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FAITH HEALING PRACTICES IN TANZANIA: HISTORICAL EVOLUTION IN RELATION TO POVERTY AND WELL-BEING

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Abstract

Faith healing practices have long been part of Tanzania's religious and cultural landscape. Across different periods—pre-colonial, colonial, post-independence, Ujamaa socialism, and neoliberal reforms—faith healing has evolved in form, meaning, and institutional organization. Despite the role played by Faith healing in shaping spiritual, social, and economic well-being in Tanzania, yet its historical evolution in relation to poverty and well-being remain underexplored. This systematic literature review traces the evolution of faith healing practices from indigenous spiritual traditions to contemporary Pentecostal and Charismatic movements in relation to poverty and well-being. Using 62 studies identified through Mendeley and screened via the PRISMA framework, the review highlights six historical phases: indigenous spiritual healing, mission Christianity and popular healing, African Independent Churches, mainline church healing movements, Pentecostal and Charismatic expansion, and contemporary mass healing and institutional programs. Across these phases, faith healing as an institution has provided holistic interventions that address both spiritual and material dimensions of poverty and well-being, offering social support, economic empowerment, and community resilience. The review demonstrates that faith healing is not only a religious practice but also a context-sensitive social institution with practical implications for poverty reduction and human well-being. Findings of this study underscore the potential for collaborating between faith healing ministries and development initiatives to enhance socio-economic development in Tanzania.

Keywords

Faith Healing; Poverty; Well-being; Tanzania; Pentecostalism; African Independent Churches; Spirituality.

1. INTRODUCTION

Poverty and human well-being remain major development challenges in the global, where a considerable proportion of the population continues to experience multidimensional deprivation, including limited access to income, healthcare, education, and social protection (Joseph Rowntree Foundation, 2008; UNDP & OPHI, 2022). In this backdrop, poverty reduction has been, and still is, a development challenge in the world (General Assembly Economic and Social Council, 2023; World Bank, 2022). Despite the fact that various government initiatives and development programs that have been implemented globally have contributed to poverty reduction, formal institutional mechanisms have often been insufficient to address the complex and interconnected nature of economic vulnerability and social insecurity. In this context, religious institutions have emerged as important actors in providing spiritual, social, and material support to communities (Clarke & Jennings, 2008; Green, 2008; Deneulin & Bano, 2009). Among these institutions, faith healing ministries have gained increasing prominence, particularly within Pentecostal and Charismatic Christian movements (Freeman, 2012, 2015).

Faith healing broadly can be understood as the use of prayer, spiritual rituals, and religious practices to address physical, psychological, social, and spiritual challenges (Bishop et al., 2010). These practices in specific and religion in general have an influence on poverty and well-being (Green, 2008), and have a deep historical root across Africa and Tanzania in particular. Its evolution reflects a dynamic interaction between African indigenous healing traditions, missionary Christianity, and contemporary global Pentecostal influences (Kalu, 2008; Ranger, 2007). Over time, these faith healing practices have expanded their focus beyond illness and spiritual afflictions to engage with broader livelihood concerns such as unemployment, business failure, family instability, and economic hardship. Within these religious contexts, poverty is often interpreted not only as material deprivation but also as a spiritual condition associated with curses, demonic oppression, or lack of faith, requiring divine intervention and moral transformation (Gifford, 2004; Helminiak, 2019).

The rapid growth of Pentecostal and faith healing ministries in Tanzania, particularly in urban and peri-urban areas, has been closely linked to wider socio-economic transformations, including economic liberalization, rural–urban migration, unemployment, and the weakening of extended family and state welfare systems (Hasu, 2009; Lindhardt, 2015). In situations characterized by economic uncertainty and limited opportunities, faith healing spaces often function as alternative support systems that provide hope, counseling, social networks, and, in some cases, direct material assistance, skills training, or business guidance (Freeman, 2012; Lindhardt, 2018; Nyanto, 2019). These ministries therefore play a significant role in shaping people's coping strategies, aspirations, and perceptions of well-being.

Despite their growing social and economic relevance, scholarly literature on faith healing in Tanzania remains fragmented. Existing studies have largely focused on theological

interpretations, spiritual practices, health outcomes, or the broader rise of Pentecostalism, with limited attention to the historical evolution of faith healing practices in relation to poverty and human well-being. Furthermore, there is a lack of systematic synthesis of empirical evidence that traces how faith healing ministries have adapted to changing socio-economic contexts and how their roles in addressing poverty have developed over time (Lindhardt, 2015).

This paper addresses this gap by conducting a systematic literature review to trace the historical development of faith healing practices and examine their relationship with poverty and people's well-being in Tanzania. Specifically, the review seeks to answer the following research questions: (1) How have faith healing practices evolved historically in Tanzania? and (2) In what ways have these practices engaged with issues of poverty and human well-being? By synthesizing existing studies using a systematic and transparent approach, the paper aims to provide a comprehensive understanding of the changing roles of faith healing ministries and their implications for development policy and research.

The study contributes to the broader literature on religion and development by highlighting the role of faith healing ministries as an informal welfare provider and socio-spiritual resources within contexts of economic vulnerability. Understanding the historical and socio-economic dimensions of faith healing is essential for informing more context-sensitive and inclusive approaches to poverty reduction and well- being promotion in Tanzania.

2. PROBLEM STATEMENT AND RESEARCH GAP

Despite sustained economic growth over the past two decades, poverty and vulnerability remain significant challenges in Tanzania. A substantial proportion of the population continues to experience income insecurity, unemployment, limited access to quality social services, and exposure to economic shocks (UNDP, 2023; URT, 2022, 2023, 2025; World Bank, 2024). Moreover, poverty in Tanzania is increasingly recognized as a multidimensional phenomenon that encompasses not only material deprivation but also social exclusion, psychological distress, and limited life opportunities (Mbilinyi & Nyoni, 2000). Formal poverty reduction strategies), including social protection programs and development interventions (Ayoo, 2022), have made important contributions but have not fully addressed the everyday coping needs and well-being concerns of many communities, particularly in urban and peri-urban areas.

In response to these gaps, religious institutions have become critical informal support systems that provide spiritual guidance, emotional care, social networks, and, in some cases, material assistance (Freeman, 2015; Hasu, 2009, 2012; Lindhardt, 2012). Among these, faith healing ministries—especially within Pentecostal and Charismatic Christianity—have experienced rapid growth across Tanzania. These ministries attract large numbers of

followers seeking solutions to a wide range of problems, including illness, unemployment, business failure, family conflicts, and persistent poverty (Hasu, 2009; Lindhardt, 2015). Within faith healing contexts, economic hardship is often interpreted through spiritual frameworks, and religious practices such as prayer, deliverance, and prophetic counseling are presented as pathways to improved well-being and economic breakthrough (Gifford, 1992).

Although the social influence of faith healing ministries has expanded considerably, scholarly understanding of their role in relation to poverty and well-being remains limited and fragmented. Existing research has largely focused on the theology of healing, prosperity teachings, religious experiences, or the broader rise of Pentecostalism in Africa. While some studies have examined the socio-economic implications of Pentecostalism, few have systematically analyzed how faith healing practices have historically evolved in response to changing economic conditions or how they engage with the everyday realities of poverty in the Tanzanian context.

Furthermore, the available literature is dispersed across disciplines—including anthropology, sociology, theology, and development studies—making it difficult to develop a coherent understanding of the historical trajectories and developmental implications of faith healing. There is also limited synthesis of empirical evidence on the extent to which faith healing ministries function as informal welfare providers, sources of resilience, or mechanisms for social and economic mobility. At the same time, critical concerns such as the commercialization of healing, financial demands on followers, and the potential reinforcement of individualistic explanations of poverty have not been systematically examined within a historical and developmental framework (Lindhardt, 2015).

This study addresses these gaps by providing a systematic review of the literature that traces the historical development of faith healing practices and examines their relationship with poverty and people's well- being in Tanzania. By synthesizing existing evidence across time and disciplinary perspectives, the study seeks to generate a more comprehensive understanding of how faith healing ministries have evolved and how they contribute to, or shape, socio-economic coping strategies and well-being outcomes. Such an analysis is important for informing debates on religion and development and for identifying opportunities and challenges for engaging faith healing ministries in particular and religion in general in poverty reduction and social welfare initiatives.

3. THEORETICAL FRAMEWORK; SOCIAL CAPITAL THEORY

This study is informed by Social Capital Theory, which emphasizes the value of social relationships, networks, trust, and norms of reciprocity in facilitating individual and collective action. Social capital refers to the resources embedded in social relationships that individuals can mobilize to access support, information, and opportunities (Claridge, 2018; Darrow et al., 2003; Egbonu, n.d.; Schmid & Robison, 1995; Yongjian Xu & Liqun Xu, 2016).

The theory identifies different forms of social capital. Bonding social capital refers to close relationships among individuals who share similar social identities and provide emotional and material support. Bridging social capital refers to connections across diverse social groups that facilitate access to new information and opportunities (Claridge, 2018). Linking social capital describes relationships between individuals and institutions or persons with authority and influence, enabling access to resources and services that may otherwise be inaccessible (Claridge, 2018; Yongjian Xu & Liqun Xu, 2016).

Social Capital Theory provides a useful framework for understanding the role of faith healing ministries in poverty and well-being in urban Tanzania. Faith healing ministries often create networks of belonging through prayer groups, fellowship activities, and collective worship, which foster trust, mutual assistance, and emotional support among followers (Dilger, 2015; Hasu, 2009). These networks may provide both material and non-material resources that help individuals cope with illness, economic hardship, and social exclusion (Lindhardt, 2010, 2018).

At the same time, the theory also offers a critical lens for examining the limitations of these networks. While social ties within faith healing ministries can generate support and resilience, they may also reinforce dependence on religious communities and leaders, shape expectations regarding healing and prosperity, and influence followers' interpretations of poverty and suffering (Williams, 2022). Thus, Social Capital Theory enables an examination of both the empowering and constraining dimensions of participation in faith healing ministries and their implications for poverty and well-being.

4. TOOLS AND METHODS

4.1 Study Design

This study employed a Systematic Literature Review (SLR) to synthesize existing research on the historical development of faith healing practices in addressing poverty and people's well-being in Tanzania. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency, rigor, and replicability in the identification, screening, and selection of relevant studies. A systematic approach was considered appropriate because the available literature on faith healing is fragmented across multiple disciplines, including theology, anthropology, sociology, and development studies.

4.2 Search strategy and Eligibility Criteria

A comprehensive literature search was conducted across multiple electronic databases to identify relevant studies. The primary databases included Scopus, Google Scholar, JSTOR, and African Journals Online (AJOL). In order to capture both historical and contemporary

periods, the search covered publications from 1960 to 2025, a period corresponding with the rapid expansion of Pentecostal and Charismatic movements in Tanzania.

Search terms were developed using Boolean operators and combinations of keywords such as "faith healing," "divine healing," "spiritual healing," "Pentecostal healing," "poverty," "livelihood," "well- being," and "Tanzania." Reference lists of key articles were also examined to identify additional relevant studies through backward and forward citation tracking.

The review adopted predefined inclusion and exclusion criteria to ensure the relevance and quality of the evidence. Studies were included if they: (i) examined faith healing, divine healing, Pentecostalism, or Charismatic Christianity in relation to socio-economic issues such as poverty, livelihoods, or well-being; (ii) focused on Tanzania or provided insights from sub-Saharan Africa that were relevant to the Tanzanian context; (iii) were published between 1960 and 2025; and (iv) consisted of peer-reviewed journal articles, books, book chapters, theses, dissertations, and credible institutional reports published in English.

Studies were excluded if they: (i) focused exclusively on biomedical or traditional healing practices without reference to faith healing ministries; (ii) addressed Pentecostal or Charismatic movements without considering socio-economic dimensions relevant to poverty and well-being; (iii) were duplicate records; or (iv) lacked sufficient methodological or contextual information to contribute meaningfully to the review objectives.

In addition, supplementary literature was identified through both electronic and manual searches conducted within the East Africana Collection Unit of the University of Dar es Salaam Library.

5. RESULTS

5.1 Study Selection

Study selection involves four stages involving various processes of identifying relevant resources. The first stage was to search various resources related to the topic under study. By using developed Boolean operators and combinations of keywords, the database search yielded a total of 485 (420 databases and 65 other sources) records from electronic sources, including Scopus, Google Scholar, JSTOR, AJOL, and the East African Collection of the University of Dar es Salaam Library.

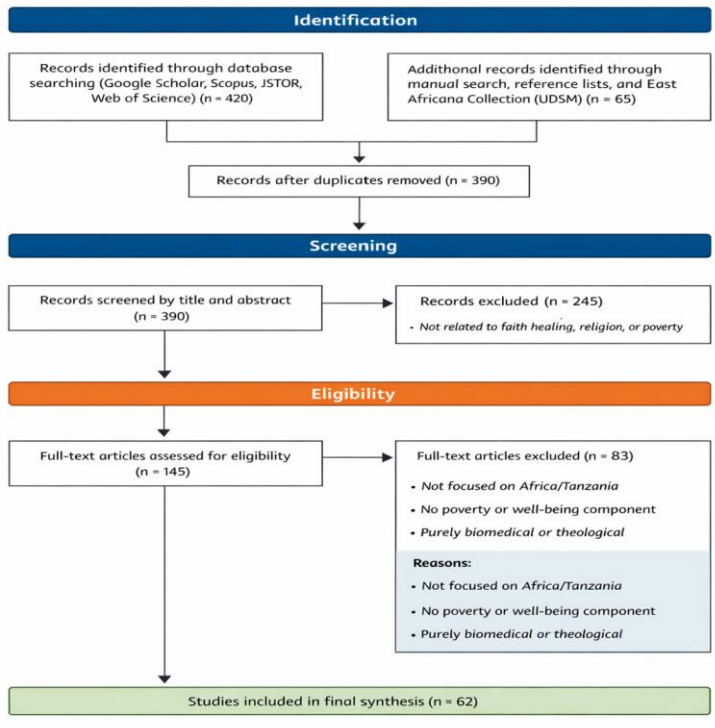
By using exclusive criteria, some resources (n=95) were found to be duplicates hence removed. After removing duplicates (n = 95), a total of 390 records remained for title and abstract screening. The title and abstract screening process was conducted to assess the relevance of studies to the review topic, focusing on: Faith healing or spiritual healing practices; Tanzania or Sub-Saharan African context (with preference for Tanzania); Links to poverty, wellbeing, health, or socio-economic outcomes; and Academic or credible institutional publications.

This second stage process of title and abstract screening led to removing of 245 records from 390 records that were not related to faith healing, religion or poverty and remained with 145 records.

The 145 records qualify for full text article assessment for eligibility. In this third stage which is the process of full text articles screening, 83 records were excluded due to some reasons as follows: Not related to faith healing or spiritual healing practices (n=25); Purely on biomedical treatment without religious or spiritual dimension (n=12); No connection to poverty, wellbeing, livelihoods, or socio-economic (n=15); Outside geographical scope (not Tanzania or Sub-Saharan Africa) (n=14); Opinion pieces, sermons, news articles, or non-academic sources (n=9); Conference abstracts without full study information (n=5); and Duplicates missed in earlier stage or incomplete records (n=3).

The last fourth stage is final qualitative synthesis, where 62 records qualify. Following the eligibility assessment, 62 studies met the inclusion criteria and were included in the final qualitative synthesis. The study selection process is presented in the PRISMA flow diagram (Figure 1).

Figure 1. PRISMA Flow Diagram used for the identification, screening, and selection of relevant studies



Source: Authors' own elaboration

5.2 *Data Extraction Procedure*

Data from the included studies (n=62) were systematically extracted using a standardized data extraction form (Appendix A). The form captured key information relevant to the

objectives of the review, including bibliographic details, study context, methodology, focus of faith healing practices, and reported outcomes related to poverty and wellbeing. The extraction process aimed to ensure consistency and facilitate thematic synthesis across studies. The following variables were extracted:

(i) Author(s) and year of publication
(ii) Country/Study location
(iii) Study design and methodology
(iv) Type of faith healing or religious practice
(v) Target population
(vi) Link to poverty or livelihood outcomes
(vii) Wellbeing outcomes (physical, psychological, social, or spiritual)

Key findings

Data extraction was conducted for all 62 included studies. Information extracted included

(i) author and year,
(ii) study location,
(iii) research design,
(iv) participant characteristics,
(v) type of faith healing ministry,
(vi) dimensions of poverty or wellbeing addressed, and
(vii) key findings.

The majority of studies employed qualitative designs such as ethnography, case studies, and interviews, while a smaller proportion used quantitative or mixed methods. The full data extraction table is presented in **Appendix A**.

5.3 *Results*

Through a historical and thematic analysis of the literature reviewed, six phases of faith healing practices were generated. In this regard, relevant publications were examined

chronologically to identify significant shifts in the organization, theology, practices, and socio-political contexts of faith healing practices in Tanzania. Recurring patterns and turning points in the development of faith healing ministries were coded and grouped into distinct historical periods. These classifications of phases were guided by evidence on changes in religious actors, modes of faith healing practices, theological emphases, and the broader socio-economic and political environments in which these practices emerged. Consequently, six phases emerged that represent analytically constructed historical periods that synthesis development reported across multiple sources rather than rigid or mutually exclusive categories. These six phases of faith healing practices associated with poverty and people's well-being in Tanzania were identified as follows:

i) Phase 1: Indigenous Spiritual Healing (Pre-colonial)
ii) Phase 2: Mission Christianity & Popular Healing (Colonial & early post-colonial)
iii) Phase 3: African Independent Churches (Post-independence)
iv) Phase 4: Mainline Church Healing Movements (Late 20th century)
v) Phase 5: Pentecostal & Charismatic Expansion (1980s–present)
vi) Phase 6: Contemporary Mass Healing & Institutional Programs (2000s–present)

Table 1, presents these epochs of faith healing practices in relation to poverty and well-being of people in Tanzania.

Table1. Historical Phases of Faith Healing practices in dealing with Poverty and well-being of people in Tanzania

Phase	Period / Context	Key Features	Role in Poverty & Well-being	Representative Studies
1. Indigenous Spiritual Healing	Pre-colonial	Belief in High God and spirits; traditional healers and rituals	Addressed illness, social harmony, and economic misfortune	Omari (1971, 1972); Luig (1999)
2. Mission Christianity & Popular Healing	Colonial & early post-colonial	Integration of Christian prayer with local beliefs; emergence of revival groups	Offered accessible health and spiritual support; helped communities cope with poverty	Green (2003); Mlahagwa (1999)
3. African Independent Churches (AICs)	Post-independence	Africanized churches, prophecy, exorcism, communal rituals	Provided holistic support, social networks, and informal poverty relief	Omari (1999); Ayiemba et al. (2015)
4. Mainline Church Healing Movements	Late 20th century	Charismatic renewal within Catholic and	Facilitated mass healing, spiritual wellbeing, and	Kilian (2006); Sivalon & Comoro (1999)

		Protestant churches; Marian pilgrimages	psychosocial support	
5. Pentecostal & Charismatic Expansion	1980s – present	Emphasis on prosperity, deliverance, miracle healing; growth of megachurches	Linked spiritual healing to economic empowerment; provided social safety nets	Hasu (2006, 2009); Lindhardt (2012); Schliesser (2014)
6. Contemporary Mass Healing & Institutional Programs	2000s – present	National healing campaigns, vocational training, social aid programs	Addressed structural poverty; combined spiritual, social, and economic interventions	Mlahagwa (1999)

Source: Authors construct

The next section of the paper will discuss in detail each of the phases.

6. DISCUSSIONS: HISTORICAL DEVELOPMENT OF FAITH HEALING PRACTICES IN RELATION TO POVERTY AND WELL-BEING OF PEOPLE IN TANZANIA

The review of 62 studies reveals that faith healing in Tanzania has evolved through distinct historical phases shaped by socio-cultural change, economic conditions, and religious transformation. Across these phases, faith healing has consistently functioned not only as a response to illness but also as a spiritual, social, and economic resource for coping with poverty and improving well-being.

6.1 Indigenous Foundations of Spiritual Healing

The historical roots of faith healing in Tanzania can be traced to indigenous religious systems, where health, misfortune, and poverty were understood within a spiritual framework. Early studies indicate that communities believed in a supreme deity and various spiritual forces that influenced human well-being (Omari, 1971; 1972; 1976; Mareale, 1947; Mbiti, 1969). Illness, economic hardship, and social instability were often interpreted as consequences of spiritual imbalance, witchcraft, or broken relationships with the spiritual world (Lindhardt, 2010, 2018; Sivalon & Comoro, 1999).

Traditional healers, diviners, and ritual specialists played a central role in restoring both physical health and social harmony (Mareale, 1947). Healing practices addressed not only bodily illness but also psychological distress, family conflict, and livelihood challenges. This holistic understanding established a cultural foundation in which spiritual intervention became a legitimate and expected response to both suffering and material deprivation.

6.2 Mission Christianity and the Emergence of Popular Healing Practices

During the colonial and early post-colonial periods, Christian mission churches introduced biomedical services alongside religious teachings. However, studies show that African converts reinterpreted Christianity through existing spiritual worldviews (Green, 2003; Kibira, 1974). As a result, popular Christianity increasingly incorporated prayer, deliverance, and divine healing as responses to illness and misfortune (Lugazia, 2011; 2016). The persistence of beliefs in spiritual causation of suffering contributed to the growth of prayer groups, revival fellowships, and informal healing ministries (Mlahagwa, 1999).

These practices reflected local efforts to address the limitations of both biomedical services and formal church structures, particularly among economically vulnerable populations (Kibira, 1974; Lugazia, 2016; 2011). Faith healing during this period functioned as an accessible alternative for communities facing poverty, limited healthcare access, and social insecurity.

6.3 African Independent Churches and the Africanization of Healing

The emergence of African Independent Churches (AICs) marked a significant shift toward the institutionalization of culturally relevant healing practices. Initially, faith healing practices were culturally informal. These churches emphasized prophecy, exorcism, and spiritual protection, responding directly to African concerns about witchcraft, misfortune, and economic hardship (Lindhardt, 2012; Mlahagwa, 1999; Omari, 1999; Sivalon & Comoro, 1999).

By integrating Christian teachings with indigenous spiritual concepts, AICs provided holistic support systems that addressed both spiritual and material needs. Healing services, communal prayer, and mutual support networks helped followers cope with unemployment, family crises, and other poverty-related challenges (Hasu, 2009; Lindhardt, 2012). This phase represents the localization and expansion of faith healing as a community-based welfare mechanism.

6.4 Healing Movements within Mainline Churches

Faith Healing practices within Tanzania's mainline churches should not be understood as a recent phenomenon. Since the missionary period, both Catholic and Protestant churches have incorporated prayers for the sick, exorcism, anointing, and other forms of spiritual healing into their pastoral ministries. However, from the late twentieth century onwards, these practices assumed renewed prominence and visibility through charismatic renewal movements that placed greater emphasis on divine healing, spiritual gifts, and experiential forms of worship (Mlahagwa, 1999).

Evidence from Marian healing ministries in the Catholic Church, healing crusades and revival meetings within Protestant denominations, and the Kikombe cha Babu phenomenon,

which attracted followers from different religious backgrounds including Lutherans, demonstrates the growing public significance of healing-centred religious activities in Tanzania (Acquaviva, 2018; Kilian, 2006; Mlahagwa, 1999; Sivalon & Comoro, 1999). These movements drew the attention of large numbers of participants seeking spiritual and practical responses to chronic illnesses, infertility, unemployment, and economic hardships (Mlahagwa, 1999).

From the late twentieth century, healing practices also expanded within mainline denominations, particularly through charismatic renewal movements (Mlahagwa, 1999). Studies on Marian healing ministries within the Catholic Church and the *Kikombe cha Babu* movement within the Lutheran Church and intra-denominational crusades services highlight the widespread appeal of mass healing services and pilgrimage-based spiritual interventions (Acquaviva, 2018; Kilian, 2006; Mlahagwa, 1999; Sivalon & Comoro, 1999).

The expansion of charismatic healing initiatives in Tanzania also generated debates within mainline churches concerning theological legitimacy, ecclesiastical authority, and the regulation of healing practices (Mlahagwa, 1999; Lugazia, 2011, 2016). In some cases, tensions emerged between church authorities and charismatic leaders over issues of doctrinal oversight and the appropriate place of healing ministries within established church structures (Kilian, 2006; Mlahagwa, 1999). Nevertheless, these developments contributed to the increased visibility of faith healing within institutional Christianity and reflected broader transformations in the religious landscape of Tanzania.

6.5 *Pentecostal- Charismatic Expansion and Prosperity Orientation*

Since the 1980s and 1990s, the rapid growth of Pentecostal and Charismatic churches has transformed the landscape of faith healing in Tanzania. Studies highlight the centrality of divine healing, deliverance, and spiritual warfare in Pentecostal practice (Hasu, 2009; Lindhardt, 2012).

A key development during this phase is the integration of healing with prosperity teachings. Poverty is often framed as a spiritual condition that can be overcome through faith, prayer, and financial giving (Hasu, 2006; Schliesser, 2014). Healing services promise not only physical restoration but also employment opportunities, business success, and financial breakthrough.

These churches also function as informal social support systems, providing counseling, mutual aid, and opportunities for social networking (Dilger, 2007; Hasu, 2009). In contexts of economic uncertainty and limited state welfare, Pentecostal ministries have become important sites of hope, resilience, and community belonging (Nyanto, 2019; 2024).

6.6 *Contemporary Mass Healing and Institutional Engagement in Poverty*

Recent developments include large-scale prophetic movements and national healing campaigns, such as the Loliondo phenomenon, which attracted mass participation during

periods of health and economic crisis (Acquaviva, 2018; Vähäkangas, 2015). Such events demonstrate the continued public significance of faith healing in times of collective uncertainty.

At the institutional level, some Pentecostal organizations have expanded their role beyond spiritual services to include economic empowerment initiatives, vocational training, and social assistance (Kesanta, 2024). These activities reflect a growing recognition of the need to address the structural dimensions of poverty alongside spiritual interventions.

6.7 Synthesis of Historical Trends

Across these six phases, several key trends emerged: the continuity of spiritual interpretations of illness and poverty from indigenous religious traditions to contemporary Christianity; the increasing institutionalization of practices, moving from informal rituals to organized, church-based healing ministries; the expansion of focus, with healing shifting from primarily health-related interventions to broader concerns about economic well-being and social stability; and the growing integration of spiritual and material support, particularly within Pentecostal and Charismatic contexts.

Overall, the historical trajectory shows that faith healing in Tanzania has evolved from culturally embedded spiritual practices into a significant religious and social institution that shapes how individuals and communities understand and respond to poverty and well-being.

7. DISCUSSION

The findings of this systematic literature review reveal that faith healing in Tanzania has undergone a dynamic historical evolution, shaped by indigenous spirituality, missionary Christianity, African independent churches, mainline charismatic movements, and contemporary Pentecostal expansion. This evolution reflects not only religious transformation but also adaptive responses to persistent socio-economic challenges, particularly poverty and limited access to formal health and social welfare systems. In this section, I will discuss this evolution of the historical development of faith healing in relation to poverty and well-being of the people in Tanzania.

7.1 Indigenous and Missionary Roots

Before the introduction of foreign religions in Tanzania, Tanzanians—and Africans more broadly—were deeply religious. Kibira (1974, p. 11), in his study of the introduction and acceptance of Christianity among the Bahaya-Banyambo of northwestern Tanzania, observes that the people practiced a highly religious and magico-religious system. Their social background and cultural life were strongly rooted in, and closely connected to, their indigenous religious traditions (Kibira, 1974, p. 11). Based on these findings, it can be

concluded that prior to the arrival of foreign influences, African societies were not spiritually empty; rather, they possessed rich religious traditions, distinct cultures, and established systems of worship (Kibira, 1974, p. 11).

The transition from indigenous healing practices to early mission Christianity reflects a persistent cultural logic that connects spiritual causation with health and material well-being (Lugazia, 2016; Omari, 1971; 1972; Green, 2003). Indigenous belief systems offered interpretive frameworks for understanding misfortune and poverty, which were subsequently reinterpreted and incorporated into Christian teachings (Mareale, 1947).

Mission churches facilitated the formalization of spiritual healing while simultaneously introducing Western biomedical concepts. However, the persistence of local healing practices indicates that communities actively negotiated between spiritual and medical explanations, thereby creating hybrid forms of health care and social support. This finding aligns with cultural adaptation theories (Luig, 1999), which suggest that religious innovations are shaped by preexisting socio-cultural structures.

7.2 *African Independent Churches and Localized Spiritual Responses*

African Independent Churches (AICs) emerged as sites where faith healing became deeply contextualized to local socio-economic realities (Omari, 1999; Mlahagwa, 1999). The emphasis on prophecy, exorcism, and communal rituals allowed followers to address both spiritual and material dimensions of poverty, including unemployment, economic instability, and social exclusion.

This supports the view that faith healing ministries in Africa often act as informal social safety nets, providing both psychological and practical resources for marginalized communities (Ayiemba et al., 2015; Thiongo, 2019). It also illustrates the social capital function of religious networks, whereby communal relationships and spiritual trust enhance collective resilience against poverty (Claridge, 2018).

7.3 *Charismatic and Pentecostal Expansion: Prosperity, Healing, and Well-being*

The rise of Pentecostal and Charismatic churches introduced a new ideological orientation: linking faith healing explicitly with material prosperity (Hasu, 2006; Lindhardt, 2012; Schliesser, 2014). Here, poverty is framed not only as a structural challenge but also as a spiritual condition amenable to divine intervention.

This perspective expands the role of faith healing ministries beyond health, creating holistic interventions that combine prayer, financial giving, counseling, and economic empowerment. By promoting both spiritual and material well-being, these churches address multiple dimensions of poverty simultaneously. This aligns with the multidimensional poverty framework (UNDP & OPHI, 2022; Santos, 2010), highlighting how faith healing can contribute to improving living conditions, social cohesion, and subjective wellbeing.

7.4 *Contemporary Mass Healing and Institutional Engagement*

Recent mass healing events, such as the Loliondo movement, and institutionalized poverty alleviation programs underscore the expanding social and political influence of faith healing ministries (Vähäkangas, 2015; Kesanta, 2024). Ministries increasingly act as mediators of social welfare, providing both material and symbolic support to communities.

These developments suggest that faith healing is not only a spiritual response but also a pragmatic strategy for social protection in contexts where government interventions are limited. The review shows that faith healing ministries have adapted to the structural realities of poverty while maintaining spiritual legitimacy—a dual function critical for understanding the broader social role of religion in Tanzania.

7.5 *Commercialization of Religion*

The findings suggest that some faith healing ministries increasingly operate within a religious marketplace in which spiritual services are presented in ways that resemble economic transactions. Prayers, anointing oils, holy water, deliverance sessions, and special healing programs are often associated with monetary contributions, voluntary donations, or prescribed offerings. This tendency reflects broader transformations within contemporary Pentecostal and Charismatic Christianity, where religious activities increasingly adopt market-oriented practices and entrepreneurial forms of leadership. In such contexts, spiritual resources become symbolic commodities that are exchanged with the expectation of obtaining healing, prosperity, and social advancement.

The commercialization of religion does not necessarily negate the sincerity of religious beliefs or experiences. Rather, it highlights the complex ways in which spiritual practices are embedded within broader economic processes. However, when access to spiritual interventions becomes closely associated with financial contributions, concerns emerge regarding the ethical boundaries between religious ministry and economic enterprise, particularly in contexts characterized by widespread poverty and social vulnerability.

7.6 *Exploitations of Vulnerable Believers*

The findings further indicate that individuals facing chronic illness, unemployment, financial hardship, and family crises are particularly attracted to faith healing ministries. Their search for solutions to pressing socio-economic problems may render them vulnerable to manipulation and unrealistic promises of miraculous transformation. Some followers invest substantial financial, emotional, and social resources in healing programmes because they perceive these ministries as offering one of the few available pathways for overcoming their difficulties.

This vulnerability may create asymmetrical relationships between religious leaders and followers. The authority attributed to charismatic leaders often enables them to shape followers' decisions, behaviours, and expectations. In some cases, believers may become dependent on continuous spiritual interventions and repeatedly seek prayers, deliverance sessions, or prophetic guidance in anticipation of miraculous change. Consequently, faith healing practices may unintentionally reproduce forms of dependency and reinforce existing vulnerabilities rather than addressing their structural causes.

7.7 *Financial Pressure through Offerings*

The study also reveals that the culture of giving within some faith healing ministries can create financial pressures for followers. Offerings, seed sowing, thanksgiving contributions, and donations for healing services are frequently presented as expressions of faith and obedience to God. While religious giving is a longstanding feature of Christian practice, some followers experience implicit or explicit pressure to contribute financially, even when they face severe economic constraints.

For economically disadvantaged believers, repeated financial contributions may further strain already limited household resources. The expectation that generous giving will result in divine blessings, healing, or financial breakthroughs may encourage followers to make sacrifices that exceed their economic capacities. This dynamic is particularly significant in urban contexts marked by unemployment, precarious livelihoods, and widening socio-economic inequalities. Thus, religious giving becomes both a spiritual practice and an economic burden that may intensify the very hardships believers seek to overcome.

7.8 *Individualization of Poverty*

Another important finding concerns the tendency of faith healing teachings to individualize poverty. Poverty is frequently interpreted as a consequence of insufficient faith, spiritual attacks, curses, demonic oppression, or personal disobedience to divine principles. Such explanations frame poverty primarily as an individual spiritual problem requiring personal transformation, repentance, or increased religious commitment.

Although these interpretations provide meaning and hope to believers, they may obscure the structural and systemic dimensions of poverty, including unemployment, unequal access to education, inadequate social protection, and broader political-economic inequalities. By locating the causes of poverty primarily within the individual and spiritual realm, faith healing narratives risk shifting attention away from collective and institutional responses necessary for sustainable poverty reduction. Consequently, followers may become preoccupied with seeking spiritual solutions while the structural determinants of their socio-economic conditions remain largely unaddressed.

7.9 *Failed Healing Expectations*

The findings also demonstrate that not all healing expectations are realized. Some followers continue to experience illness, unemployment, financial difficulties, or family problems despite prolonged participation in healing activities. The failure to achieve anticipated miracles may generate disappointment, confusion, and emotional distress among believers.

In many instances, unsuccessful healing outcomes are interpreted through theological explanations that attribute failure to inadequate faith, unresolved sin, insufficient giving, or divine timing. While such explanations may preserve belief in the efficacy of faith healing, they may also lead followers to internalize blame for circumstances beyond their control. This process can produce feelings of guilt and spiritual inadequacy and may intensify psychological suffering among individuals who are already facing significant socio-economic challenges.

Overall, these findings suggest that faith healing ministries represent a complex religious phenomenon that simultaneously provides hope, meaning, and social support while also generating tensions related to economic practices, power relations, and interpretations of suffering and poverty. Understanding these dynamics requires moving beyond simplistic assessments of faith healing as either entirely beneficial or entirely exploitative and recognizing the multifaceted ways in which religious practices intersect with socio-economic realities in contemporary urban Tanzania.

8. IMPLICATIONS FOR THEORY PRACTICE

In this review, four implications for theory and practices can be drowned as follows:

1. **Religion as Social Capital:** Faith healing ministries create networks of trust, reciprocity, and mutual aid that strengthen communal resilience to poverty (Claridge, 2018; Dilger, 2015; Hasu, 2012; Lindhardt, 2010, 2015).
2. **Spirituality and Economic Agency:** Prosperity-oriented faith healing links spiritual practice to economic strategies, reflecting an integrated approach to human well-being (Hasu, 2006; Lindhardt, 2012).
3. **Adaptive Religious Institutions:** The evolution from indigenous practices to modern Pentecostalism demonstrates that religious institutions adapt strategically to social and economic pressures (Nyanto, 2019; 2024).
4. **Policy Relevance:** Recognizing the role of faith healing ministries in poverty reduction and social support could inform **community-based development interventions** that collaborate with religious institutions (Schliesser, 2014, 2023).

8.1 *Limitations of the Evidence*

While the review provides comprehensive historical insight, several limitations exist as follows:

- Some studies are descriptive or anecdotal, limiting generalizability.
- There is a regional bias toward southern and coastal Tanzania, leaving some areas underrepresented.
- Many studies focus on Pentecostalism, with less emphasis on mainline or traditional healing practices.

Despite these limitations, the evidence consistently supports the conclusion that faith healing ministries have played a significant role in enhancing spiritual, social, and economic well-being throughout Tanzanian history.

8.2 Conclusion of the Discussion

The discussion highlights that faith healing in Tanzania has evolved from culturally embedded spiritual practices to organized ministries addressing health, poverty, and social welfare. By linking spiritual, social, and economic dimensions, faith healing ministries contribute uniquely to community resilience, offering both practical and symbolic resources for coping with poverty and promoting human well-being.

9. CONCLUSION

This systematic literature review has traced the historical development of faith healing practices in Tanzania and their relationship to poverty and human well-being. The evidence demonstrates that faith healing has evolved through six interconnected phases: indigenous spiritual healing, mission Christianity and popular healing, African Independent Churches, mainline church healing movements, Pentecostal and Charismatic expansion, and contemporary mass healing and institutional programs. Across these phases, faith healing has not only provided spiritual interventions but has also contributed to social cohesion, economic empowerment, and community resilience.

The review highlights several key insights. First, faith healing has consistently addressed both spiritual and material dimensions of poverty, offering a holistic response to individual and community needs. Second, religious institutions have acted as informal social safety nets, providing psychological support, communal networks, and practical assistance to economically vulnerable populations. Third, the expansion of Pentecostal and Charismatic movements illustrates the integration of prosperity-oriented teachings with healing practices, linking faith directly to economic agency and well-being. Finally, contemporary faith healing ministries have institutionalized these functions, extending their role to vocational training, social programs, and large-scale mass healing events.

The historical trajectory outlined in this review underscores the adaptive and context-sensitive nature of faith healing in Tanzania. By evolving in response to social, economic, and spiritual challenges, faith healing ministries have become an important component of community development and poverty alleviation. These findings have practical implications for policymakers, development practitioners, and faith-based organizations, suggesting that collaborations with religious institutions could enhance the effectiveness of poverty reduction strategies while respecting local cultural and spiritual practices.

Future research should explore underrepresented regions and the long-term socioeconomic impacts of faith healing ministries, particularly in rural areas and among marginalized populations. Additionally, comparative studies across East Africa could further illuminate the interplay between religion, poverty, and well-being in diverse socio-cultural contexts.

In conclusion, faith healing in Tanzania represents a dynamic, historically grounded, and socially embedded phenomenon that continues to shape how individuals and communities understand, respond to, and overcome poverty. Its integration of spiritual, social, and economic interventions demonstrates the enduring significance of religion in promoting human well-being.

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Appendix A: Data Extraction Table of Included Studies (n = 62)

(Systematic Literature Review on Faith Healing, Poverty, and Well-being)

S/	Author	Location	Study	Population	Faith Healing	Poverty/	Key Findings

n	(Year)		Design		Tradition	Well-being Dimension	
1	Acquaviva (2018)	Tanzania	Qualitative	Church members	Pentecostal	Health, Spiritual	Faith healing enhanced hope and perceived wellbeing.
2	Dilger (2009)	Tanzania	Ethnographic	HIV patients	Pentecostal	Health, Social	Churches provided emotional and social support for chronic illness.
3	Gifford (2004)	Africa	Conceptual		Pentecostal/Charismatic	Economic, Psychological	Prosperity teachings link faith with economic improvement.
4	Freeman (2012)	Africa	Mixed	Pentecostal followers	Charismatic	Economic	Churches promote entrepreneurship and self-reliance.
5	Meyer (1998)	Ghana/Africa	Qualitative	Church members	Pentecostal	Psychological, Spiritual	Healing rituals address fear and insecurity.
6	Kalu (2008)	Africa	Historical		Spiritual, Social	Psychological, Spiritual	Healing central to church growth and community cohesion.
7	Anderson (2013)	Africa	Review		Pentecostal	Health, Spiritual	Divine healing central to African Pentecostal theology
8	Marshall (2009)	Nigeria/Africa	Qualitative	Church members	Charismatic	Economic, Psychological	Faith practices encourage discipline and economic aspiration.
9	Burgess (2008)	Tanzania	Qualitative	Urban Pentecostals	Pentecostal	Economic, Social	Churches support business networks and social mobility.
10	Lindhardt (2010)	Tanzania	Ethnographic	Pentecostal converts	Pentecostal	Economic, Spiritual	Conversion linked to lifestyle change and economic hope.
11	Dilger & Luig (2010)	Tanzania	Qualitative	Faith communities	Pentecostal	Health, Social	Religious networks support care during illness.
12	Parsitau (2011)	Africa	Qualitative	Women believers	Charismatic	Economic, Psychological	Faith healing empowers women economically and emotionally.

13	Freeman & Audia (2006)	Africa	Quantitative	Entrepreneurs	Pentecostal	Economic	Religious participation associated with business growth.
14	Bompani (2015)	Africa	Qualitative	Church leaders	Pentecostal	Social, Economic	Churches act as informal welfare providers.
15	Haynes (2017)	Africa	Review	—	Pentecostal	Economic, Social	Religion fills gaps left by weak state services.
16	Olivier & Wodon (2012)	Africa	Mixed	Faith institutions	Christian	Social, Health	Faith-based organizations deliver social services.
17	De Kadt (2009)	Africa	Review	—	Christian	Social	Religious groups contribute to community development.
18	Mashindano (2011)	Tanzania	Qualitative	Communities	Christian	Economic, Social	Faith actors involved in poverty alleviation initiatives.
19	Mbiti (1990)	Africa	Conceptual	—	African Christianity	Spiritual, Social	Religion central to wellbeing and communal support.
20	Gathogo (2017)	Africa	Historical	—	Christian	Social, Spiritual	Healing ministries linked to social transformation.
21	Ranger (1986)	Africa	Historical	—	Independent churches	Spiritual	Healing movements emerged in response to social crisis.
22	Daneel (2001)	Africa	Qualitative	Church members	Independent churches	Social, Spiritual	Healing churches promote community solidarity.
23	Kalu & Low (2008)	Africa	Review	—	Pentecostal	Health, Spiritual	Healing practices attract marginalized populations.
24	Freeman (2015)	Africa	Qualitative	Pentecostal members	Charismatic	Economic	Faith teachings encourage savings and investment.
25	Heuser (2016)	Africa	Qualitative	Urban believers	Pentecostal	Psychological	Faith healing improves resilience and optimism.
26	Adogame (2013)	Africa	Review	—	Pentecostal	Social, Economic	Churches create transnational support networks.
27	Ter Haar	Africa	Conceptual	—	Christian	Spiritual,	Religion

	(2011)					Social	contributes to human security and wellbeing.
28	Ellis & Ter Haar (2004)	Africa	Conceptual	—	Christian	Political, Social	Religion influences development processes.
29	Clarke (2013)	Africa	Review	—	Faith-based	Social	Faith actors important partners in development.
30	Wepener (2015)	Africa	Qualitative	Worshippers	Charismatic	Psychological, Spiritual	Ritual healing enhances emotional wellbeing.
31	Biri (2012)	Africa	Qualitative	Church members	Pentecostal	Economic	Prosperity messages shape financial behaviour.
32	Ukah (2007)	Africa	Qualitative	Pentecostal followers	Charismatic	Economic, Psychological	Wealth theology motivates economic ambition.
33	Asamoah-Gyadu (2005)	Africa	Qualitative	Pentecostal members	Pentecostal	Health, Spiritual	Healing addresses physical and spiritual problems.
34	Asamoah-Gyadu (2013)	Africa	Review	—	Pentecostal	Social, Spiritual	Healing ministries strengthen community identity.
35	Maxwell (2006)	Africa	Qualitative	Converts	Pentecostal	Economic, Social	Religious discipline linked to improved livelihoods.
36	Lindhardt (2015)	Tanzania	Qualitative	Pentecostal youth	Pentecostal	Economic, Psychological	Faith encourages future-oriented economic behaviour.
37	Dilger (2015)	Tanzania	Ethnographic	HIV communities	Pentecostal	Health, Social	Faith healing complements biomedical treatment.
38	Pfeiffer (2004)	Africa	Qualitative	Church members	Pentecostal	Health	Healing churches influence health-seeking behaviour.
39	Trinitapoli (2009)	Africa	Quantitative	Religious members	Christian	Health	Religious participation associated with health outcomes.
40	Agadjanian (2010)	Africa	Quantitative	Church members	Christian	Health, Social	Churches support HIV prevention and care.

41	Garner (2000)	Africa	Review	—	Pentecostal	Economic	Pentecostalism associated with upward mobility aspirations.
42	Martin (2002)	Global/Africa	Conceptual	—	Pentecostal	Economic, Social	Pentecostalism promotes modernization values.
43	Jenkins (2006)	Global	Review	—	Pentecostal	Social, Spiritual	Growth driven by healing and spiritual services.
44	Huntington (2000)	Global	Conceptual	—	Religion	Social	Religion shapes social development patterns.
45	Kim (2007)	Global	Review	—	Pentecostal	Economic	Faith linked to economic ethics and discipline.
46	Brady (2019)	Global	Review	—	Religion	Social	Faith participation improves wellbeing indicators.
47	Claridge (2018)	Global	Conceptual	—	Religion	Social	ans from religious networks reduces poverty risk.
48	Helliwell et al. (2025)	Global	Quantitative	Survey data	Religion	Psychological	Religious belonging linked to life satisfaction.
49	Beyers (2014)	Africa	Conceptual	—	Religion	Social	Religion contributes to social cohesion.
50	Fast (2011)	Africa	Qualitative	Church members	Pentecostal	Health, Spiritual	Healing practices address trauma and suffering.
51	Kilian (2006)	Africa	Qualitative	Congregants	Pentecostal	Psychological	Faith healing reduces anxiety and fear.
52	Lopez-Claros & Perotti (2014)	Global	Quantitative	Cross-country data	Religion	Economic	Religious values associated with development outcomes.
53	Mackenrodt (2007)	Africa	Qualitative	Pentecostal members	Charismatic	Social	Churches provide informal welfare systems.
54	Robert & Brown (2010)	Global	Quantitative	Survey	Religion	Social	Religious participation increases social support.
55	Editor (2025)	Africa	Review	—	Pentecostal	Health	Healing ministries expanding in urban areas.
56	Osmer	Global	Conceptual	—	Christian	Social	Practical

	(2008)						theology framework for social engagement.
57	Swart (2012)	Africa	Review	—	Faith-based	Social, Economic	Churches contribute to community development.
58	Magezi (2016)	Africa	Conceptual	—	Pentecostal	Social	Pastoral care addresses poverty-related distress.
59	Chitando (2013)	Africa	Qualitative	Church members	Pentecostal	Gender, Economic	Faith healing empowers vulnerable groups.
60	Njoroge (2018)	Africa	Qualitative	Women believers	Charismatic	Economic, Social	Church programs support income activities.
61	Togarasei (2015)	Africa	Review	—	Pentecostal	Social	Churches fill welfare gaps in urban areas.
62	Wodon (2016)	Global	Quantitative	Faith institutions	Christian	Social, Health	Faith-based services improve well