

## **To vaccinate or not to vaccinate: A mandatory or conscience decision?**

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### **Abstract**

Faith communities are challenged during the COVID-19 pandemic to urge their members to take a decision to vaccinate or not to vaccinate. The relationship between religion and medical sciences, especially with regard to vaccination, has not always meant that they complemented each other, but there is general agreement amongst religions that vaccination is acceptable to save lives. The purpose of vaccination is to secure herd or population immunity, but the spread of misinformation about vaccines and conspiracy theories, some based on religious beliefs, puts all vaccination efforts at risk. It ultimately influences the decision people should make to vaccinate or not to vaccinate. The question of mandatory vaccination for all and vaccination based on an individual decision according to conscience seems like a paradox, but the comprehensive, second-level normative ethical approach or ethic of responsibility proposed by De Villiers (2020) can be helpful to address this dichotomy. This is in line with an ethics within an African context that is indigenous, interdependent, and holistic. The article follows an interdisciplinary approach that incorporates contributions from the fields of medical science, religion, and ethics. A comprehensive, second-level, normative ethical approach provides contextual appropriateness and an adequate continuity with ethical traditions that are helpful to address vaccine hesitancy and create therapeutic alliances to address challenges presented by the pandemic.

### **Keywords**

*ethic of responsibility; vaccination; conscience; mandatory; interdependent; indigenous; holistic*

### **Introduction**

The pandemic has exposed the paradox that while we are connected, we are also more divided ... to come out of this crisis better, we have to recover the knowledge that as a people we have a shared destiny.

The pandemic has reminded us that no one is saved alone. What ties us together to one another is what we commonly call solidarity. Solidarity is more than acts of generosity, important as they are; it is the call to embrace the reality that we are bound by bonds of reciprocity (Pope Francis).<sup>1</sup>

The COVID-19 pandemic still has a significant impact on the South African society at a health, human, social, and economic level, and the development of COVID-19 vaccines offers the most promising means to safeguard personal health; to protect the most vulnerable populations; to reopen social and economic life; and to achieve population or herd immunity (Cooper, Van Rooyen & Wiysonge 2021). “Herd immunity” or “population immunity”<sup>2</sup> views maintaining high vaccination coverage as the best protection against disease outbreaks (Reimer-Barry, 2015). It means that when a large proportion of the population is vaccinated, the spread of the disease is limited.

## Vaccine hesitancy

Besides factors like supply of vaccines, infrastructure and accessibility, vaccine hesitancy poses significant risks to achieve population immunity. Vaccine hesitancy involves varying levels of doubt, indecision, uncertainty, or the mistrust of vaccines (Cooper et al. 2021). It is the delay in accepting or refusing to take vaccines despite its availability. Msomi (2021) points out those barriers like vaccine hesitancy impede efforts to protect people against severe disease and death.

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1 Prof Salim Abdool Karim (2021) quotes Pope Francis during his evaluation of the South African response to the pandemic after a year.

2 The principle of “herd immunity” protects those who are not immunised, including those who cannot be vaccinated and those for whom vaccination was not successful. As the number of those vaccinated increases, the protective effect of “herd immunity” increases (Reimer-Barry 2015). The term “herd immunity” implies that human beings are social creatures and today live in a multiplication of social relationships, which make a daily interdependence of citizens possible, having many interactions and activities, and bringing many and varied forms of associations. The complexity of our social interactions demands the tracking of schedules and social networks of infected and affected persons, who form part of this “herd”, and religious people are not excluded.

Research on vaccine hesitancy proves that the uptake of a biomedical intervention like vaccines is a complex social phenomenon because it is influenced by social factors like age, race, education, politics, religion, geographical location, and employment (Cooper et al. 2021). Vaccination is a complex social process that is deeply embedded in the social worlds of people, which should be taken seriously and placed at the centre of vaccination efforts. These efforts involve more than information and education, but also include their beliefs and life experiences. Msomi (2021) lists factors such as lack of confidence, socio-demographic misinformation, and conspiracy theories that are often spread online and include social media that encourage vaccine hesitancy.

## **Vaccine apartheid**

Another equally important factor is the unequal distribution of vaccines in the global south or low-income countries, especially in African countries. Naidoo (2021) regards the neo-liberal economic order, together with the legacy of apartheid and colonialism, as contributing factors to vaccine inequality in South Africa. The global public health response fails to consider the need for equitable access and social variations, failing to understand the reality of African countries. Naidoo (2021) argues that the COVID-19 pandemic emphasised health care as a social justice issue, especially in the light of the prevalence of “vaccine apartheid”.

Vaccine apartheid is the inequitable access and distribution of vaccines across the world that prolong the pandemic. This is made worse by hoarding of vaccines by wealthier countries at the expense of its availability in the Global South. Vaccine apartheid is furthered by pharmaceutical companies that choose profit over public health, while vaccines are developed with public money and are actually public goods.

Naidoo (2021) sees this as a disrespect of the right to healthcare guaranteed by the International Covenant on Economic, Social and Cultural rights and by Section 27 of the South African Constitution. This system of vaccine apartheid is described as a catastrophic moral failure and the price is mostly paid by poorer countries in the Global South. Moodley et al. (2021) also point out the inequality in access to COVID-19 vaccines, because high-

income countries were buying up huge stocks of vaccines in advance, leaving LMICs at the back of the line, with national governments not being able to negotiate the fairest deals on behalf of their countries. This undermines global solidarity among countries to ensure the equitable distribution of vaccines. Ethically the Fair Priority Model, with its fundamental values of benefit and minimising harm, prioritising the disadvantaged, and equal moral concern was ignored.

### **An interdisciplinary approach bridges medical science, religion, and ethics**

The article argues for a response to COVID-19 that is reminiscent of the realities in the African context and includes an approach that is interdependent, indigenous, and holistic. The essay follows an interdisciplinary approach which is relevant to research in the disciplines of medical science, religion, and ethics. Aboelela et al. (2007:341) define interdisciplinary research as a study that integrates theoretical frameworks, uses study design and methodology as well as the perspectives and skills of the involved disciplines throughout multiple phases of the research process. Researchers conduct interdisciplinary research because they recognise the limitations of one disciplinary perspective when they tackle complex healthcare and health policies of research. Aboelela et al. (2007:343) state that

Interdisciplinary research must increasingly become the standard rather than the exception because the approaches needed, and the implications of health care and health policy research are by their very nature disciplinary.

Interdisciplinary research has a more synthetic mutual interaction because it bridges and confronts disciplinary approaches, juxtaposing, combining, integrating, and transcending different parts in the disciplines involved (Huutoniemi et al. 2009:180). Serfontein (2019) utilises interdisciplinarity as a methodology to arrive at a more comprehensive understanding of the distinctive human imagination, religious imagination, and morality. She illustrates how interdisciplinarity can function as a bridge theory between evolutionary anthropology, theology, and ethics.

Drawing from insights in medical science, religion, and ethics, it is argued that a comprehensive, normative, ethical approach or an ethic of responsibility proposed by De Villiers (2020) includes an African ethic that is an interdependent, indigenous, and holistic approach. De Villiers (2020) questions whether religious or secular ethicists should take moral responsibility for the challenges faced by contemporary society. Religious and secular ethics are hesitant to accept each other's approach to ethical issues while both are assuming that their moral values have sole validity in all spheres of life. An ethic of responsibility, in line with Max Weber's understanding, presupposes the enormous expansion of the scope of moral obligation, which correlates with the increase of human power to transform the social and natural environments as a result of scientific research, organisational, and technological innovation (Villiers 2020:170).

A comprehensive moral or ethical responsibility is exercised in everyday life, facilitates decision-making and reflects on a comprehensive strategy to address the complex problems of contemporary societies (De Villiers 2020:171). For religious groups, it implies that they should let go of the tendency to have sole authority over morals and acknowledge that there is a plurality of normative ethical approaches in contemporary society. Religious groups should strive towards strengthening the moral fibre of society and adapt their epistemological and hermeneutical presuppositions. Refusing to do so will make their stance seem morally irresponsible (De Villiers 2020:179).

## **Religion and vaccination: A complex relationship**

Religious beliefs influence vaccination hesitancy, and the spread of misinformation further increases fear for vaccination; but an interdependent, indigenous, and holistic approach can bring positive results. Randall (2020) states that religion and medicine had a complex relationship for centuries but collaborated on the prevention of disease. According to Lehman (2021), those religious groups have unique concerns about vaccines, but they support its importance. Pelčić et al. (2013) argue that the majority of religions respect life as a basic value and oppose the use of vaccines derived from aborted human foetuses (Catholicism) or any

form of life (Buddhism) but permit it only if it can save many more lives. Three views stand out among Christians: those who fully accept vaccination and do not address the subject; those who have religious objections to vaccinations but focus on deliberate choice; and those who have religious objections and preach against vaccinations (Ruijs et al. 2013:11). Bangura (2016:13) proposes that church leadership is crucial and includes supplying a hermeneutically sound exposition of Scripture; harnesses the knowledge of health practitioners; adopts multi-track approaches to contain the outbreak; and uses Bible interpretation, health education and community sensitization to build up the church and strengthen the faith of Christians (Bangura, 2016:5).

Mohler (2020) provides some critical points important in a Christian response to vaccination, namely that Christians do not believe in medical non-interventionism, but the moral legitimacy of medical treatment.<sup>3</sup> Part of the moral debate is whether governments should make vaccination mandatory or leave the decision up to the individual. The refusal of vaccination on religious exemption raises the question whether religious freedom can be a threat to public health (Pelčić et al. 2013). Religions can provide perspectives on vaccination that are rarely used in debates on the topic, like the notion of solidarity, risk sharing, or taking the risk of vaccination on behalf of those who cannot be vaccinated because of a medical contra-indication or other conditions.

## **An ethic of responsibility includes mandatory and conscience**

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3 Mohler (2021) points out that a Christian view of vaccination also includes the kind of technology used to develop the vaccine and what role it plays; the efficacy and safety of the vaccine; whether treatment should be made mandatory by the governing authority or members judge for themselves; the common good principle that is sensitive to those who cannot take the vaccine or do not have access to the vaccines; the integrity of the family; and lastly access and priority, whereby those who are at greater risks or serving on the frontlines of this pandemic ought to be the first in line.

## ethical decisions

### A mandatory response requires adherence to the rules

When vaccine access was part of the implementation trial period, participation remained voluntary, but now that we are in the roll-out phases, the question of mandatory vaccination arises stronger. Moodley et al. (2021) state that “mandatory vaccination will only be an option when COVID-19 vaccines have full registration with the South African Health Products Regulatory Authority”. Calitz (2021) continues with the debate about whether receiving the vaccine can be legally mandated, and argues that such a question should be assessed in the light of constitutional rights and the ethos enshrined in the Constitution of South Africa. She further argues that the lack of adequate legislation that mandates compulsory immunisation the country could be placed at risk of further transmission and a spike in deaths.

Calitz (2021) proposes compulsory immunisation in line with employment legislation and regulations such as the *Labour Relations Act 66 of 1995* (RSA, 1995); the *Occupational Health and Safety Act 95 of 1993* (RSA, 1993); the *Employment Equity Act 55 of 1998* (RSA, 1998); and the *Basic Conditions of Employment Act 75 of 1997* (RSA, 1997). Employers may thus introduce mandatory vaccination in the workplace and when employees refuse vaccination it constitutes constructive dismissal. Moodley et al. (2021) state that employers need to institute policies to ensure a safe working environment for all, which is in line with Section 23 in the Constitution of South Africa (RSA, 1996), which states that “everyone has a right to fair labour practices”. The preferable approach would be to encourage all staff to vaccinate, but legal and human rights considerations should be considered according to the *Disaster Management Act 57 of 2002* (RSA 2002) and the *National Health Act 61 of 2003* (RSA 2003). This could be resolved through the reading of Section 36 in the Constitution (RSA, 1996) that provides for conditions under which limitation of rights may occur in the interest of the public good.

Calitz (2021) provides evidence from legislation that there is no absolute limitation of the right envisaged in Section 12 of the Constitution (RSA, 1996) and that the courts should consider broader societal and government

interests when balancing competing rights. A mandatory approach to vaccination means that there is a law or rule that requires of law-abiding citizens to vaccinate, and anyone who does not follow the rule will be punished by law. In such a case, ethical decision-making is based on adherence to the rules that apply.

Smedes (1991:65) states that one cannot live the moral life without rules, but not all rules are the same. Moral rules point us toward a good life, because they tell us how to live in a way that contributes to the goodness of human life for ourselves and others. A teleological perspective, from the Greek word *telos*, which means *end*, *goal*, or *purpose*, supports the view that morality and moral rules are about harmonizing our lives with the goal of the good and the happy humanity that God the Creator dreamed about (Smedes 1991:66).

Rules (obligations) guide moral decision-making and play a role in our judgement of what is right or wrong (Conradie, 2005:37). Rules, regulations, and obligations provide a stable and well-defined basis for moral decision-making but may sometimes lead to legalistic and inflexibility when applied. The abstract rule or the categorical imperative of Immanuel Kant states that human beings should always be treated as ends in themselves and not as a means to an end. This is further extended in the notion of respect for life, a rule developed by Albert Schweitzer. Moral goals and moral rules can complement one another. Keeping rules is not enough; we need to set goals for ourselves to flourish. These goals should be based on authentic vision, otherwise they become sterile; goals might become destructive without the constraint of moral rules; and what we should not do while we are achieving our goals (Conradie 2005:38).

Azenabor (2008:229) argues that the *golden rule principle*, “do unto others what you want them to do unto you”, well-known in African ethics and in religious traditions, together with the *categorical imperative principle*, “act only on that maxim through which you can at the same time will that it should become a universal law or the good for all”, can bring consideration of consequences for the self and for the other in an African moral context. He states that whether these two principles start from consideration of consequences for the self (golden rule) or the other (universalizability principle), both put the interests of others like family,

friends and community for cooperation, solidarity, and fellowship first, not using others as a means to an end for one's own self-interest (Azenabor 2008:237).

Afolayan (2018:242) gives an interesting view on how the categorical imperative is compromised in African Pentecostalism, especially in making moral decisions. Pentecostals tend to sacrifice truth and justice for the sake of their being, but they are compelled to uphold the moral duty of what is right, good, just, and true. From their Pentecostal spirituality, they have the power that is available to everyone to know and work out their moral duties and to act on them (Afolayan 2018:242).

### **A conscience decision requires moral judgement**

Conscience describes what a person believes is right and how a person decides what is right, informing one of one's values and principles, becoming the standard one uses to judge whether actions are ethical or not (The Ethics Centre 2017:1). One's ethical awareness is one's ability to recognise ethical values and principles, based on Thomas Aquinas' teachings that conscience emerges from synderesis or the spark of conscience, the ability of the human mind to understand the world in moral terms. Ethical decision-making is one's ability to make practical decisions in the light of ethical values and principles, described by Aristotle as phronesis, the goodness of practical reason, the ability to evaluate a situation clearly in order to know how to act virtuously under the circumstances (The Ethics Centre, 2017:1).

### **A response based on conscience**

Moral conscience is a person's judgement about a given action, drawing from various sources such as common sense, basic science, history, law, experience, and religion (Velez 2009:122). It is also considered the proximate norm of conduct as the immediate source of information guiding human actions, considered to be sacred because it allows a person to exercise reason. A well-formed conscience is effective because it makes practical judgements with relative ease or after seeking the necessary advice (Velez 2009:123). The right to act according an informed judgement of conscience is an essential manifestation of freedom, and when that is removed, freedom is curtailed (Velez 2009:124).

Uduigwomen and Okeke (n.d.:1) argue that most ethical theories comprise a two-valued logic, either focused on the individual (conscience of man or *uze-mmadu*) or the communal (conscience of society or *uze-obodo*), but they propose a three-valued logic called complete conscience or *uze-ezumezu*. Circumstances determine whether one will follow the mandatory or the conscience route in ethical decision-making. Uduigwomen and Okeke (n.d.:20) argue that a person with complete conscience as a moral standard gives service to humanity from a sense of obligation with no force to do it and no judgement if failing to do so; has no ulterior motive, private or group interest; and focuses on doing good for good's interest. Uduigwomen and Okeke (n.d.:20) differ from Kant, who views the aim of the categorical imperative to create quality moral actions; instead, they argue that quality moral agents always produce quality moral actions.

The decision to vaccinate on the basis of one's conscience has to do with individual responsibility and there is no punishment when one decides not to do it. The decision to vaccinate against the COVID-19 pandemic is not mandatory but is in line with the idea that one cannot legislate people into being better moral beings, although making it law, like carrying a mask in public, would keep people in check and create the necessary population immunity to curb the spread of the virus. The question to be addressed is how one can help people to see moral living as an expression of their faith and to be able to judge what a moral course of behaviour should be (Kretzschmar & Hulley 1998:6).

Kretzschmar and Hulley (1998:7) argue that having enough information and the means to judge the facts can help one to make informed and morally responsible decisions and act responsibly, because one is responsible to God for actions and answerable to oneself and one another. Smedes (1991:31) proposes that the first thing one needs to do in moral decision-making is to know what the facts are that are filtered through one's personal beliefs, feelings, desires, and values, whereafter one declares it facts of the case. De Villiers (2020:167) argues for a moral sensitivity, because a consumerist culture has a way of bringing moral blindness to individuals.

Velez (2009:128) argues that ethical decisions based on conscience are not done in an isolated self-referential manner, but within the context of established moral and social forms and therefore identifies the need to form

the conscience to make correct judgements. Separating the judgement of conscience from truth and objective moral norms can easily lead to a false exaltation of human freedom, making individual conscience an arbiter of what is good and what is evil.

Returning to the main argument that mandatory vaccination is important to create herd immunity and prevent further spikes in COVID-19 spreads and deaths, one's democratic and human rights-based milieu does not allow compulsory vaccination. Calitz (2021) argues that the right to freedom and security of a person is enshrined in Section 12 of the *Constitution of South Africa* (1996) and makes it clear that every person has the preponderant right to make decisions on health and medical interventions and treatment, which include the acceptance or rejection of the vaccine. She further concurs that it might be true that when most people are vaccinated, herd immunity is created, but also admits it does not guarantee that when one is vaccinated it is effective; its long-term effects on people; that a person will not be infected; and whether social solidarity trumps individual or patient autonomy. She further proposes ubuntu as an African value that can assist with the dichotomy of individual and collective decision-making when dealing with the pandemic. The next section focuses on an African philosophical and ethical framework that can help with understanding and overcoming the dichotomy.

## **An African philosophy and ethical framework are interdependent and indigenous**

The great African scholar John Mbiti once said,

Whatever happens to the individual happens to the whole group,  
and whatever happens to the whole group happens to the individual.  
The individual can only say: I am because we are and since we are,  
therefore, I am (Richardson 1998:43).

Richardson (1998:38) is of the view that an African understanding of ethical decision-making should not just include an individual response, but also a communal response because of the main features of ethics within an African context. In contrast with the Western dualistic view that treats everything in opposites, African thinking sees the togetherness and not

the separateness of things. In an African context, there is interdependence and harmony among people, the human and natural environments are in a natural balance, and any disruptions have a specific cause that can be detected and put to rights (Richardson 1998:28).

An African ethic has no room for departments of life but sees life as a whole. As Richardson (1998:39) points out, “the holism of traditional African thought militates against the isolation of morality as a topic separable from the whole life of the community”. White (2015:2) confirms that, when it comes to good health within an African context, an individual is viewed as a collective member of the community, which includes good relations with the ancestors; values and norms of society; and interaction between the spiritual and physical well-being of people. The healing process is holistic, deals with the complete person, and treats physical, psychological, spiritual, and social symptoms (White 2015:3).

M’fundisi-Holloway (2018:93) states that people who came for healing did not come for healing of the physical body, but a holistic one, which includes the mind and social well-being of a person and the community they belong to. Within the African context, issues like sickness, sorcery, witchcraft, and demon possession need an understanding of the African consciousness, otherwise people with a Western mindset will not understand their take on socio-spiritual and economic issues (M’fundisi-Holloway 2018:93). Healing encompasses all life’s experiences and afflictions.

Indigenous groups feel more comfortable with indigenous and interdependent forms of healing as an alternative to Western psychological services. Interdependent cultures hold values like social connectedness, collectivistic relationships, spiritual worldviews, and informal helping networks evident from indigenous healing perspectives (Ye et al. 2004:412). The interdependence perspective is the basis for indigenous healing approaches and differs from Western approaches because it emphasises the self in relation to, and not in separation from others; seeing the person not as separate from the social context, but as more connected to and less differentiated from others (Yeh et al. 2004:412).

The concept of ubuntu explains this even further that an individual should act in a manner that benefits the greater community. Schutte (1994:29) finds in the ideas *umuntu ngumuntu ngabantu* and *seriti* the African idea of

community that is opposed to all kinds of individualism and collectivism. Schutte (1994:30) argues that the African view of community is based on both the community and the person. Founded on the principle of dialogue and reciprocity in this sense, the community has priority over the individual without crushing, but allowing the person to blossom. It takes one back to the words expressed by Pope Francis that all are connected in solidarity with bonds of reciprocity.

Calitz (2021) states that mass vaccination promotes the principle of ubuntu and protects the individual and the broader society. Within our constitutional ethos a person's decision to receive vaccines should be voluntary without undue influence, which our Constitution (1996) respects and protects. Dzinamarira and Musuka (2021) plead that the effect of cultural tendencies on the COVID-19 pandemic should not be ignored, because tradition and culture play a pivotal role in determining individual and community level conduct such as attributions to illness, health-seeking behaviours, and community willingness to comply with measures instituted to curb the spread of the disease. They argue further that cultural beliefs and values contribute to the success or failure of a country to curb the spread of COVID-19.

Cooper et al. (2021) submit that interventions should be properly understood and grounded in localised contexts and value systems, considering that vaccine beliefs are rooted in distrust of institutions, and historical and contemporary experiences of inequality, injustice, and exploitation. It requires a lot of cultural sensitivity, knowledge of the self, and cross-cultural competency in culturally diverse settings. Yeh et al. (2004:415) propose *therapeutic alliances* as a way to be inclusive of indigenous healing perspectives and suggest openness to indigenous healing practices. In line with the notion of cultural sensitivity, White (2015:6) advises that one should not be quick to judge but be ready to learn new things and make the right choices on the basis of one's faith and conscience.

## **Two narratives from church history**

I would like to address the notion of conscience in moral decision-making by referring to two narratives that influenced Christianity and had an

impact on Pentecostalism in South Africa. The one narrative is from the life story of Martin Luther, the 16<sup>th</sup> century reformer, and the other narrative from the AFMSA response to the smallpox pandemic of the 20th century.

### **A narrative of conscience from the Reformation**

The bubonic plague was sweeping through the whole of Europe and in a letter dated 1527, Luther wrote to clergy and people of faith about religious duty towards the sick and the dying, offering practical advice similar to the public health policy of social distancing, sanitising, and quarantining we have today. Pelikan et al. (1999) quote from Luther's letter,

all of us have the responsibility of warding off this poison to the best of our responsibility ... use medicines, take potions which can help you; fumigate house, yard, and street; shun persons and places wherever your neighbour does not need your presence or has recovered; and act like one who wants to help put out the burning city.

Luther further stated that God had created medicines and provided mankind with intelligence to guard and take good care of one's bodies that one can live in good health. Many years before the plague, Luther declared how important conscience was for him when he was challenged by the Roman Catholic Church on his theological views. These words have inspired generations of Christians at those crossroads when they had to choose between conscience and the world, they live in. Martin Luther said in 1521,

My conscience is captive to the Word of God. I cannot and will not retract anything since it is neither safe nor right to go against conscience. I cannot do otherwise, here I stand; may God help me. Amen. (Van Niekerk 2018:1)

Conscience plays such an important role when one has to make moral decisions and speak from the Reformed tradition. Van Niekerk (2018) draws parallels between Martin Luther who took a stand against ecclesial corruption on the basis of his conscience and Beyers Naudé who took a stand against the Afrikaner civil religion of apartheid. Van Niekerk (2018:1) states that Luther and Naudé are human beings with highly developed consciences who were morally obliged to follow a judgement of conscience

formed in good faith. The consciences of both Luther and Naudé were based on the Word of God and it had unintended consequences for them, proving that following one's conscience is a difficult matter in history and still today (Van Niekerk 2018:7). Boesak (2005:2, 213) proposes the restoration of the “tenderness of conscience”, which is not a privatized inner sense of right or wrong, but the refusal to live with injustice, poverty, and inhumanity.

### **A narrative of conscience from Pentecostalism**

Lapoorta (1996:66; Andrew 2005:107–107) relates this story of a Pentecostal response to vaccination during the smallpox pandemic of 1919. The Apostolic Faith Mission refused that their members be mandated to vaccinate against the smallpox pandemic on the basis of their belief in divine healing. Lapoorta (1996:66) states that “the movement were heavily opposed to medical schemes and the use of any medicines because it would mean that they do not trust God” and, more specifically, “the Apostolic Faith Mission opposed vaccination because they perceived it to be in conflict with their belief in divine healing”.

The government promulgated the *Public Health Act 36 of 1919* (Union of South Africa, 1919), which introduced compulsory vaccination and the AFMSA decided in their Executive Council, according to Lapoorta (1996), that in any contemplated legislation provision should be made for a conscience clause. The church went so far as to issue their members with certificates whereby they declare that on the basis of their acceptance of Scripture and the teaching of God's Word they do not permit their members to be vaccinated, inoculated or to use medicines or drugs. Lapoorta (1996) concludes that after a long and intensive battle with the authorities, a conscience clause was included in the legislation that exempts members of religions that do not permit them to vaccinate. The pressure of the AFMSA on the government led to a change in the vaccination policy, whereby a conscience clause was added to the policy, allowing people to refuse vaccination on the basis of their conscience.

Today faith communities are faced with the same issue, whether their members should vaccinate or not on the basis of their conscience. The

AFMSA developed their own theological response to vaccination<sup>4</sup> and supports a statement by one of the largest ecumenical bodies in South Africa, the South African Council of Churches (hereafter SACC)<sup>5</sup> on vaccination. In both statements there is room for individual choice or personal responsibility and a sense of communal accountability that can cause the immunity of the entire population.

## Conclusion

As responsible moral agents, individuals should be allowed to make a personal choice on the basis of their conscience, but they should keep in mind that they are interacting with their fellow humans, environment, and community at a psychosocial, cultural, and spiritual level. An ethic of responsibility helps faith communities to respect religious freedom and the health of the public, seeing it as interdependent, and demands therapeutic alliances that are sensitive at all these levels. Transparent dialogue respects the concerns of people and instils confidence, getting information in order make informed decisions and an integrated strategy that considers the contexts of people. Vaccine hesitancy can only be overcome, and population immunity achieved when individual responsibility and communal accountability are kept in balance. An African ethic of responsibility based

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4 In a letter dated 12 January 2021, the AFMSA addressed the uncertainty about the possible vaccines available to fight the Covid-19 pandemic due to conspiracy theories that are presented as Bible based and normative. The national office bearers of the AFMSA offered some guidelines on how followers of Christ should take the vaccine and conduct themselves, namely to acknowledge the reality of the virus and the pandemic; resist evil in whatever form it manifests itself; remain hopeful if the pandemic introduces the end of time; take the necessary hygienic precautions against the virus and make a choice of vaccination on the basis of sound information and good common sense; and not to make an issue of personal choice (like vaccination) an issue of sin, judgement or condemnation.

5 In a recent press statement produced by the South African Council of Churches (hereafter SACC), a united churches' response was developed to the COVID-19 vaccine. They state that "without accurate and authentic information people are misled by many discredited and fake tales from outlandish sources" (SACC, 2020). The SACC sees the development of vaccines by the scientific community as an answer to prayer for God's intervention and welcomes vaccines as the best hope to save lives in the midst of the pandemic. They see population immunity as a way of gradually returning families and communities to a more normal routine and that prayers can turn to thanksgiving for the preservation of life (SACC, 2020).

on values like ubuntu, holism, communalism, and authority in community can be helpful in that regard.

## References

- Afolayan, A. 2018. Pentecostalism, Political Philosophy, and the Political in Africa. In A. Afolayan, O. Yacob-Haliso & T. Falola (eds), *Pentecostalism and politics in Africa: Africa histories and modernities*. Cham: Palgrave MacMillan. 223–244.
- Aboelela, S.W., Larson, E., Bakken, S., Carrasquillo, O., Formicola, A., Glied, S.A., Haas, J. & Gebbie, K.M. 2007. Defining interdisciplinary research: conclusions from a critical review of the literature. *Health Services Research* 42(1):329–346, Part 1. [Online]. Available: <https://www.researchga.net/publication/6450790> [Accessed: 20/07/2021].
- Andrew, D. 2005. From vision to structure: assessing the Apostolic Faith Mission of South Africa. Unpublished doctoral thesis. Bellville: University of the Western Cape.
- Azenabor, G. 2008. The Golden Rule principle in an African ethics, and Kant's Categorical imperative – a comparative study on the foundation of morality. *QUEST: An African Journal of Philosophy/Revue Africaine de Philosophie* xxi:229–240. [Online]. Available: <http://www.quest-journal.net> [Accessed: 12/04/2021].
- Bangura, J.B. 2016. Hope in the midst of death: Charismatic spirituality, healing evangelists and the Ebola crisis in Sierra Leone. *Missionalia* 44(1):2–18. [www.missionalia.journals.ac.za](http://www.missionalia.journals.ac.za), <http://dx.doi.org/10.7832/44-1-113> [Accessed 14/03/2021].
- Boesak, A.A. 2005. *The tenderness of conscience: African Renaissance and the spirituality of politics*. Stellenbosch: SUN.
- Calitz, T. 2021. Constitutional Rights in South Africa protect against mandatory COVID-19 vaccination. *Health and Human Rights Journal* [Blog]. [Online]. Available: <https://hhrjournal.org/2021/04/constitutional-rights-in-south-africa-protect-against-mandatory-covid-19-vaccination/> [Accessed: 08/07/2021].

- Cooper, S., Van Rooyen, H. & Wiysonge, C.S. 2021. COVID-19 vaccine hesitancy in South Africa: A complex social phenomenon. *South African Medical Journal* 111(8):702–703. <https://doi.org/10.7196/SAMJ.2021.v111i8.15800> [Accessed: 30/06/2021].
- Conradie, E. 2005. *Christian identity – an introduction*. Stellenbosch: Sun Press.
- De Villiers, D.E. 2020. An Ethics of Responsibility for our time: a proposal. *Stellenbosch Theological Journal* 6(1):163–184, <http://dx.doi.org/10.17570/stj.2020.v6n1.a10> [Accessed: 15/07/2021].
- Dzinamarira, T. & Musuka, G. 2021. When culture, traditions and public health clash: A paradigm shift urgently needed to stem the spread of COVID-19 in Zimbabwe. *South African Medical Journal* 111(4):13235. <https://doi.org/10.7196/SAMJ.2021> [Accessed: 04/04/2021].
- Huutoniemi, K.I., Klein, J., Bruunc, H. & Hukkinena, J. 2010. Analyzing interdisciplinarity: Typology and indicators. *Research Policy* 39:79–88.
- Karim, S.A. 2021. COVID-19 in SA: Professor Salim Abdool Karim reflects on the past year, eNCA. [Online]. Available: <https://www.enca.com/videos/covid-19-sa-professor-salim-abdool-karim-reflects-past-year> [Accessed: 08/07/2021].
- Kretzschmar, L. & Hulley, L. 1998. Ethics in South Africa today. In L. Kretzschmar & L. Hulley (eds). *Questions about Morality and Life: Christian Ethics in South Africa Today*. Pretoria: Van Schaik Publishers. 1–9.
- Lapoorta, J.J. 1996. *Unity or division: The unity struggle of the black churches within the AFM of SA*. Cape Town: Revelation Desktop Publishing.
- Lehman, C. 2021. Faith leaders spread the word: get vaccinated. *WebMD Health News*. [Online]. Available: <https://healthum.com/faithleaders-spread-the-word-get-vaccinated> [Accessed: 02/02/2021].
- Pelikan, J.J., Oswald, H.C. & Lehmann, H.T. 1999. Martin Luther: Whether one may flee from a deadly plague. In J.J. Pelikan, H.C. Oswald & H.T. Lehmann (eds). *Martin Luther, Luther's Works, Vol. 43: Devotional Writings II, vol. 43*. Philadelphia: Fortress Press. 119–138,

- M’fundisi-Holloway, N. 2018. When Pentecostalism meets African indigenous religions: conflict, compromise, or incorporation? In A. Afolayan, O. Yacob-Haliso & T. Falola (eds). *Pentecostalism and politics in Africa: Africa histories and modernities*. Cham: Palgrave MacMillan. 87–100
- Mohler, A. 2020. Principles for Christian thinking in context of COVID vaccines. *Kentucky Today*. [Online]. Available: file:///D:/ACADEMIC ARTICLES/Principles for Christian thinking in context of vaccines-KentuckyToday.html [Accessed: 02/02/2021].
- Moodley, K., Blockman, M., Pienaar, D., Hawkridge, A.J., Meintjies, J., Davies, M.J. & London, L. 2021. Hard choices: Ethical challenges in phase 1 of COVID-19 vaccine roll-out in South Africa. *South African Medical Journal* 111(4):554–558. [Online]. Available: <http://doi.org/107196/SAMJ.2021.v111i6.155593> [Accessed: 16/04.2021].
- Msomi, N. 2021. How can vaccine hesitancy be tackled? Experts propose the “five Cs” as solution. [Online]. Available: <https://www.news24.com/health24/medical/infectious-diseases/coronavirus/how-can-vaccine-hesitancy-be-tackled-experts-propose-the-five-cs-as-a-solution-20210611-3> [Accessed: 11/06/2021].
- Naidoo, P. 2021. Where geopolitical power, inequality and corporate greed collide, vaccine apartheid is inevitable. *Daily Maverick* 13 June 2021. [Online]. Available: <https://www.dailymaverick.co.za/article/2021-06-13-where-geopolitical-power-inequality-greed-collide-vaccine-apartheid-is-inevitable> [Accessed: 13/06/2021].
- Pečić, G., Silvana Karačić, S., Mikirtichan, G.L., Kubar, O.I., Leavitt, F.J., Cheng-tek Tai, M., Morishita, N., Vuletić, S. & Tomašević, L. 2016. Religious exception for vaccination or religious excuses for avoiding vaccination. *Croatian Medical Journal* 57(5):516.
- Randall, R. 2020. Should pastors speak up about the COVID-19 vaccine? *Christianity today*. [Online]. Available: <https://www.christianitytoday.com/ct/2020/december-web-only/should-pastors-speak-up-about-covid-19-vaccine.html> [Accessed: 02/02/2021].

- Reimer-Barry, E. 2015. Herd immunity and theological anthropology: A Catholic case for vaccinating your children. [Online]. Available: <https://catholicmoraltheology.com/herd-immunity-and-theological-anthropology-a-catholic-case-for-vaccinating-your-children> [Accessed: 16/08/2021].
- Richardson, N. 1998. Ethics in an African context. In L. Kretzschmar & L. Hulley (eds). *Questions about morality and life: Christian Ethics in South Africa today*. Pretoria: Van Schaik Publishers. 37-48.
- Republic of South Africa [RSA]. 1993. Occupational Health and Safety Act 85 of 1993. Pretoria: Government Printer.
- Republic of South Africa [RSA]. 1995. Labour Relations Act 66 of 1995. Pretoria: Government Printer.
- Republic of South Africa [RSA]. 1996. The Constitution of the Republic of South Africa, South African Government. [Online]. Available: <http://www.gov.za/DOCUMENTS/CONSTITUTION/constitution-repyblic-south-africa-1996-1> [Accessed: 14/08/2021].
- Republic of South Africa [RSA]. 1997. Basic Conditions of Employment Act 75 of 1997. Pretoria: Government Printer.
- Republic of South Africa [RSA]. 1998. Employment Equity Act of 1998. Pretoria: Government Printer.
- Republic of South Africa [RSA]. 2002. Disaster Management Act 57 of 2002. Pretoria: Government Printer.
- Republic of South Africa [RSA]. 2003. National Health Act of 2003. Pretoria: Government Printer.
- Union of South Africa. 1919. Public Health Act 36 of 1919. Pretoria: Government Printer.
- Ruijs, L.M., Hautvast, J.L.A., Kerrar, S., Van der Velden, K. & Hulscher, M.E.J.L. 2013. The role of religious leaders in promoting acceptance of vaccination within a minority group: A qualitative study. *BMC Public Health* 13:15. [Online]. Available: <http://www.biomedcentral.com/1471-2458/13/511> [Accessed: 02/02/2021].

- Serfontein, B. 2019. Imagination, religion and morality: An interdisciplinary approach. *HTS Theological Studies* 75(1):1–8. [Online]. Available: <https://hts.org.za/index.php/hts/article/view/5350/12782> [Accessed 08/07/2021].
- Smedes, L.B. 1991. *Choices: making right decisions in a complex world*. San Francisco: Harper Collins Publishers.
- South African Council of Churches. 2020. The COVID-19 Vaccine: A theological guide. [Online]. Available: <https://www.churchinaction.org.za> [Accessed: 04/04/201].
- Schutte, A. 1994. Philosophical Ethics. In C. Villa-Vicencio & J.W. de Gruchy (eds). *Doing ethics in context: South African perspectives*. New York: Mary Knoll. 24–35.
- The Ethics Centre. 2017. Ethics Explainer: Conscience. [Online]. Available: <https://ethics.org.au/knowledge/ethics-explainers/> [Accessed: 19/06/2021].
- Uduigwomen, A.F. & Okeke, J.C. n.d. Ethics of conscience: a discourse on the Igbo-concept of Uze-uzumezu. University of Calabra, Nigeria. [Online]. Available: <https://www.academia.edu/997722/ETHICS-OF-CONSCIENCE> [Accessed: 12/04/2021].
- Van Niekerk, B. 2018. Martin Luther and Beyers Naude: Driven by conscience. *HTS Theologiese Studies/ Theological Studies* 74(3):a4984. <https://doi.org/10.4102/hts.v74i3.4984> [Accessed: 14/08/2021].
- Velez, J. 2009. Freedom of conscience in ethical decision making. *The Linacre Quarterly* 76(2):120–132. <https://doi.org/10.1179/002436309803889232> [Accessed: 25/03/2021].
- White, P. 2015. The concept of diseases and health care in African traditional religion in Ghana. *HTS Theologiese Studies/Theological Studies* 71(3), Art.#2762, 7 pages. <http://dx.doi.org/10.4102/hts.v71i3.2762> [Accessed 14/03/2021].
- Yeh, C.J., Hunter, C.D., Madan-Bahel, A., Chiang, L. & Arora, A.K. 2004. Indigenous and interdependent perspectives of healing: implications for counselling and research. *Journal of Counselling & Development*, 84:410–419.