebu-Ode. It must be noted here, however, that the vision to found this group was received by Daddy Ali, the sexton of the church (Fatokun 2010:5). Some other prominent persons like Sophia Odunlami Adefobe and David Ogunleye Odubanjo also joined the movement. Several people were said to have received healing through the prayers of this group (Ayegboyin and Ishola 2013). However, since there is no written and verifiable evidence that people were healed of the virus, one may want to discard the claim that such was baseless. Still, there is no claim also that those people did not recover. Nonetheless, as this movement was battling for its survival, another group came on board in 1925. Though it could not be said that its emergence was directly linked to the 1918 pandemic, it could be rightly said that it emerged due to the penchant for prayers. Since the aftermath of the pandemic is not something that can be quantified, many citizens of the country still depend on prayers; thus, there is a need to be

involved in prayers to solve all things. This is the Cherubim & Seraphim (C&S) society that was co-founded by both Moses Orimolade and Christiana Abiodun Emanuel (née Akinsowon). However, it was noted by Anderson (2001:82) that Orimolade also prayed for the crowds who came to him for healing. Nonetheless, other movements like the Church of the Lord (Aladura or Prayer Fellowship), founded by Josiah Olunowo Ositelu in 1930, and Samuel Bilewu Joseph Oschoffa founded the Celestial Church of Christ in 1947.

Reduction in the Influence of the Mainline Churches

There is no gainsaying that the mainline churches (Anglican, Methodist, Baptist, Catholic, Presbyterian, Qua Iboe, and so on) had been at the forefront of evangelising the frontiers of the country before the pandemic. Still, the advent of the 1918 pandemic reduced the influence they wielded on the church. Since many of these churches were shut down, like the St Saviour's (Anglican) Church, Italupe, Ijebu-Ode, many did not see any reason to continue attending these churches after the emergence of the Aladura churches (Fatokun no date). The Aladura churches had given them a taste of the indigenous feel to the extent that they incorporated some practices in an indigenous way (like drumming, clapping, dancing, and so on) into Christian thought and actions. Also, with many claiming to have been healed through the prayer of the Aladura churches, they have continued to worship with these churches.

Spiritual Awakening

It is no news that before the emergence of the Aladura churches, many Christians were lukewarm about their Christianity in the mainline churches (Peel 1968; Turner 1979). Even the separatist (Ethiopian) churches that started from the 1888 division in the Baptist Church could not look for a solution to this lukewarmness due to their love for independence from the mainline churches. The only thing they were after was independence; they had hitherto continued in the practices of the mainline churches. The time of the 1918 pandemic appeared to be an excellent opportunity for spiritual awakening. This is because many of the leaders of the Aladura churches gave themselves to intense prayer, which dominated this particular period. Also, they could concentrate on teaching and studying the word of God and the avenue to

exercise their spiritual gifts, for which there was no opportunity in the mainline churches. Fagunwa (2020:52) notes in line with this thought that

Pandemics often bring devastation but could also be an opportunity for spiritual awakening through prayer, love in action, social justice, compassion, and care.

This shows that the 1918 pandemic was a blessing in disguise for Christianity, helping it to thrive during that period.

Massive Evangelisation

Sophia Odunlami used the 1918 pandemic to be involved in massive evangelisation about what she believed was the cure to the pandemic, which had almost become insurmountable. Also, she used the opportunity to preach Jesus Christ to people. Apart from Odunlami, Moses Orimolade was an itinerant preacher during this period before he finally settled down in Lagos in 1924 (Omoyajowo 1982:3). Moreover, many Christians continued evangelisation without minding the lockdown during the COVID-19 period. This time around, it was the internet that took over. This shall be explained better at another point.

Divine Healing

One significant response of some Christians during the 1918 pandemic was their absolute reliance on the fact that only God could heal them. Once they were able to gather rainwater and endeavour to pray to have it consecrated, healing was sure. Even if we are unsure whether there were healings, one is confident that the group (Precious Stone Society) grew so much during this period. If it were not so, they would not have elicited as many followers. Ogunewu and Ayegboyin (2017:5) opine that ‘the fervent prayers of Precious Stone Society members prevailed over a serious situation – the bubonic plague’. Without the help of vaccines or any other orthodox medicine, many Christians who relied on the claims of this society were said to have been healed.

Conspiracy Theories

One peculiar thing about the way some Christians responded to the COVID-19 pandemic was the use of conspiracy theories. Conspiracy theories abound to

the extent that many Christians have hitherto refused to take vaccines against the disease. They have hinted that the vaccines that are meant to protect people against illness are linked to the devil. Some have also attached the virus to the Antichrist with the number 666 (the mark of the beast) (Aluko 2020:118–119). Others have related its root cause to the technological advancement of the 5G mobile network, which is aimed at creating a new world order (NWO). Prominent among these Christians is Pastor Chris Oyakhilome, founder of Believers' LoveWorld, popularly known as Christ Embassy (Aluko 2022:10, 12).

Reversion to Orthodox Medicine for COVID-19

Though the 1918 pandemic brought about an increase in prayer for a cure, as the pandemic defied both orthodox and traditional medicine, COVID-19 has made many trust in conventional medicine. Many have taken to the use of vaccines to prevent them from contracting the virus. Though some Christians have refused to partake in the use of the vaccines, many leading Christian figures have thrown their weight behind their usage. Among these persons is Pastor Enoch Adeboye of the Redeemed Christian Church of God (RCCG), who notes,

If there are nations in the world that say that I cannot come to preach the gospel there because of vaccination, I will do anything for Jesus Christ. If no vaccination hinders me from doing the work God has called me to do, even if they ask me to be vaccinated 100 times, I will be vaccinated. (Dumo 2021)

With this, many of his followers have equally been vaccinated. Another leading pastor, Matthew Ashimolowo, founder of Kingsway International Christian Centre (KICC), has supported the use of vaccines. He notes,

I have taken the vaccine. I encourage all to take the vaccine. Do not listen to conspiracy theorists. Some have said many things about the vaccine, do not listen to them. (Dumo 2021)

Also, the senior pastor of Trinity Church, Ituah Ighodalo, notes that

It is foolish to keep having faith that God will protect you from an infection when He has made provision for vaccines that can provide a high percentage of protection. I have taken the jab. I prayed about it and got a clear direction from God to go and receive it. I have explained this to my people in the church. (Dumo 2021)

To Ighodalo, life-saving medicines were created by God through scientists and so should be taken.

The vaccines have also been taken to churches during Sunday services for Christians to receive the jab, and many have responded positively. Also, churches could adhere to different precautionary measures to avoid spreading the disease. There was the avoidance of handshaking, social distancing, using nose masks, hand sanitising, checking the temperature at the church entrance, and so on.

Switch to Online Services

Virtually all the strands of Christianity in Nigeria switched to online services during the ongoing Christian evangelisation of the country. Some churches that had not been involved in using various media outlets like YouTube, Mixlr, Instagram, Twitter, Facebook, and Zoom quickly got used to these media. These online services were made possible through the availability of the internet (with the use of data). Many churches that could afford the cost of live streaming their services online bought into it and have made good use of it to their advantage (Aluko 2020:116). This is because they could continue with their services despite the lockdown and have continued to have income in the church purse, as many were persuaded to continue to pay their offerings, donations, or tithes into their bank accounts. However, one particular thing that must be noted here is that churches that were used to online services only complemented their efforts during the lockdown. In contrast, others had no choice but to kickstart it to continue impacting their members (Aluko 2020:116–118, 2022:19).

Support for the Government

Against the fact that churches did not have a say in the affairs of the state during the 1918 pandemic, the COVID-19 period has seen many Christian

churches supporting the government in every way. They did contribute to cushioning the effect of the pandemic on the nation by donating money, medicine, and food and even opening up their hospitals for the government to use. For example, the Catholic Church opened 425 health facilities across the country as isolation centres, the Citadel Global Community Church donated three church buildings to the government for isolation centres, and so on (Aluko 2020:120–121). Also, many of the churches gave relief materials to both their members and non-members alike.

Perception of the Pandemics as Punishment for Sins

As I have argued previously (Aluko 2020:114), some Christians believe that the existence of the virus in the country and the world at large is due to the sins committed by people. They see it as the punishment for the world's sins that God is meting out on sinners. Also, it is seen as a curse; this curse is a punishment for the world's many sins. Thus, for the virus to go away, Christians and the world must ask for the forgiveness of their sins and draw back to God. This is also the same as the vision Sophia Odunlami claimed to have seen during the 1918 pandemic. In this vision, she claimed it was repeatedly revealed to her that members of the church were 'sinning' in various ways such as using medicine (both native and European), eating kola nuts, drinking too much palm wine, wearing charms, wearing fine clothes, and having feasts on Sundays (Fatokun no date) (though it must be stated that some of these practices cannot be classified as sin since they are medicinal and good for the body, like eating kola nuts and wearing fine clothes). Lending credence to this claim, Ayegboyin and Ishola (2013:12) note,

Some members of the Faith Tabernacle and the Cherubim and Seraphim Society contended that the sins of the Yoruba Christians and the clergy were responsible for the visitation of the influenza epidemic and the depression that hit Yoruba land in 1918.

This has also been the explanation given by some Christian clerics as a cause of COVID-19, which has defied human solution. But if the two pandemics result in

punishment and a curse for sinners, why are the supposed righteous also affected by the scourge of the virus? Is God now interested in the death of a sinner [rather] than for such [sinners] to repent? (Aluko 2020:114)

This may not outrightly be true as we may not be able to neglect the role of human beings in the emergence of these pandemics.

Comparative Analysis of Christian Responses to Pandemics in Nigeria

Faith vs Medicine: Shifting from Prayer to Science

The change from solely depending on divine healing to a more comprehensive strategy that includes medical interventions is one of the most obvious distinctions between the Christian response to the 1918 influenza pandemic and to the COVID-19 pandemic. Nigerian Christian groups, especially those associated with indigenous prophetic movements, rejected Western medicine during the 1918 pandemic and instead used faith healing, fasting, and prayer as their main methods of fending off the illness. Leading this faith-based response were the Cherubim and Seraphim Society and the Precious Stone Society (later the Christ Apostolic Church), which placed a strong emphasis on divine involvement and prophetic revelations (Peel 1968). The main reason these movements gained hold was that people were looking for alternative spiritual remedies because colonial medical facilities were either inaccessible or thought to be ineffective.

In contrast, a more varied and nuanced response from Christian churches was exposed by the COVID-19 pandemic. Many religions adopted scientific advice, such as social separation, mask-wearing, and immunisation, even as they maintained their emphasis on heavenly healing. As already noted, well-known religious figures who publicly supported vaccinations and urged followers to follow public health recommendations included Pastor Enoch Adeboye, Matthew Ashimolowo, and Ituah Ighodalo, among others. Meanwhile, certain Pentecostal leaders, such as Chris Oyakhilome, rejected vaccinations and spread conspiracy theories that connected the outbreak to the New World Order and the Antichrist (Aluko 2022:10–13). According to this, many Christian

churches now acknowledge the validity of medical research, which is a considerable change from the 1918 influenza response, even though faith healing is still a big element of Pentecostal and charismatic traditions.

From Resistance to Strategic Engagement in Church-State Relations

During the 1918 influenza pandemic, many churches complied with the directives of the colonial administration for a lockdown of churches, but some decided to continue to gather to worship (Fatokun no date). Indigenous Christian movements understood colonial medical measures as attempts to subvert religious authority, and they saw the pandemic as divine vengeance for societal crimes. The newly formed, African-led prophetic movements, which preferred faith healing over Western medical techniques, became estranged from the mainline churches as a result of this resistance (Fatokun no date; Peel 1968). The COVID-19 pandemic, on the other hand, witnessed a more planned and comprehensive interaction between the state and the church. Many church leaders worked with the government to support public health efforts, while others opposed lockdown measures. For instance, the Nigerian Catholic Church supplied more than 425 medical institutions to serve as isolation centres and other churches gave impacted populations food, cash, and personal protective equipment (PPE) (Aluko 2020:120–121). Some churches have included medical outreach initiatives in their missions after realising that a successful pandemic response required striking a balance between faith and science. Despite these developments, some groups continued to be suspicious of state interference, especially in charismatic and Pentecostal movements where end-time predictions and conspiracy theories about government overreach were common. This illustrates how, despite improvements in church-state relations since 1918, certain Christian groups continue to be sceptical about government-mandated medical procedures.

Technological Adaptation: From Physical Gatherings to Digital Worship

In contrast to the 1918 pandemic, when church services were either held in violation of government directives or ceased entirely because of limitations, a defining characteristic of the COVID-19 pandemic response was the broad use of digital technology for religious purposes. Churches in 1918 relied entirely on in-person meetings for community support, healing services, and worship.

Many churchgoers experienced spiritual isolation as a result of church closures, which fuelled the growth of autonomous prophetic movements that prioritised house fellowships and small-group worship. In contrast, churches used digital channels to continue religious involvement during COVID-19. They adopted livestreaming services on Facebook, YouTube, and Zoom, and they also used online tithes and donations to retain financial support. While smaller churches struggled because of restricted internet connection and budgetary restraints, megachurches like RCCG, Winners' Chapel, and Deeper Christian Life Ministry were able to shift smoothly because of pre-existing media infrastructures. Long-term changes in Christian worship have resulted from this technological transformation; many churches have continued to hold hybrid services (online and in person) even after the pandemic ended. Notwithstanding these developments, digital worship presented difficulties, especially for rural congregations with poor internet access. Moreover, because many Christians found virtual church services less satisfying than traditional gatherings, the sense of community and spiritual fellowship was undermined. The success of COVID-19's digital adaptation marks a dramatic change from 1918 when churches lacked any way to hold worship other than physical assembly (Aluko 2020).

Humanitarian Engagement and Increased Church Involvement in Social Welfare

A significant distinction between the two pandemics is the extent of the church's humanitarian efforts. Christian churches in Nigeria did not contribute significantly to social welfare during the 1918 influenza outbreak. Since the pandemic happened during colonial rule, there was little interaction between Christian organisations and public health services, and many of them were exclusively focused on spiritual interventions. However, church-led humanitarian initiatives dramatically increased during the COVID-19 pandemic. In order to support overburdened healthcare systems, several denominations created medical facilities, gave financial assistance to families in need, and donated relief supplies (Aluko 2020:120–121). It is noteworthy that churches that had previously disassociated themselves from social activity now play a larger role in community welfare, indicating a change in how Christians are understood to be responsible during emergencies. This distinction demonstrates the Nigerian churches' increasing institutional power

in the present era. Today's Christian institutions are better equipped financially and structurally to address societal crises than they were in 1918, when churches had little say in public health programmes. This development implies that contemporary churches view their function as socially, politically, and humanitarily significant, in addition to spiritually so.

Perceptions of Pandemics as Punishment for Sin vs Scientific Explanations

The way that pandemics were interpreted theologically in the two periods is another notable distinction. The consensus in 1918 was that the pandemic was divine retribution for the misdeeds of society. Seeing the illness as a component of God's wrath, many Christian leaders, especially in indigenous churches, urged followers to turn from their sins and seek divine protection (Ayegboyin and Ishola 2013). During this period, rites of spiritual purification and prophetic visions became widespread. During COVID-19, there was a discernible trend towards scientific explanations, even though some aspects of this belief remained. Numerous Christian leaders encouraged people to take precautions after acknowledging the virus's biological nature. Nonetheless, some charismatic and Pentecostal preachers persisted in relating COVID-19 to the Book of Revelation and the arrival of the Antichrist in order to present it as proof of end-time prophecy (Aluko 2022:10–17). This difference in theological interpretation highlights how religious views have changed throughout time, with modern Christianity showing more receptivity to scientific discussion, albeit with occasional opposition.

Implications of the Various Responses

Indeed, different implications could be gleaned from the various responses of the Christian church in Nigeria towards the two pandemics under study. Below are some of the implications of these responses.

1. The two pandemics have brought about the continuous and massive spread of Christianity to the nooks and crannies of the country. The two pandemics brought about the expansion of the Christian religion in and outside the country through various media outlets. Those who had not heard anything about Christianity before the 1918 pandemic

were made to know about the religion through the activities of many itinerant prophets and prophetesses.

2. While many people sought the face of God for healing during the 1918 pandemic, there was a renewed interest in the use of orthodox medicine for many people to be healed and protected from the scourge of the disease.
3. Cleanliness was encouraged, as many Christians were urged to always wash their hands before entering the church and make it a point of duty in their daily lives. This has caused some people to become used to this kind of way of life; it has become part and parcel of them as they have now inculcated the habit in their daily lives.
4. While the Christian church was relatively active in supporting the colonial government during the 1918 pandemic, it was very active in supporting the government during COVID-19. This is seen in the churches' contribution of money, hospitals, drugs, etc. This shows that the Christian church has the country's interests at heart. Invariably, the church has demonstrated the love of Christ to the nation.
5. It has been shown that it is not a sin to use orthodox medicine, as some Christians have claimed it to be. With the way many church leaders are encouraging the use of vaccines to help with COVID-19, there is a paradigm shift from the scenario of 1918 when many Christians depended on the power of prayer for divine healing. This shows that the same God who heals with prayers also answers prayers for the scientist's success in producing good medicines that cure illnesses.
6. The various responses have helped in the growth of the country at large. This is seen in how the Christian churches have brought succour to the country's populace, who are often the brunt of every pandemic.
7. No doubt, the switch to online services was an excellent idea, but only for those who could afford it, who cannot be compared to those who could not afford it. Thus, many Christians were left to themselves like

sheep without a shepherd, as there was no means they could continue to worship together.

8. Christians, especially Christian leaders, are to be conscious of whatever they say in times of crisis of this nature. With the various conspiracy theories peddled around during the COVID-19 pandemic, many might have believed these leaders to their detriment. Some might have even determined not to take the vaccines (assuming they are from the devil) nor use the 5G network (believing it is the cause of the virus). Whatever is being uttered by these people ought to be 'seasoned with salt' any time they discuss national issues.

Conclusion

Pandemics are not a normal experience in the world. There has never been a time the world has experienced a pandemic and remained the same. It often brings devastation to all and sundry. The two pandemics under study have shown the high mortality rate usually recorded during pandemics. They have affected the Christian church so greatly that Christians could not worship together, as churches were locked down with no movement in the country. This has made the Christian church in the country respond to the pandemic in its own way. However, their responses differ even as they have two different epochs. This may be attributed to technological advancement, improved medical knowledge, scientific innovations, the advent of social media, and so on. Their responses are sometimes negative, like the conspiracy theories being peddled. Still, they have been mostly positive to the extent that the Christian religion benefited from it. More importantly, it must be noted that for every pandemic in the country, there will be a corresponding increase or growth in the spread of Christianity in the country, albeit in different dimensions.

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