Dr. E. Manu

Department of Religion and Human Development, Kwame Nkrumah University of Science and Technology
Kumasi, Ghana.
E-mail: emanu.cass@knust.edu.gh
ORCID: https://orcid.org/0009-0001-0935-2868

https://doi.org/10.38140/at.v45i1.7946

ISSN: 1015-8758 (Print)

ISSN: 2309-9089 (Online)

Acta Theologica 2025
45(1):106-127

Date received:
2 February 2024

Date accepted:
26 February 2025

Date published:
30 June 2025

Neo-pentecostal mission healthcare and poverty reduction in Ghana[1]

ABSTRACT

This article explores the relationship between mission healthcare and poverty reduction, by investigating the role that Ghana's neo-Pentecostal mission healthcare plays in the latter. Currently, in Ghana, the role of missions in health and well-being has become more diverse and impactful. Through a qualitative interpretive method, data on the role of mission healthcare in poverty reduction were gathered from leading neo-Pentecostal mission health centres in Ghana. The article reveals, among others, that neo-Pentecostal movements are into healthcare, due to the biblical basis of health which teaches them the belief that the health of others is their responsibility. The analysis reveals that the significance of the contributions of neo-Pentecostals to poverty-reducing healthcare services lies in the current concerns of not only the global agenda for sustainable development, but also the neo-Pentecostals' sense of public responsibility towards health and well-being, which many churches identify as a fundamental prerequisite nowadays.

Published by the UFS
http://journals.ufs.ac.za/index.php/at

1 The author extends gratitude to the research team, which includes two Research Assistants: Emmanuel Amo-Antwi Sarfo and Joseph Peprah Boateng, for their invaluable support during the data collection for this article. The author has affirmed the absence of any competing interests. E.M. contributed to the conceptualisation, field investigation, formal analysis, and writing of the article. The viewpoints and opinions conveyed in this article belong to the author and result from thorough professional research. They do not necessarily represent the official policy or stance of any associated institution or the publisher. The author bears responsibility for the findings and content presented in this article.

1. INTRODUCTION

In the present era, a vibrant discussion revolves around the potential public roles that Pentecostal Christian groups can play in society (Lindhardt 2014; Marshall 2009; Gifford 2004, 1998). Scholars, including Benyah (2020), Heuser (2013), Biehl (2013), and Ter Haar (2011), debate that the involvement of Christianity in the development of African societies serves some relevance, including social stability, poverty reduction, health, and well-being. From the religious perspective, such development initiatives stem from a theological dimension of the mission of the church (Biehl 2013:97, 113). The mission of the church pertains to its role and responsibility within God's mission. It emphasises evangelism, fellowship, discipleship, and community service as expressions of God's mission, which extends beyond the church to all areas of life.

In Ghana, the role that the church plays in health for the well-being of society has become more diverse and impactful. Within the Catholic Church, for example, this prominence has intensified in many sub-Saharan African countries since the conclusion of the Second Vatican Council in 1965. This shift is attributed, in part, to the "renewal of the self-understanding of the church concerning the social context in which the gospel is to be preached" (Ilo 2014:189). Therefore, for many of the denominations in the sub-Saharan region, an engagement in healthcare is crucial for the well-being that the individual and society seek (Opoku *et al.* 2019). Within the various Christian groups, health and healing are a regular part of congregational life (Bartmann *et al.* 2008).

This article examines the role that Ghana's neo-Pentecostal mission health centres play in alleviating poverty. The study is prompted by the worldwide pursuit of quality healthcare and the necessity to understand the various contributions required for enhanced health outcomes and well-being that are crucial components of poverty-reduction strategies. The research also aims to discern the motives behind the emergence and use of neo-Pentecostal mission healthcare in Ghana.

In the Ghanaian indigenous Pentecostal framework, the label "neo-Pentecostal" refers to the new wave of independent charismatic movements of the 1970s in response to the economic and political challenges of the time (Omenyo 2006:96). Like other Pentecostal groups, Ghana's neo-Pentecostalism or independent charismatic movements are a community of individuals saved by Jesus Christ and renewed by the Holy Spirit, living with the purpose of glorifying and enjoying God. This charismatic strand places the transcendent workings of the Holy Spirit at the heart of its spirituality and possesses the fundamental expectation of taking actions that lead to the

pneumatic experience of speaking in tongues, miracles, healing, deliverance, spiritual warfare, rebirth, baptism, prosperity, and financial breakthrough to transform the believer and society (Anderson 2010:19; Omenyo 2006:296). Neo-Pentecostals share an *ad hoc* doxology as identified among Pentecostals (Vondey 2017:3) and believe in a world view that resonates with familiar ways of being religious. Having been in existence for a little over five decades, it currently stands out as a swiftly growing manifestation of the Pentecostal religion in sub-Saharan Africa (Soothill 2007; Omenyo 2006:39; Lindhardt 2014). Its independent character sets it apart from the renewal movements in historic churches (Asamoah-Gyadu 2005:1). However, charismatics are characterised as Christians who generally share with Pentecostals an emphasis on the gifts of the Spirit (Pew Research Centre 2011:67; Roxborough 1996:13). In this work, neo-Pentecostal, independent charismatic movement, and charismatic church refer to the same phenomenon.

Since gaining independence in 1957, the provision of quality healthcare has been a collaborative effort involving the Ghanaian government and religious entities. Presently, the involvement of missions in healthcare provision appears to have lessened a substantial burden that the government of Ghana would have otherwise shouldered alone in meeting the healthcare needs of its growing population. Healthcare is fundamental to global development, and the engagement of neo-Pentecostals in it appears, among others, to be driven by global concerns about the poor's limited access to healthcare services. This study on mission healthcare addresses contemporary Christian concerns for good health, poverty reduction, and well-being, which are essential conditions for human sustenance, as mentioned by the first and third goals of the global sustainable development (SDG) agenda (United Nations Development Programme 2015).

The article proposes that the spectrum of investments necessary to improve healthcare outcomes for impoverished individuals extends beyond the purview of the central government to include contemporary Pentecostal missions. This perspective necessitates going beyond national programmes and policies to consider religious influences that have implications for poverty reduction through the promotion of good healthcare.

2. FRAMING THE THEORY OF MISSIONAL IMAGINATION IN MISSION HEALTHCARE

Historically, Christian missions have used several methods to spread the gospel, of which one was healthcare. Mission healthcare refers to a private health centre sponsored by a religious group. In Ghana, mission healthcare provision dates back to the 19th century during the Christian missionaries' and

missionary societies' era. Missionaries were the sole providers of orthodox medicine until the early 20th century when the likes of the Agogo Presbyterian Mission Hospital were established in 1931. Currently, Pentecostal churches operate some health facilities such as Pentecost Hospital established in 1997 by the Church of Pentecost, Manna Mission Hospital (MMH) in Teshie, and Calvary Charismatic Baptist Medical Centre at Mim, among others. Recently, mission medicine and hospital have seen a changing landscape in sub-Saharan Africa, with many missions setting up health centres for business purposes. Nevertheless, a prominent concern among missions is the necessity to offer a comprehensive restoration of holistic health (Munson 2012), aside from the early missionary approach of establishing social connections with the local population over time (Jennings 2008). Several reasons are stated for the missions' involvement in healthcare.

Theoretically, there are different approaches to explaining the nature and activities of Christian missions. With the different theoretical assumptions on Christian medical mission nowadays, settling on a monolithic approach to mission medicine will be problematic. However, the theory of missional imagination seems pertinent to this study. The theory argues that the mission of the church must be aligned with the mission of God. Missional imagination theorists such as Chmielewski (2003), Hirsch and Sweet (2009), Roxburgh and Boren (2009), Beard (2015), Smith and Niemandt (2022), and Kgatle (2024) argue that the church should be centred on God's mission rather than on its mission. They define the church's mission within the broader Christian context of the mission of God (*missio Dei*). Drawing from Roxburgh and Boren's (2009) work, missional imagination advocates for reimagining the church by reorienting it to the *missio Dei*. This perspective calls for reimagining the church, its institutions, and daily practices in ways that align with God's redemptive work, justice, and love. The understanding is that the church, as the family of God, should not develop activities for growth based on its mission. Instead, it must propose activities that align with, and fulfil the mission of God.

A fundamental principle of the theory of missional imagination is that the church should focus not merely on increasing its population, but also on guiding people toward God and his mission. This does not diminish the significance of church growth nowadays, but rather emphasises aligning that growth with God's mission and his intentions for the gathered community. Therefore, in the Christian mission context, strategies that will convert and prepare the individual or group for God must be resorted to (Ekechi 1993:302).

According to Roxburgh (2011), a missional movement across the globe is a sign of the call to meaningfully impact communities. In this context, the theory invites reflection and action to engage with the world through God's

mission with the aim to bring transformation (Roxburgh & Romanuk 2006). Within this framework, the involvement of neo-Pentecostals in healthcare services should reflect and embody the mission of the triune God. The reason for this is that, in the perspective of Smith and Niemandt (2022:6) regarding missional thought, the habitus of the missional church enables participants to engage with the reality of the *missio Trinitatis*. As per the missional imagination theory, a mission healthcare system should operate in alignment with the *missio Trinitatis*.

Missional imagination theorists contend that missionaries must, from the outset, define the provision of development – a responsibility for Christians derived from God's mission – as an integral aspect of the broader mission of Christianity (Loewenberg 2009:796). Framing the theory in the context of migration, Kgatle introduces the pneumatological missionary imagination (PMI) to avoid the temptation of focusing solely on the mission of the church. Among the three key principles on which the PMI is grounded is that

> the orientation of the migrant church is the orientation of the mission of God as opposed to focusing on its mission (Kgatle 2024:30).

At present, the missional imagination theory is applied in areas such as leadership, discipleship, adult learning, and more (see Baron & Maponya 2020; Niemandt 2019; Boren 2018). Approaching it this way allows the frequent focus on the church's mission to gradually shift toward a broader Christian commitment to God's mission.

Given this, missional imagination becomes a theory that should inform independent charismatic movements to impact healthcare as a means to transform lives based on God's mission. Taylor (1957:54) elucidates this when he argues that Christianity is meant to function as a leaven in society and the church,

> a worshipping, disciplined community dedicated to Christ's way which can serve humanity best by illustrating the kind of life which is God's will for society as a whole.

In this article, neo-Pentecostal mission healthcare refers to the private medical or healthcare services established and managed by a neo-Pentecostal church or ministry. In this work, the phrases "mission healthcare", "mission medicine", and "mission hospital" refer to the same thing.

3. HEALTH AND POVERTY REDUCTION

The term "health" carries diverse meanings for different individuals, contingent upon the context. At the International Health Conference in 1946, the World Health Organization (WHO) articulated the widely known definition of health as the state of complete physical, mental, and social well-being; it is not merely the absence of disease or infirmity. However, this definition has not been without criticism. Some argue that health should not be confined to an individual's physical well-being alone, but should also encompass the spiritual, emotional, social, and cultural well-being of the entire community. Scholars such as Huber *et al.* (2011) point out that the WHO's (1946) definition of health falls short in an era characterised by new understandings of disease at molecular, individual, and societal levels (Witt 2017:134; *The Lancet* 2009:781).

Poverty, like many abstract concepts, lacks a universally accepted definition. It encompasses more than simply a lack of financial resources. It also includes psychological, moral, and social deficiencies that impact on the overall well-being of individuals. Rather than a static condition, poverty is dynamic, adapting to changes in consumption patterns, social dynamics, and technological advancements (Sabates 2008). It is commonly categorised into two types, namely absolute/extreme poverty and relative poverty. Absolute poverty refers to the absence of basic necessities such as food, clean water, adequate housing, proper clothing, or essential medicines that are crucial for survival. On the other hand, relative poverty occurs when an individual's lifestyle and income fall below the general standard of living in the country they inhabit. Both types of poverty can coexist in any society, but developing countries tend to experience both more prominently. While not as severe as absolute poverty, relative poverty still poses significant harm (Phipps 2003).

The World Bank reports that, in 2019, approximately 60 per cent of the world's extreme poor were concentrated in sub-Saharan Africa. Moreover, roughly 81 per cent of the global poor, who are living around the poverty line of $3.65, appear to reside in this region. Despite a global decline in poverty since the 1990s, the rate of reduction has slowed down since 2014, as noted by the World Bank in 2022. Notably, extreme poverty has decreased in all regions except the Middle East and North Africa, where conflict and fragility have hindered progress, as indicated by the World Bank in 2020.

There is an ongoing debate about how to achieve poverty reduction in Ghana, with insufficient discussion on what "poverty reduction" precisely means, especially among the poor whose health needs are often neglected. Often, poverty reduction is used as a shorthand for promoting economic growth that permanently elevates as many people as possible above the poverty line (Barder 2009). A more comprehensive approach involves the

promotion of inclusive and sustainable human development, a goal pursued by the United Nations Development Programme (UNDP) to reduce poverty in all its dimensions. According to the UNDP, economic growth alone will not effectively reduce poverty, improve equality, and generate jobs unless it is inclusive. Inclusive growth has proven essential for achieving the Millennium Development Goals (MDGs). The globalisation process, when managed properly, becomes a crucial element for fostering inclusive growth (UNDP 2014).

The connection between good health and poverty reduction is intricately woven and manifests as a dual relationship. The reason being that poverty serves as both a cause and a consequence of poor health, creating a cycle where each exacerbates the other. Poverty heightens the likelihood of experiencing health challenges, and conversely, poor health perpetuates communities in a cycle of poverty. Worldwide, infectious and neglected tropical diseases take a heavy toll on the lives and well-being of millions of the most underprivileged and vulnerable individuals annually, contributing to impoverished living conditions (Tang *et al.* 2004). Consequently, there is a universal aspiration for good health, by preventing needless suffering from diseases (see SDG 3) through quality healthcare provision, as it is considered a fundamental factor in fostering social well-being. Likewise, eradicating extreme and relative poverty for all persons is a pivotal universal agenda (see SGD 1). Given the high burden of disease and poverty in Ghana, the nexus between good health (care) and poverty reduction provides a potent means to promote well-being.

4. METHODOLOGY

The study employed a qualitative, interpretive method with a cross-sectional design, encompassing administrators, healthcare workers, and clients from chosen neo-Pentecostal mission hospitals in Accra and Atwima Nwabiagya. In addition, leaders of the neo-Pentecostal churches that are into healthcare delivery were included. The interpretive method was adopted in this study for its unique advantages. It provides a deeper understanding of how people think about the relationship between neo-Pentecostal healthcare systems and poverty reduction. The reason being that an interpretive research approach enables the exploration of concealed reasons behind intricate relationships and multi-faceted social processes such as those found in inter-firm relationships (Quinlan 2017; Yanow 2014; Susman & Evered 1978). The adoption of the case-study approach was deliberate, aiming to conduct a comprehensive evaluation of the impact of healthcare services on poverty reduction and well-being from a specific religious context.

In addition to the usage of secondary data, the study incorporated interviews to explore the connection between mission healthcare and poverty reduction. The research sought perspectives and opinions from ten key informants (KIs) affiliated with two neo-Pentecostal mission health centres: Manna Mission Hospital (MMH) in Teshie (a semi-urban community in Accra) and Calvary Charismatic Baptist Medical Centre (CCBMC) situated in Mim in Atwima Nwabiagya municipal district of the Ashanti region.

MMH, owned by the Manna Mission church, comprises a 40-bed inpatient facility along with outpatient clinics. The inpatient unit addresses a range of cases, encompassing general and tropical medicine, as well as paediatrics. The mission of the hospital is grounded in providing compassionate medical care, coupled with impactful evangelism and community-development efforts. On the other hand, the CCBMC offers a range of healthcare services to the Mim community, encompassing preventive care, diagnostic procedures, and medical or surgical treatments for patients.

The choice of these healthcare facilities was driven by their role in promoting health, a factor that appears to impact on the social well-being of their communities. Information from the CCBMC was gathered in September 2022, whereas data from MMH was obtained in November 2022. Analysing the operations of both MMH and CCBMC proved crucial in assessing the importance of the connection between healthcare provision and poverty reduction, considering the perceived influence on health and overall development.

Information was gathered through a loosely structured interview guide comprising open-ended questions. These questions delineated the scope of exploration and served as the foundation for the interviewer or informant to deviate, delving into specific ideas in greater detail (Pope & Mays 1995:44). The use of an interview guide offered the advantage of enhancing the comprehensiveness of the data and systematising the data-collection process for each informant.

The study used a purposive sampling technique to select pseudomised informants. Those chosen possessed expertise in healthcare services and a comprehensive understanding of the interrelation between contemporary Pentecostal Christian groups, healthcare, and poverty reduction. These criteria were essential to ensure that informants had first-hand knowledge of the investigated issue.

5. FINDINGS AND DISCUSSION

The study identified, among others, that the vast majority of MMH and CCBMC clients come from other communities than those in which the health centres are situated. By way of the interpretive analysis, informants' views on the reasons for neo-Pentecostal mission healthcare and the impact thereof are presented below.

5.1 Neo-Pentecostal churches' participation in healthcare: Reasons and context

Aligned with the study objective, this section of the work sought to determine the reason for neo-Pentecostal churches' participation in healthcare and informants' perspective on the use of mission health facilities in Ghana. The goal was to find out the informants' current understanding of the mission of neo-Pentecostal healthcare systems.

On why neo-Pentecostal Christian movements engage in healthcare, informants' views suggested biblical understanding and basis of health, among others, as a reason. In separate interviews, the religious leaders Michael Ayim and Dennis Akowuah mentioned that people are no longer astonished to see Pentecostal/charismatic groups in modern healthcare. The reason being that, three decades ago, this strand of Christianity, aside from being on the periphery, focused extensively on spiritual revival, divine healing, and miraculous intervention to problems. According to the informants, contemporary charismatics have been informed with a new understanding of health from the Bible. Michael and Dennis disclosed that several passages in the Bible inform charismatics on how and the need to maintain and promote good health. They are also informed about the interactions between Jesus, the apostles, and unwell individuals (Lk. 17:12-19; Ac. 3:1-11). According to them, this need to promote health has resulted in the establishment of health centres and hospitals.

Emmanuel Vidza, a prophet in one of the chosen churches, expressed the view that the Holy Spirit has, in various ways, inspired and initiated healing, signifying his care for the health and well-being of believers (Ac. 2:1-4). Pentecostal theology acknowledges that the Holy Spirit bestows anointing, healing, or empowerment. If the anointing is to be conveyed physically, it is mediated through the application of olive oil, coupled with prayer (Asamoah-Gyadu 2013:132). Given this, charismatics believe that establishing a health centre is motivated by the belief that the health of others is their responsibility. This aspect is interwoven with everyday life, working life, family life, and community life (Svalastog *et al.* 2017:434). Per informants' views, these

situations prompt Pentecostals and charismatics, in particular, to take on a more public responsibility such as engaging in healthcare delivery, unlike previously.

Contextually, Christians' participation in healthcare generally stems from their understanding of health as an ultimate design of God for humanity (Galvez 2010:21-22; Damsteegt 1996). God designed human beings to enjoy eternal well-being, providing precise guidance on living a life that sustains their physical, mental, and spiritual health. In the Book of Genesis (1:31), when God created all things including humankind, he declared that it was supremely good. Among theologians, health in the context of the above text represents a virtue of the love of God. Views on health from the Bible, including biblical anthropology and divine laws, are recently gaining scientific support as a foundation for understanding the dynamics of health and disease. According to biblical anthropology, human beings are regarded as complete beings encompassing physical, mental, social, ecological, and spiritual dimensions; hence, the need for Christians' participation in modern medicine.

> The human person was created as a whole, sinned as a whole, dies as a whole, and will be resurrected as a whole. Resurrection of the body is possible only after the complete destruction of God-created life (including the soul) in the death (Cullmann 1964). Therefore, the present redemption of human beings is as a whole. This is why the Bible focuses on health (Galvez 2010:23).

Moreover, the informants mentioned that charismatic churches' participation in healthcare is a result of the need to improve disease treatment and access to healthcare, in order to advance the living standards in Teshie and Mim. The understanding is that MMH and CCBMC, as a strategy to improve the social, medical, and economic life of inhabitants, have ventured into healthcare. According to informants, the health centres, through their easily accessible nature and primary duty of providing medical care, make individuals fit for socio-economic life. However, Dennis, Michael, and Emmanuel opine that some missions are primarily engaged in healthcare for economic purposes. In their view, this purpose burdens the individual who seeks treatment, thereby omitting the Christian responsibility to provide good health and care for others.

Studies on mission medical provision in Africa reveal that its purposes comprise the treatment of physical ailments and "all-round therapy" (Hardiman 2008), as well as the promotion of hope and encouragement for the sick (Bauman 2011:424). The lay perspective on health appears to be characterised by three qualities, namely wholeness, pragmatism, and individualism (Svalastog *et al.* 2017:434). While wholeness means the

state of complete and harmonious unity, pragmatism deals with a situation realistically and sensibly, based on practical considerations. On the other hand, individualism implies independence and self-reliance. In their study, Hughner and Kleine (2004:406) also identify among their findings that prayer, religiosity, and spirituality are key health themes identified in the lay sector. These qualities have fostered Christians' participation in health for some time now. Wholeness is related to health as a holistic phenomenon that should be able to set the afflicted free from the entanglements of social, economic, and psychological burdens. The understanding is that a health facility will be efficient when it is operated under these qualities. The reason for this is that the absence of disease is not enough – the life situation as a whole must be considered (Svalastog *et al.* 2017:434), which is perpetrated by independent charismatic Christian groups.

On the reason and context in which people use neo-Pentecostal health centres, the work identified different opinions among informants. Although it appears that the vast majority of informants in the study areas frequently use neo-Pentecostal mission medicine as treatment, other informants, in separate interviews, mentioned public hospitals as their preferred choice of treatment for specific reasons such as cost of treatment, degree of illness, and affiliation. In a discussion with Nana Amankwah (a hospital client), he stated that:

> Many people think that mission hospitals are expensive; some also think that they are not modern [with little or no modern medical equipment] that is why they always go to those [modern hospitals] built by the government and private persons. I know people who will go to mission hospitals with minor and less serious ailments. But as for me, this is where I go to hospital.

Another client, Benard Esuah, shared his view as follows:

> I go to the health centre to seek medical treatment because I am a member of the church [that owns the health centre]. They know I am a member of the church, so I always tell them [the nurses] to treat me well.

These opinions provide a clear indication that modern medical practice, a feature of the selected mission health centres nowadays, is also, by observation, widely preferred among clients. The other perspective is that some neo-Pentecostal church members, for various reasons, prefer their church-owned health facility to others. In various ways, informants realised the supporting functions performed by MMH and CCBMC to assist Ghanaians and Ghana's healthcare delivery sector. For informants, neo-Pentecostals' involvement in healthcare is valuable. At present, the involvement of charismatic churches in health activities, as indicated by field respondents, is driven by various

reasons and offers distinct advantages for the well-being of the poor and less privileged. The field investigation reveals that neo-Pentecostal churches participate in healthcare for biblical, social, medical, and economic reasons.

5.2 Neo-Pentecostal mission healthcare provision and poverty reduction

This part of the study presents and analyses informants' views on the effects of the connection between mission healthcare and poverty reduction. In separate discussions, informants stated that there is a connection between mission healthcare and poverty reduction. Their understanding is that poverty reduction can be achieved through the provision of good health (care). Informants also highlighted that the involvement of the neo-Pentecostal churches in healthcare delivery in Ghana is beneficial for poverty reduction. They acknowledged that, aside from building a health centre, a significant approach to alleviating poverty involves other roles by their church, in order to achieve better health outcomes for poor people. Informants mentioned that, in the Manna Mission church, some of the contributions include free medical screening for deprived communities, welfare packages for the poor, and the payment of medical bills for the underprivileged in and outside the church. According to informants, such assistance, although only visible in a few churches, is an integral component of poverty-reduction strategies. Informants' perspective of the effects of mission healthcare on poverty reduction is abridged under two themes, namely good mission health facility promotes well-being which eliminates poverty, and mission health centres create employment.

5.2.1 Health facility eliminates poverty, by promoting well-being

From the informants engaged in the research, it was understood that a neo-Pentecostal health centre is meant for the good health and well-being of people. They opined that health and well-being alleviate poverty of all kinds. This view appeared to be common among health workers and church leaders. According to Ransford Oti, a health worker and church leader, poverty reduction is the target of facilities that are established to manage and promote the health of people. In CCBMC, for instance, some informants asserted that the well-being of the community currently depends on its ability to remove poverty. It was thought that poverty is synonymous with sickness or ill-health. In this regard, the church believes that, aside from education and other social interventions, healthcare stands tall in poverty reduction in the Mim community. According to Ransford,

> [w]hen a person is burdened with any type of illness, doing all sorts of activities that may ensure his/her well-being ceases. The sick person becomes physically unwell to play any economic and social roles. They are not even strong enough to go to church. Some are cut from their source of livelihood and may become financially weak. So in my community, those who are poor are those who are sick.

A similar view was shared by Noah Dwumah, a 57-year-old native and resident of Mim. He narrated that, since his illness 16 years ago, he has become a destitute person and he receives a little over GHS200.00 ($16.73) from his relatives. In his case, the little money he receives from family members only caters for his food and not for healthcare. This situation, according to him, has led to his (self-) neglect and failure to seek proper care. In this regard, some informants believe that the restoration of health provides an opportunity for people, who were once ill, to work again. They believe that, through good health, convalescents can decide on how to re-establish themselves for life-sustaining jobs and opportunities. In support of this, the discussions with informants revealed that, as part of their contribution to poverty reduction, MHC and CCBMC, on several occasions, pay the medical bills of destitute patients. Aside from this, the health centres do not provide direct financial assistance to the poor in their respective communities.

That notwithstanding, it is observed in Accra and Atwima Nwabiagya that many people, who are either formal or informal workers, require good health to work. This stems from the correlation between health, well-being, and poverty reduction. Some healthcare workers engaged in the study expressed the opinion that, since many individuals, particularly those who are heavily involved in work, find hospital attendance challenging, it has been the responsibility of MHC and CCBMC to provide and create awareness of good health, in order to avoid poverty which, per informants' opinions, is often inflicted by ill-health. For this reason, Erica Amankwaa, a health worker, posited that matters about health must be a concern for all people. For her, both employees and employers should be strongly advised to prioritise their health. Since poverty adversely affects hospital attendance, informants believe that disease treatment and prevention in neo-Pentecostal mission health centres lead to social and economic well-being. That notwithstanding, the observation is that certain individuals in Accra and Atwima Nwabiagya, who are facing financial difficulties and require care, hesitate to access healthcare services in urban and peri-urban communities, due to their expensive services. The understanding from the above opinions is that a good mission health facility promotes well-being, which eliminates poverty. In this respect, informants mentioned that, through their different departments such as the laboratory, anti/post-natal and theatre, MMH and CCBMC ensure that patients receive the needed treatment which guarantees a holistic and faster recovery from illness.

In their exploration of *The role of public health service in agricultural poverty reduction*, Arsyad *et al.* (2020:196) observe that improved accessibility to public health services (PHS) correlates with increased household income. This suggests that PHS serve as a means for residents to access regular treatment. The empirical evidence underscores the interrelation between health, poverty reduction, and the economy, all of which are crucial objectives in sustainable development. Writing on healthcare investment, Habtom *et al.* (2019) note that proper healthcare financing has positive implications for alleviating poverty among rural populations. According to Moseley (2023), the accessibility of any facility is determined by the ease with which individuals in a specific area can access essential services. In this way, mission healthcare facilities serve as potent agents in eradicating poverty within communities.

5.2.2 Mission health centres and employment

According to informants, MMH and CCBMC offer a variety of job opportunities in sectors such as administration, finance, nursing, pharmacy, and medicine. This reduces the poverty levels of employees and their dependents. Through this source of income, informants believed that many other people, including non-family members, benefit from employees of the health centres. In Mim, for instance, informants disclosed that some employees operate other side businesses such as mobile money and "eating joints" (mini restaurants) that employ some members of the Mim community. Informants' views suggest that, through the CCBMC, employees are also able to improve the economic lives of other people by way of creating jobs. This is not a peculiar act among health centre employees but a common employee attitude in Ghana at present. The observation is that MMH and CCBMC, aside from creating employment, provide their workers with the financial support to create side job opportunities for others to be employed and supported.

Generally, it is a known fact that employment provides people with new and improved sources of income, thus improving economic life and reducing poverty. In 1997, in their report on *Employment and poverty monitoring* in sub-Saharan Africa, the International Labour Office, Geneva, identified the impact and effectiveness of employment and its related policies on poverty reduction (De Haan & Laier 1997:7-12). Historically, the correlation between employment and poverty has constantly suggested that strings of poverty cannot be detached from unemployment (Abrahamson *et al.* 1986; Lipton 1996). The reason for this is that unemployment is higher among the poor, and sharply among the poorest. It is, among others, a significant determinant of poverty.

In Ghana, poverty reduction is a multidimensional objective because there is no universally applicable method to quantify the reduction of poverty affecting diverse individuals in varying circumstances and locations over time. It also stands as a primary goal and concern for numerous international organisations, including the United Nations and the World Bank. The contribution of neo-Pentecostal health centres will continue to remain relevant. In light of this, efforts to reduce poverty will always consider employment and job creation as core tools (Ngubane *et al.* 2023:6-7; Mardiyana & Ani 2019).

6. CONCLUSION

Specifically referencing neo-Pentecostal churches, the article argued that this strand of churches has made significant contributions to the establishment and sustainability of health centres and actively supports well-being, by removing the poverty of many individuals within the country. This underscores the comprehensive commitment of indigenous, independent charismatic Christianity to the importance of human health and emphasises the pivotal role of mission health centres. Due to this, the study used the missional imagination framework to analyse data on neo-Pentecostal mission healthcare and poverty reduction and proposes the healthcare missional imagination (HMI) theory. This theory offers a framework for analysing how mission healthcare influences poverty reduction and well-being, as mirrored in MMH and CCBMC. The healthcare missional imagination framework is based on the principle that the church's role in healthcare should align with God's mission, in order to promote quality physical health, well-being, and transformation. This framework aims to orient mission medicine toward God's mission. In doing so, this article theoretically contributes to the body of knowledge in Pentecostal missiology.

The article revealed, among others, that the need to improve disease treatment and access to healthcare, in order to advance living standards alongside biblical/divine concerns for health, are responsible for neo-Pentecostal mission healthcare. Informants mentioned that the church's involvement in healthcare is a crucial step toward individuals actively participating in societal well-being. It is worth noting that mission healthcare helps alleviate the burden on the central government in the health sector. Missionaries must, therefore, understand this mandate as emanating from the mission of God.

The findings of the research revealed that neo-Pentecostal mission healthcare has implications for reducing poverty. Many informants expressed the belief that the church's involvement in healthcare and the provision of medical assistance empower individuals to work for income without relying

on others. The article underscored the belief that good health enables active engagement in work, leading to increased productivity and reduced burden on others during illness. The reasoning behind this is that, when people are healthy, they can actively engage in work to fulfil their needs, reducing the burden on others during illness and enhancing overall productivity. Informants highlighted that good health contributes to a reduction in mortality rates, leading to increased effectiveness in productivity. Furthermore, some informants pointed out that healthcare initiative by the church creates job opportunities. Per the analysis, the restoration of health makes individuals sound, healthy, free, and ready for employment.

This study elucidated the essential connection between health and well-being, particularly in the context of poverty reduction, which, as the analysis revealed, is achievable through healthcare development. By adopting a pro-poor approach and strengthening health services, mission medicine can reduce poverty and economic struggles instigated by ill-health.

BIBLIOGRAPHY

Abrahamson, P., Anderson, J., Henriksen, J., Larsen, J.E. & Andersen, J.

1986. Unemployment and poverty in the contemporary welfare states. *Acta Sociologica* 29(1):51-60. http://www.jstor.org/stable/4194597. https://doi.org/10.1177/000169938602900105

Anderson, A.H.

2010. Varieties, taxonomies and definitions. In: A. Anderson, M. Bergunder, A. Droogers & C. van der Laan (eds), *Studying global Pentecostalism: Theories and methods* (Berkeley, CA: University of California Press), pp. 13-29. https://doi.org/10.1525/california/9780520266612.003.0002

Arsyad, M., Pulubuhu, D.A.T., Kawamura, Y., Maria, I.L., Dirpan, A., Unde, A.A., Nuddin, A. & Yusuf, S.

2020. The role of public health services in agricultural poverty reduction. *Enfermería Clínica* 30:194-197. https://doi.org/10.1016/j.enfcli.2019.07.076

Asamoah-Gyadu, J.K.

2005. *African charismatics: Current developments within independent indigenous Pentecostalism in Ghana*. Leiden: African Christian Press. https://doi.org/10.1163/9789047406303

2013. *Contemporary Pentecostal Christianity: Interpretations from an African context*. Oxford: Regnum Books International. https://doi.org/10.2307/j.ctv1ddcp37

Barder, M.O.
2009. *What is poverty reduction?* Working Paper 170. Washington, D.C.: Centre for Global Development. https://doi.org/10.2139/ssrn.1394506

Baron, E. & Maponya, M.
2020. The recovery of the prophetic voice of the church: The adoption of a "missional church" imagination. *Verbum et Ecclesia* 41(1):1-9. https://doi.org/10.4102/ve.v41i1.2077

Bartmann, P., Jakob, B., Laepple, U. & Werner, D.
2008. *Health, healing and spirituality: The future of the church's ministry of healing*. Tübingen: The German Institute for Medical Mission.

Bauman, C.M.
2011. Reviewed work: Missionaries and their medicine: A Christian modernity for tribal India. *History of Religions* 50(4):423-425. https://doi.org/10.1086/658131

Beard, C.B.
2015. Missional discipleship and adult learning theory: A study of missional spiritual formation experiences and their connection to adult learning principles. Unpublished doctoral thesis. Knoxville, TN: Johnson University.

Benyah, F.
2020. Pentecostal/Charismatic churches and the provision of social services in Ghana. *Transformation: An International Journal of Holistic Mission Studies* 38(1):1-15. https://doi.org/10.1177/0265378820961419

Biehl, M.
2013. Religion, development and mission. In: K. Mtata (ed.), *Religion: Help or hindrance to development* (Leipzig: Evangelische Verlagsanstalt GmbH), pp. 97-120.

Boren, M.S.
2018. God's beautiful mission: Missional church and leadership in the light of theological aesthetics. Unpublished D.Min. thesis. St. Paul, MN: Luther Seminary. https://digital commons.luthersem.edu/dmin_theses/37.

Chmielewski, P.J.
2003. Missionary imagination: Anthropological strategies for reflection on the experience of difference. *Missiology* 31(4):459-472. https://doi.org/10.1177/009182960303100406

Damsteegt, P.G.
1996. God's perspectives on health. *The Journal of Health & Healing*, Special Edition, Fall.

De Haan, A. & Laier, J.K.
1997. *Employment and poverty monitoring.* Geneva: ILO Publication Bureau.

Ekechi, F.K.
1993. The medical factor in Christian conversion in Africa: Observations from south-eastern Nigeria. *Missiology* 21(3):289-309. https://doi.org/10.1177/009182969302100302

Galvez, C.
2010. Biblical perspectives on health for the contemporary world. *International Forum* 13:20-29.

Gifford, P.
1998. *African Christianity: Its public role*. Bloomington, IN: Indiana University Press. https://doi.org/10.2979/1020.0

2004. *Ghana's new Christianity: Pentecostalism in a globalising African economy*. London: Hurst & Company. https://doi.org/10.2979/1804.0

Habtom, G.K., Keleta, B. & Liu, Y.J.
2019. China's path of rural poverty reduction through healthcare financing: The case of Taijiang County-Guizhou province. *Journal of Public Administration and Policy Research* 11(4):22-37. https://doi.org/10.5897/JPAPR2019.0448

Hardiman, D.
2008. Missionaries and their medicine: A Christian modernity for tribal India. In: J. MacKenzie (ed.), *Studies in imperialism* (London: Manchester University Press), pp. 19-50.

Heuser, A.
2013. Trajectories into the world: Concepts of "development" in contemporary African Pentecostal Christianity. In: K. Mtata (ed.), *Religion: Help or hindrance to development* (Leipzig: Evangelische Verlagsanstalt GmbH), pp. 51-68.

Hirsch, A. & Sweet, L.
2009. *The forgotten ways: Reactivating the missional church*. Ada, MI: Brazos Press.

Huber, M., Knottnerus J.A., Green, L., Horst, H.V.D. & Jadad, A.R.
2011. How should we define health? *British Medical Journal* 343: d4163. https://doi.org/10.1136/bmj.d4163

Hughner, R.S. & Kleine, S.S.
2004. Views of health in the lay sector: A compilation and review of how individuals think about health. *Health* 8(4):395-422. https://doi.org/10.1177/1363459304045696

Ilo, S.C.
2014. *The church and development in Africa: Aid and development from the perspective of Catholic social ethics*. Second edition. Oregon: Wipf & Stock Publishers.

Jennings, M.
2008. Healing of bodies, salvation of souls: Missionary medicine in colonial Tanganyika, 1870s-1939. *Journal of Religion in Africa* 38(1)-27-56. https://doi.org/10.1163/157006608X262700

Kgatle, M.S.
2024. Missiological approach to migration and mission in Pentecostalism: A pneumatological missional imagination. *Ecclesial Futures* 5:23-38. https://doi.org/10.54195/ef19723

Lindhardt, M.
2014. Presence and impact of Pentecostal/charismatic Christianity in Africa. In: M. Lindhardt (ed.), *Pentecostalism in Africa: Presence and impact of pneumatic Christianity in postcolonial societies* (Leiden:Brill), pp. 1-53. https://doi.org/10.1163/9789004281875_002

Lipton, M.
1996. *Successes in anti-poverty*. Geneva: Development and Technical Cooperation Department.

Loewenberg, S.
2009. Medical missionaries deliver faith and health care in Africa. *The Lancet* 373(9666):795-796. https://doi.org/10.1016/S0140-6736(09)60462-1

Mardiyana, L. & Ani, M.
2019. The effect of education and unemployment on poverty in East Java province, 2011-2016. *IOP Conference Series: Earth and Environmental Science*, 243. https://doi.org/10.1088/1755-1315/243/1/012067

Marshall, R.
2009. *Political spiritualities: The Pentecostal revolution in Nigeria*. Chicago: University of Chicago Press. https://doi.org/10.7208/chicago/9780226507149.001.0001

Moseley, M.J.
2023. *Accessibility: The rural challenge*. London: Taylor & Francis. https://doi.org/10.4324/9781003429333

Munson, R.
2012. *Changing priorities and practices in Christian missions: Case study of medical missions*. [Online.] Retrieved from: https://missionmusings.files.wordpress.com/2012/08/changingpriorities-in-christian-missions.pdf [23 October 2023].

Ngubane, M.Z., Mndebele, S. & Kaseeram, I.
2023. Economic growth, unemployment and poverty: Linear and non-linear evidence from South Africa. *Heliyon* 9:1-16. e20267. https://doi.org/10.1016/j.heliyon.2023.e20267

Niemandt, C.
2019. *Missional leadership*. Pretoria: AOSIS.

Omenyo, C.N.
2006. *Pentecost outside Pentecostalism: A study of the development of charismatic renewal in the mainline churches in Ghana*. Zoetermeer: Boekencentrum Publishing House.

Opoku, J.K., Manu, E. & Gedzi, V.S.
2019. Church and poverty alleviation through health care delivery in the Kumasi metropolis. *Developing Country Studies* 9(10):69-76.

Pew Research Centre
2011. Global Christianity: A report on the size and distribution of the world's Christian population. [Online.] Retrieved from: https://www.pewresearch.org/religion/2011/12/19/global-christianity-exec/ [29 May 2023].

Phipps, S.
2003. *The impact of poverty on health: A scan of research literature*. Ottawa: Canadian Institute for Health Information.

Pope, C. & Mays, N.
1995. Qualitative research: Reaching the parts other methods cannot reach: An introduction to qualitative methods in health and health services research. *British Medical Journal* 311:42-45. https://doi.org/10.1136/bmj.311.6996.42

Quinlan, M.M.
2017. Interpretive research. In: J. Matthes, C.S. Davis & R.F. Potter (eds), *The international encyclopedia of communication research methods* (Hoboken: Wiley-Blackwell), pp. 1-2. https://doi.org/10.1002/9781118901731.iecrm0122

Roxborough, J.
1996. The charismatic movements and the churches. [Online.] Retrieved from: https://roxborogh.com/Articles/Charismatic Movement1995.pdf [21 May 2023].

Roxburgh, A. & Romanuk, F.
2006. *The missional leader: Equipping your church to reach a changing world. Vol. 17*. Hoboken, NJ: John Wiley & Sons.

Roxburgh, A.J.
2011. *Missional: Joining God in the neighborhood.* Ada, MI: Baker Publishing Group.

Roxburgh, A.J. & Boren, M.S.
2009. *Introducing the missional church*: *What it is, why it matters, how to become one*. Grand Rapids, MI: Baker Books.

Sabates, R.
2008. *The impact of lifelong learning on poverty reduction. IFLL Public Value Paper 1*. Plymouth: Latimer Trend.

Smith, T.J. & Niemandt, N.
2022. Exploring a missional pedagogy for transforming discipleship: Implications for missional discipleship within the DRC. *Stellenbosch Theological Journal* 8(1):1-24. https://doi.org/10.17570/stj.2022.v8n1.a4

Soothill, J.E.
2007. *Gender, social change and spiritual power*: *Charismatic Christianity in Ghana*. London: Brill. https://doi.org/10.1163/ej.9789004157897.i-264

Susman, G.I. & Evered, R.D.
1978. An assessment of the scientific merits of action research. *Administrative Science Quarterly* 23:582-603. https://doi.org/10.2307/2392581

Svalastog, A.L., Donev, D., Kristoffersen J.N. & Gajović, S.
2017. Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. *Croatian Medical Journal* 58(6):431-435. https://doi.org/10.3325/cmj.2017.58.431

Tang, N., Eisenberg, J.M. & Meyer, G.S.
2004. The roles of government in improving healthcare quality and safety. *Joint Commission Journal on Quality and Safety* 30(1):47-55. https://doi.org/10.1016/S1549-3741(04)30006-7

Taylor, J.V.
1957. *Christianity and politics*. Harmonsworth: Penguin.

Ter Haar, G.
2011. *Religion and development: Ways of transforming the world*. London: C. Hurst & Co. Publishers Ltd.

The Lancet
2009. What is health? The ability to adapt. *The Lancet* 373(9666):781-866. https://doi.org/10.1016/S0140-6736(09)60456-6

United Nations Development Programme
2014. Poverty reduction. [Online.] Retrieved from: http://www.europe.undp.org/content/undp/en/home/ourwork/povertyreduction/overview.html [15 November 2023].

2015. What are the sustainable development goals. [Online.] Retrieved from: https://www.undp.org/sustainable-development-goals [23 October 2023].

Vondey, W.
2017. *Pentecostal theology: Living the full gospel*. New York: Bloomsbury Publishing. https://doi.org/10.5040/9780567677839

World Health Organization (WHO)
1946. What is health? *International Health Conference*. New York: WHO.

Witt, C.M.
2017. Defining health in a comprehensive context: A new definition of integrative health. *American Journal of Preventive Medicine* 53(1):134-137. https://doi.org/10.1016/j.amepre.2016.11.029

Yanow, D.
2014. Interpretive analysis and comparative research. In: I. Engeli & C.R. Allison (eds), *Comparative policy studies* (London: Palgrave Macmillan), pp. 131-159. https://doi.org/10.1057/9781137314154_7

Keywords	*Trefwoorde*
Pentecostalism	Pentekostalisme
Charismatic movements	Charismatiese bewegings
Mission healthcare	Sending gesondheidsorg
Poverty reduction	Armoede verligting