

The Impact of Traditional Health Practices, Revivalism, Patriarchy and Economic Factors on the History of the Baptist Convention's Health Response in Post-Independence Malawi

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Abstract

This article reports on a study that sought to investigate the impact of traditional health practices, revivalism, patriarchy and economic factors on the history of the Baptist Convention's health responses during the past 50 years of its existence in the South East Region of Malawi. During this period, Christians in Malawi continued to rely on traditional health practices, faith healing and biomedical medicine. Traditional healing practices were part of their culture and promoted by the patriarchy as some pastors of the church were also chiefs. Access to biomedical approaches became a challenge because of economic factors. Faith healing practices took a different form under the influence of revivalist movements. There are several studies on healing practices based on mainline churches in Malawi, however, there is a lack of similar studies on the Baptist Convention. The aim of the study was to investigate the impact of traditional health practices and economic factors on the history of the Baptist Convention's health responses in the South East Region of Malawi in the Post-Independence Era (post 1966). Based on qualitative ethnographic research, especially of participant observation since 2000, the study found that the Baptist Convention's health responses were always wholistic and influenced by the Baptist distinctive of individual conscience, patriarchy, economic factors and church polity. The Baptist distinctive is the total of several precious beliefs and practices based on the Bible.

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Introduction

The history of the Christian church in Malawi cannot be told without referring to the medical work brought by the missionaries. Each of the missions that came to Malawi up to 1910 started its own medical department, using the bio-medical approach (Rennick 2003), and even today a third of the medical care centres in Malawi belong to the churches. The missionary medicine broadly rejected traditional healing, but there was some overlap and compromise (Harawa 2023).

The Southern Baptist Convention missionaries from the United States (US), who arrived in Malawi in 1961, brought a Great Awakening piety with strong influences from the Second Evangelical Revival, at a time when the revival fervour had somewhat declined in the classical missions.

The year 1974 marked the beginning of the Blantyre Spiritual Awakening, with a piety that was strongly evangelical and evangelistic (Kawamba 2018). In early 1980, it ushered in the charismatic revival (Munyenyembe 2011) that also influenced the healing message of the various churches including the Baptist church.

Methodology

The current study applied a qualitative research method and utilised ethnographical approaches (Johnson 2018; Morris 2022). In this approach, participant observation was complimented by holding in-depth conversations with 10 key informants. The data was processed using a thematic approach and grounded theory where themes were generated based on narratives that came from the study participants' experiences. The letters Ke, Kf, Kg, Kn, Mb, Mf, Mg, Mn, Ms and Mw were utilised as pseudonyms since health issues are often sensitive. Approval was granted to conduct the study by the Mzuzu University Ethical Clearance Committee as part of the "Engaging African Realities" Nagel Institute Research Project.

The Baptist Convention's Health Responses and Traditional Healing

The people in the South East Region often practised dual religiosity, where belonging to the church did not mean disassociation from their traditional beliefs and cultures (De Kok, 2005; Mlenga 2016). The first leading Baptist pastors doubled as pastors and traditional chiefs which sometimes included practising as traditional healers (Participant observation, since 2000).

A pastor who was also known for his traditional ways of healing, once received a man in his house at night as the man could not proceed on his journey. In many cases chiefs were the first option to grant refuge to those in such circumstances. Fortunately, the chief was a pastor and this gave some relief to the stranger. When the pastor/chief met

the stranger, he requested him to display what was in his bag, and to explain the use of the roots in the bag. They were medicinal plants for treating different ailments. In the morning, the pastor/chief sent the stranger on his journey without the roots. (Mf 2021)

The first congregations in the South East Region originated from Blanche Wester from the US and Mary Phillips Galatiya, daughter of Daniel Philips, a coloured from the Cape Province in South Africa, with their husbands. Mary Phillips' mother was a Sotho and she became a member of the Somerset West Baptist Church. Mary Phillips married Stephen Galatiya, a Malawian who worked as a waiter in one of the hotels in Cape Town. When Mary Galatiya arrived in Malawi following her husband, she helped to organise the Ndalama Baptist Church, which had 30 members by the end of 1963. She helped in the sense that she and Blanche Wester worked with the women in the church in different capacities. For example, at the first general meeting under the leadership of missionary women that took place from 12–16 August 1968, she led the women in memorising Scripture (Longwe 2013, 252–253). This was the first Baptist Convention congregation in the region as well as in the whole of Malawi. During those early years, the missionaries' message was focused on evangelism and converting people to Christ.

The missionaries did not intervene in the traditional healing methods in the area in those early years. One major reason was their emphasis on converting people to Christ. This is well captured by Albright (1967, 7): “At the beginning of the Baptist mission work efforts were directed to evangelism and church development.” And more so, the missionaries' approach to evangelism was based on “conversion of villages”. In which chiefs were particularly targeted for conversion with the idea of them influencing their subjects to join the church. This approach has over the years been instrumental in the continuation of church leadership along bloodlines, where the sons of pastors become *de facto* leaders after their father's death.

The second reason for not intervening in traditional healing was that the missionaries did not know the Nyanja language well nor the culture of the area. Traditional healing approaches have cultural codes that outsiders could not easily know about (Longwe 2013, 39). Mary Philipps Galatiya, though African, had knowledge of Sotho initiation rites (Wikipedia 2024), but she could not comprehend the Nyanja initiation rites as the Sotho culture is patrilineal while the Nyanja is matrilineal. Initiation rites of girls and boys were a threat to their health because they promoted sexual relations before marriage. There were other harmful cultural rituals, such as widow cleansing through a sexual encounter with a *fisi* (hyena). Local Baptist leaders also turned a blind eye to these rituals because initiation rites gave girls and women acceptance within their cultures. Further, the church was more concerned with its presence as a denomination in an area where other churches had already taken root.

Radical Health Responses during the Evangelistic Crusades of the Early 1970s

The Baptist Church grew significantly in the 1970s through crusades referred to as “revivals”¹ at that time (Longwe 2013, 74). The revivalist attitude promoted a radical approach towards traditional cultural aspects that compromised living the message of Christ. However, the Baptist distinctive of individual conscience continued to influence their health choices.

The revival influenced many educated young people to commit themselves to Christian discipleship, with a tendency to be strict and to brook no compromise. The evangelistic crusades emphasised “discipleship” where the church emphasised living the message of Christ and following in the footsteps of their leaders (Longwe 2013, 74). However, this revival was mostly in the urban areas (Kawamba 2018). In this region, there was only one urban Baptist congregation and its members belonged to the para-church organisations, such as Scripture Union, New Life for All and the Students Christian Organization in Malawi (SCOM) (Kawamba 2018).

Patriarchy, Initiation Ceremonies and Healing

Traditional healing was related to initiation ceremonies. The creation of a church initiation programme began soon after the 1974 Blantyre revival as an initiative of the Women’s Union (*Umodzi wa Amayi*) (Longwe 2013, 257). The approach was intended to abolish traditional girls’ initiation and replace it with a church initiation programme, abolishing the traditional teachings that undermined abstinence, an important Christian teaching.² The church initiation ceremony focused on the call to conversion to Christ and on teaching the girls who had reached puberty to abstain from sexual intercourse until marriage (Longwe 2006, 92).

The Baptist women leaders and their supporting missionaries replaced the three-day traditional *chinamwali* with a ceremony lasting one hour all told. The highlight was the 20-minute reading of a booklet for the girls, making a clear call for the girls to follow Christ but missing all the excitement (and much of the information) of the traditional rite (Longwe 2006, 86–96).

This church initiation was also void of other aspects, such as traditional singing and dancing, that were viewed by church leaders as compromising the life of a Christian. The initiation was effective in that parents sent their girls to the sessions, resulting in health benefits. However, because of the limited traditional aspects, many parents sent their girls to traditional initiation rites soon after they had completed the church

¹ “An awakening in the zeal to evangelise beyond the borders of the church and Malawi.”

² Hebrews 13:4: “Marriage should be honoured by all, and the marriage bed be kept pure, for God will judge the adulterers and all the sexually immoral” (NIV).

initiation (Longwe 2006, 10 and 96), thereby risking being infected with sexually transmitted diseases (STDs).

Some mothers blatantly refused:

A pastor's wife in this region had many battles in her marriage because of insisting on sending her girl children for initiation rites. She never minded being disciplined by the church. She denied any counsel from members of the church and her husband who tried to dissuade her from participating in the rite. (Kn 2021)

In these matrilineal regions, initiation rites are very important because they are the only way of getting young people to be accepted as adults (Chakanza 1995). For girls and women, initiation rites are important in defining womanhood in this matrilineal society dominated by the Yawo, Nyanja, Lomwe and Chewa. The initiation rites, through songs, prose explanations and drama, mainly teach adolescent girls and women (either pregnant or had a first child) on how they can serve men in a sexual relationship. Some of the lessons include sex techniques and admonitions against denying a sexual partner (Fiedler 2005).

The androcentric nature of the teachings at initiation rites also predisposes girls and women to sexually transmitted infection (STI). The practice of including sexual rituals, where the initiates have sex with an unknown man (*fisi/hyena*) during initiation ceremonies, predisposes girls to STDs and sometimes early pregnancies that rob girl children of opportunities to further their education. The initiation also educates women and girls to serve men and boys and such teachings have also subjected women and girls to STI where serving men has been equated to having continued sexual relations with men and boys that are infected with STDs (Participant observation, Regional meeting, 2000).

A few congregations in the South East Region tried the "booklet initiation", but the attempt was soon abandoned. Instead, they adopted a Christianised initiation using the frame of the traditional rite with the only difference that the church initiation programme did not engage the *fisi/hyena* in the ceremony. (Participant observation, South East Region, 2000). This was fully accepted on the congregational level (Fiedler 2005, 17).

Before the initiation ceremony began, those participating were given a "herbal drink" with powers to protect initiates from being harmed by evil spirits. Many Baptist pastors in this region were chiefs during this early period and as custodians of the culture, they promoted initiation rites. The administration of herbal drinks was done even at initiation ceremonies where church members were initiates. (Mw 2021)

The non-compliance with booklet initiation was possible because of the Baptist distinctive of making individual choices through individual conscience. Thus, even though the church tried through the booklet initiation to preserve the health of girls and women, they had no authority to make members adhere to the church's health response.

However, the Nkhoma Synod, a Dutch Reformed Church from South Africa, had a highly successful church initiation programme (Pretorius 1950; Phiri 2021, 421). This supports the argument that hierarchical church structures (Presbyterian churches are referred to loosely as hierarchical) have the power to reinforce health responses among their adherents (Fiedler et al. 2023; Macintyre et al. 2013). Even though church initiation ceremonies were not well patronised in a sister hierarchical church, the Blantyre Synod, a Presbyterian church in Southern Malawi, showed that there were other elements about the Nkhoma Synod that made its hierarchical structure promote health responses to its members. One possible explanation is that the Nkhoma Synod is patriarchal, and only ordains men as clergy. Women have only been ordained as elders since 2009 (Chifungo 2023) and it is still the only Church of Central Africa Presbyterian (CCAP) Synod that refuses to ordain women.

Another explanation may be that the Nkhoma Synod replaced an elaborate traditional ritual with an equally elaborate and comprehensive Christian one. Another reason could be the women missionaries' strong Holiness Revival background with its successful emphasis on girls' education (Robert 2023). Thus, the Baptist distinctive of believers' freedom of choice influenced health choices regardless of patriarchy and revivalist attitude.

Revivalist Attitudes, Traditional Healing and the Blantyre Revival

The general revivalist attitude of the Southern Baptist missionaries and the early Baptist Convention's theology was "cessationist", assuming that the "spectacular" gifts of the Holy Spirit (healing among them) had "ceased" with the establishment of the canon or with the end of the apostolic age. This theology was challenged by the Blantyre Revival (1974 onwards) as healings (some of them spectacular and easily provable) occurred (Kawamba 2018). Both the Southern Baptist missionaries and the official Baptist Convention kept somewhat aloof, but many Baptists, including the next generation of emerging leaders, were deeply influenced by the Blantyre Revival.

The born-again movement supported the strict rejection of any compromise with traditional healing. In 1989, a certain pastor of a Baptist Church in the South East Region habitually visited a traditional doctor. Some of the members of his church belonged to the born-again movement and were products of the parachurch organisations. Some of them left the Presbyterian Church of Blantyre Synod which was unwelcoming to them. These born-again members approached the church council to discipline the pastor. The consequence was that the pastor left the church (Participant observation, 1999; Interview, Kg, 2023).

In 2023, the same leader died and faced similar rejection by members of his local church. At the time of his death, he was leading another Baptist church.

He believed that the sickness that led to his death was caused by a congregational leader who wanted him to die so that he could inherit leadership of his church. While in

hospital, he vowed that he would revoke his illness and inflict the person who caused him to be sick with the same illness. He sought medical help only when the illness became worse because of seeking healing from traditional doctors. (Kn 2021)

The members of his church did not participate in his funeral, but because he worked in the region and at the national level of the church leadership for many years, many Baptist Congregation members participated in his funeral. However, many only found out about his witchcraft ideas after his burial (Participant observation, Funeral service, 2022).

The fact that some of the pastors continue to rely on traditional healing has encouraged other members to do the same. There are even conspiracy theories which argue that some charismatic leaders use charms to advance their work. This is in tandem with the accommodation of traditional healing methods in the charismatic movement (Beaton 2023).

A leader confessed that he was good at traditional healing methods and encouraged members to contact him in case they needed such help. In 2022, he died from a strange disease that rendered him weak. He relied on his medicines but his condition did not improve. When a fellow pastor visited him, he decided to take him to the hospital for treatment. At this time, he was not in a position to deny or accept going to the hospital. When the pastor asked the wife as to why he did not take his husband to the hospital she explained that she always took orders from her husband on what to do and there was no way she was going to take him to the hospital if he did not believe in missionary medicines. (Mg 2022)

Exorcism as a Method of Healing

In 2000, a girl from a Baptist Convention church was suffering from a skin disease and developed some mental illness and often had to be restrained by force from running away from her family home. When the leaders visited her in her home, they requested the parents to bring their girl to the church. They fasted and prayed for the girl. The prayers were mainly centred on delivering her from the demons that inflicted her. The leaders that led the prayers converted to the Baptist Church from the Living Waters Church and the Assemblies of God. The girl did not recover and died sometime after unsuccessful prayers. (Mn 2000)

Supporting traditional healing continued even during the era of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). An early response to AIDS deaths was to equate HIV and AIDS to *kanyera* (a Chewa word that means “it has defecated”), a disease that is believed to be caused by a breach of sexual taboos, like having sex with a menstruating woman, or just touching her menstrual blood, even within marriage (Peters, Kambewa and Walker 2010). A similar “way out” was to understand that AIDS was caused by witchcraft.

A woman visited by Baptists in a hospital, displaying all the signs of impending death from AIDS, told the visitors: “No, this is not AIDS, but one of my sisters has bewitched me”. (Ms 2000)

The lady died because she went to the hospital at a time when she could not take antiretrovirals (ARVs). She was delayed in the course of searching for traditional doctors that could heal her.

In another situation, a counsellor reported of a Baptist leader who requested for transport money to go to a hospital that administered Anti-Retroviral Treatment, but instead, he had used the money to consult a traditional doctor. (Kf 2021)

One of the reasons why church leaders opted for traditional healing was that HIV infection was popularly associated with sexual immorality. This was repugnant to church leaders as charismatic influences also promoted holiness attributes for church leaders. For a church leader to go for testing implied that she or he was promiscuous, which should not happen in the church. Those who tested positive were stigmatised and this stigma was extended even to children who were infected at birth. Wives including those who were infected by unfaithful spouses in their marriage bed were also stigmatised.

There was emotional trauma caused by the fear of catching the disease, fear of stigma, fear of accessing treatment and anxiety related to caring for the needs of orphans and widows in their families.

Traditional Healing Claims during HIV and AIDS in Broad Daylight

While many Christians in the Baptist Church sought traditional healing in secret because it undermined their commitment to Christ, there was a turning toward this practice. Christians sought traditional healing in broad daylight without any regard for the negative testimonies such a practice attracted.

In 1995, Billy Godson Chisupe, a Baptist from the Providence Industrial Mission (PIM) tradition, claimed to have received, in two dreams where he met his uncles, a clear revelation on how to cure and prevent HIV and AIDS (DeGabriele 1996). Between 300 000 and 500 000 people went there to drink the medicine, and since no healings occurred and no healing claims were made, after several months the movement died down to a trickle. Of the mainline churches, only CCAP Nkhoma Synod denounced the craze. The Baptist Convention, like other evangelical churches, gave no response, and neither did Chisupe’s own PIM Baptist Church (Fiedler 2016, 15–17). “Many members of the Baptist Church went to access this treatment” (Kf 2021).

In a similar event, in 2008, a woman opened a traditional healing centre in the region. She claimed to heal HIV and AIDS. “One Baptist leader stopped taking antiretroviral

therapy (ART) and resorted to taking this traditional therapy. He died soon after, while his wife, who continued to take ART, was still alive in 2023” (Mb 2008).

Medical Misconceptions

These misconceptions undermined the church’s health responses. For example:

When a widowed student at the Baptist Theological Seminary of Malawi (BTSM). *Lilongwe* did not return in time, the principal phoned her and found out that she had developed some rashes, and the treating clinic decided to stop the ART “for observation”. The principal then drove all the way to collect her and take her to a proper hospital. She was at the point of death (her mother had already come from abroad to take over caring for the children), but he saved her life. (HI 2015)

Traditional Healing Claims during Covid-19

During the Coronavirus (Covid-19) pandemic, many Christians embraced the use of herbs. This traditional healing method was different from the traditional healing method that was based on the use of magical powers and herbs. Some opted for traditional healing to avoid vaccinations which were believed to be responsible for spreading Covid-19. Some believed that Covid-19 was a hoax used by politicians to restrict the movements of people so that they did not attend campaign meetings. Others believed that Covid-19 was demonic. This had Charismatic undertones where Christians condemned and rejected vaccines. Many Charismatic pastors were infected with Covid-19 based on this teaching (Participant observation, 2022). Men were more affected by this belief since they believed that God protected them from catching Covid-19 (Fiedler et al. 2023).

Faith Healing at the Expense of Biomedical Healing Approaches

The rejectionist approach by adherents to charismatic teachings became more deadly as it promoted the rejection of biomedical healing approaches during pandemics. In 1985, the first case of HIV infection was detected in Malawi, and after initial denial, it became a major issue (Ham 2004). In 2020, the first Covid-19 cases were reported in Malawi. The Baptist Convention’s healing response in the 21st century was influenced by the Blantyre Revival and especially the charismatic movements emerging from it. These influences came from various streams of the charismatic movement (often from its fringes) transmitted through personal contacts, participation and social media. These led, in quite a number of cases, to their rejection of biomedical approaches in favour of faith healing, frequently leading to their deaths.

When the Blantyre Revival gradually came to an end, there was a split between those remaining in their churches and those who moved into the charismatic movement, in which “healing” by faith became a major point of emphasis.

One Sunday, a member was given a chance to preach. He preached a sermon that centred on the gifts of the Spirit including faith healing and speaking in tongues. The church leaders barred him from preaching in the church and this made him and his family leave the Baptist Church for a denomination known as ACTS 2. He is currently leading his own church that he founded after leaving ACTS 2 (Participant observation, 2005).

One of the cell group members of an urban Baptist Church had been sick for a long time. The preacher and his followers had been conducting prayers of healing for the girl. She never improved and died at her home. She had all the signs of HIV and AIDS (Participant observation, 2007). But this was a clear testimony that the charismatic influences on the church took a central stage. While the major proponents of a faith healing message had moved into the charismatic and Pentecostal churches, the possibility of faith healing lingered on among Baptists, to be reinforced by charismatic preachers and local fellowship groups in the next decades. This was possible because some members of the Baptist Convention remained members of their congregation while they also frequented fellowship groups.

A woman had lived with HIV and AIDS for a long time. She was living a full life and was taking anti-retroviral drugs. Things changed when she started attending fellowship where a woman leader of this group promoted healing by faith. She stopped taking the ARVs and her health deteriorated. She was counselled on the dangers of the belief and restarted the treatment. (Kn 2022)

There were certain practices in the charismatic movement that also made those who were infected by HIV and AIDS suffer even though they were on ARVs. One of the practices that have a negative impact on those on ART is the practice of fasting and prayer. Since infected people are required to have food together with ARVs, fasting and prayer make those on ART vulnerable to serious illness and even death.

A leader of women at congregation level suffered from a stroke for seven years. At her funeral service, her son said:

It was one of the normal days, my mother had come back from a fasting and prayer session at her church. When she reached home, she decided to make porridge to break her fast. It was in this process that she fell down and died from a stroke. (Ke 2023)

It was clear that the charismatic movement had negative influences on the health of members infected with HIV and AIDS. The negative effects were not confronted by the church leadership but by individual efforts of those who were children of revivals and also members of the Baptist Church.

Rev. Fletcher Kaiya

Fletcher Kaiya, one of the leading Baptist Convention of Malawi (BACOMA) pastors, organised a Pastors' Fraternal Conference in Lilongwe with participants from all three

regions, on the topic of HIV and AIDS prevention and bridge making for those who are infected (Kf 2021).

Hany and Molly Longwe

A major and well-documented effort was made by Hany and Molly Longwe to have each new cohort entering the BTSM tested, voluntarily, of course (Longwe 2021); but when the principal and his wife were being tested first, it was difficult to refuse. Those who tested positive were helped to get ARVs and to adjust their lives (Longwe 2021), and two who refused the test were later helped when they developed shingles after their time at the BTSM (Kf 2021).

Economic Factors and Health Choices

Limited access to biomedical medicines because of economic challenges influenced church members to choose health practices. Faith healing and traditional healing are promoted because, especially in the rural areas, these might be the only option for people's survival. For example, during the time when faith healing was at its peak, it was only in the year 2000 when ARVs began to become available, but even then, the price was prohibitive, well over US\$1000 a year. Even when, four years later, the price had come down to US\$20 a month, that was still far out of reach for the majority of rural Baptists. Starting in mid-2004, all that changed, when, due to the Global Fund to Fight AIDS, Tuberculosis [TB] and Malaria, ARVs became available for free.

Less fortunate was a girl from a suburban Baptist congregation in Zomba. She had been on ARVs and was doing well. When it was discovered that she was suffering from TB as well, the clinic withdrew the ARVs, to "treat the TB infection first". She deteriorated fast and died, not due to God's will, but due to medical incompetence (Kf 2021). Years later, a major World Health Organisation [WHO] intervention was needed to teach the high-ranking HIV officers that both infections can – and must be – treated together (KNCV 2018).

Discussion

The Baptist Convention's health responses have always been wholistic over the past 50 years. The reliance on traditional healing by church leaders was more pronounced during this time than in the earlier period. The demands of revival on living a clean life influenced church members and especially leaders to opt for traditional healing methods that would not expose them to the stigma related to contracting HIV and AIDS. Medical approaches were resisted because this would have necessitated disclosure of their status, not only to medical people, but also to their relatives and spouses. During the Covid-19 pandemic, charismatic influences made a number of Baptists avoid vaccinations. Charismatic beliefs promoted conspiracy ideas that undermined biomedical approaches to Covid-19. In this case, revivals contributed to the spread of HIV and AIDS and

Covid-19 as some Christians (under fringe charismatic influences) chose not to access biomedical approaches that aimed to contain the viruses.

Patriarchy was an important aspect in the health choices of the Baptist Convention members as the chiefs promoted traditional cultures that were detrimental to women's and girls' health. Madipoane Masenya (ngwan'a Mphalehle) argues that women's and girls' allegiance to a double canon of religion and culture put their health at risk because culture and religion define authoritative identities of men and boys in sexual relationships (Phiri, Hadad and Masenya 2003). She writes this in the context of a Pentecostal church and the Northern Sotho cultures in South Africa in the context of HIV and AIDS (Phiri, Hadad and Masenya 2003, 113–127). She argues that the androcentric interpretation of the Bible, Pentecostal Christianity and the Sotho cultures promote sexual relationships where women are socialised to serve men (Phiri, Hadad and Masenya 116). Masenya is one of the group of women who has written on the Pentecostal church and health in the context of HIV and AIDS. In this article, we have shown that initiation rites and other purification rites have undermined the health of women and girls in this region.

Other scholars have argued that health responses of men and women in church and society have more impact in hierarchical churches than in congregational churches (Fiedler et al. 2023; Macintyre et al. 2013). We support this argument because in the article we have shown that there were many attempts to promote biomedical responses through church leaders but there was still much hesitancy among those who received the counselling. This is probably because the church promotes individual choices based on individual consciences.

Conclusion

The current study has found that traditional health practices, revivalism, patriarchy and economic factors have had an impact on the history of the Baptist Convention's health response in the South East Region of Malawi in the Post-Independence Era. There was no one favoured approach, but revivalism complicated the Baptist Convention's health response among its members because it had perspectives that redefined earlier faith healing approaches which did not deny use of either traditional or biomedical treatment. The Baptist distinctive of members exercising individual conscience decisions disempowers the church from having systemised health responses that would positively benefit its members; also, the advent of revival with its new concept of faith healing complicated their ability to make health positive responses. The Baptist distinctive of autonomy of congregations makes it impossible for the individual attempts by church leaders to promote positive health responses to be adopted by the church. A congregation makes decisions for the church and there is no room for individual attempts to be adopted by the church. Thus, the article supports the theory that hierarchical churches have better possibilities of reinforcing health options for their congregations than congregational churches (Fiedler et al. 2023; Macintyre et al. 2013).

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