


RESEARCH ARTICLE

# Medical Legitimacy: Childbirth, Pluralism, and Professionalization in Nigeria's Faith-Based *Aladura* Birthing Homes

Ogechukwu E. Williams 

Creighton University

E-mail: [ogechukwuwilliams@creighton.edu](mailto:ogechukwuwilliams@creighton.edu)

(Received 1 March 2020; revised 15 September 2022; accepted 8 January 2023)

## Abstract

In the wake of the *Aladura* (prayer people) religious movement of the late 1920s, a site of childbirth that relied primarily on faith healing emerged in Nigeria under the Christ Apostolic Church (CAC). This practice of faith-based delivery remained informal until 1959 when it evolved into a permanent structure with a professional guild of midwives, codified practices, and trained personnel. This article explores the advent of CAC's faith-based maternity practice, notably its faith home midwifery school, and how the faith home transformed its identity from the informal realms of religious healing to a recognized religious entity that offered primary maternity care based on the principles of faith healing. By examining the professionalization of *Aladura* faith homes, I highlight questions of legitimacy allocation in postcolonial Africa and how CAC navigated this process by courting legitimacy from state-backed institutions and sociocultural frameworks.

**Keywords:** West Africa; Nigeria; Christianity; fertility; health; religion; reproduction; women

## Medical legitimacy and the *Aladura*: an introduction

At a Christ Apostolic Church (CAC) conference in Nigeria in 2013, the church president, Abraham Akinosun, announced that the church's maternity wing, the faith homes, had become affiliated with a new organization, Voluntary Midwifery and Community Birth Attendants Association of Nigeria (VMCBAAN), an umbrella association for recognized midwives and community birth attendants in Nigeria.<sup>1</sup> This news was celebrated by CAC members because it provided the faith homes and their *iya agbebis* (midwives) more credibility in a society where they had historically been subjected to persecution by the government and European missionaries since the 1930s, due to the church's tenets on faith healing.<sup>2</sup> Along the hallway of the faith home training center in Ede, the VMCBAAN certificate of incorporation was displayed next to another certificate from the Osun State health ministry that validated the faith home as a provider of general child welfare and maternity services. These certificates were strategically situated in proximity to visitors as proof to patients, but most importantly to those who purported to act on the state's behalf, that the faith home and training center was a duly certified institution authorized to provide maternity care.

<sup>1</sup>Christ Apostolic Church, Facebook homepage, <https://www.facebook.com/cacministry/posts/355338424660081/>, Apr. 2015. Accessed 10 Nov. 2019; interview with Funmilola Awoyungbo, Ede, 27 Oct. 2020.

<sup>2</sup>I use Faith Home to refer to CAC's faith-based midwifery training institution. As of 2021, the center's registered name is Faith Home, Childbirth, and Missionary Health Workers Training Center. Throughout this article, I refer to the training center as the faith home training center, faith home midwifery school, or Faith Home while I use faith homes to refer more broadly to the subsidiary CAC faith homes affiliated with the training center. This article focuses on the faith home midwifery school's evolution rather than that of the subsidiary faith homes that operate under it.

The significance of these certificates and the jubilation that followed the faith home's affiliation with VMCBAAN underscores CAC's efforts to establish legitimacy since the colonial era to address bio-medical narratives that they undermined the work of medical personnel and operated illegally.

Christ Apostolic Church emerged as a faith healing congregation in western Nigeria following the aftermath of the *Aladura* (prayer people) religious movement of the 1920s and 1930s, which occurred in the backdrop of recurring disease outbreaks, severe economic hardships, and minimal colonial government investment in healthcare infrastructure.<sup>3</sup> It was under these circumstances that a prophet, Joseph Babalola, emerged and began a series of teachings and revivals that triggered what became classified as the *Aladura* movement. By 1932, Babalola had attracted national attention as a faith healer whose model included a total reliance on faith healing. He also affiliated himself with Faith Tabernacle, which became CAC in 1942, one of the African Independent Churches (AIC) that his revivals helped to expand.<sup>4</sup>

Babalola's popularity as a faith healer and his legacy in maternity care was in many ways shaped by women's health concerns. In the early years of his prophetic ministry during the late 1920s, women outnumbered men in his revival outreaches and brought concerns about reproductive health to these programs at a time when maternal health was largely sidelined in Nigeria's colonial medical service.<sup>5</sup> Driven by a combination of these women's needs, the vested interests of CAC's women's wing in consolidating the church's maternity care, and Babalola's desire to uphold CAC's policy on faith healing, maternal healthcare soon became a distinct aspect of CAC's structure. Although it was typical for *Aladura* churches to have prayer houses dedicated to tending the sick, none of these churches or their leaders focused on maternity work and the institutionalization of faith homes like CAC. In this article, I show how an informal practice of faith healing and faith-based midwifery that began during the *Aladura* movement of the late 1920s was successfully refashioned by CAC leaders and the church's women's organization into an institutionalized provision of maternal healthcare.

I frame medical legitimacy as a process through which a marginal actor gradually adjusts and alters its practices, based on the principles of the dominant paradigm and a changing social and economic landscape, to be deemed as an acceptable authority in the provision of healthcare, in this case maternal healthcare. For CAC, this process of cultivating medical legitimacy was a dual process of survival amid colonial and missionary persecution and in the face of agitations by biomedical practitioners in the postcolonial era who viewed them as competition and a threat to public health. The process of addressing these concerns and points of contention resulted in a professionalization of CAC faith homes that may not have been framed or understood as medical legitimacy by the main actors but was deliberately orchestrated to gain acceptance, overcome criticisms, and survive as an institution.

In the early years of the 1930s, Babalola recruited prayerful older women, pastor's wives, and female evangelists to provide care for women during childbirth. During this period, he established legitimacy for his ideologies of faith healing and the subsequent faith homes that emerged by building on local contexts of health and indicting the failures of biomedicine and traditional medicine to protect the populace from pestilence. In the changing economic and social environment of the 1950s, Babalola spearheaded the construction of a faith home midwifery school. The school took off in 1959 with the support and financial backing of the CAC Good Women Association, a group that comprised all married women in CAC, to uniformly train prospective faith home midwives.<sup>6</sup> This marked the formal establishment of faith homes as a distinct component of CAC

<sup>3</sup>For more on the *Aladura* movement, see J. D. Y. Peel, *Aladura: A Religious Movement Among the Yoruba* (London, 1968); H. W. Turner, *History of an African Independent Church* (Oxford, 1967), 8–34; A. Mohr, 'Faith Tabernacle Congregation and the emergence of Pentecostalism in colonial Nigeria, 1910s–1941', *Journal of Religion in Africa*, 43 (2013), 196–221.

<sup>4</sup>National Archives, Ibadan (NAI) OYO PROF 662, 'The Faith Healer-Babalola and the Faith Tabernacle otherwise known as the *Aladura* religious movement-operation of in Oyo Province', 1932, 2.

<sup>5</sup>For more information, see R. Schram, *A History of the Nigerian Health Services* (Ibadan, 1973), 101–41, 193–214.

<sup>6</sup>Interview with Funmilola Awoyungbo; interview with Victoria Alabi, Ede, 17 Oct. 2020.

congregations and their transition from an informal practice to professional institutions with their own set of codified practices. To ward off accusations of quackery from the government and physicians, the new faith home training school was led by a biomedically trained nurse-midwife. Throughout the 1960s and 1970s, the Faith Home emphasized prayers and counseling in their approach to maternity care. However, growing attention to maternal deaths in Nigeria, critical outlooks on non-biomedical spaces of birth in the 1980s, and changing socioeconomic landscapes compelled the Faith Home to make changes to its maternity care approaches.

The Faith Home's efforts to secure the support of the dominant stakeholders in healthcare resulted in the introduction of a comprehensive curricula, extension of midwives training from one year to two years in the 1980s, partnerships and a referral network with hospitals, and annual refresher courses in which biomedical personnel contributed to faith home student training. By the late twentieth century, the Faith Home had become an important provider of maternity services while maintaining its legacy of faith healing. Its process of building legitimacy involved three stakeholders: the legitimacy seekers (in this case, the Aladura), allocators of legitimacy (including local chiefs, the state, European missions, biomedical institutions, and regulatory bodies), and those impacted by the decisions to seek or allocate legitimacy (the local communities).

While scholarly works on legitimacy in Africa are dominated by discourses of political actors, the process of constructing or undermining legitimacy is not limited to the state and the political realm. The humanistic literature on medicine and medicalization in colonial Africa demonstrates how Western and traditional medicine practitioners engaged in the political and social process of validating themselves or undermining the dominance of others.<sup>7</sup> Meghan Vaughan argues, for instance, that traditional medical systems adapted to the 'incursions and prohibitions of early colonialism' by absorbing or indigenizing the elements of biomedicine and the colonial machinery that seemed most advantageous.<sup>8</sup> Didier Fassin and Eric Fassin write on traditional medicine practitioners' quests for new sources of legitimation, pointing out that 'these stakes of legitimation can be observed in other African countries and even in industrial ones with the question of parallel medicines'.<sup>9</sup> However, these existing historiographies largely focus on a discursive binary of traditional versus Western medicine. This article deviates from the historiographical focus on traditional/Western medicine by examining how an independent African faith-healing church asserted itself in the quest to control reproduction and cultivate what I have described as medical legitimacy. I demonstrate that CAC Faith Home was neither wholly aligned with traditional nor biomedical conceptions of maternal healthcare. Instead, Faith Home leaders deftly maneuvered between and within these two realms of medical practice to adopt elements that aligned with their agendas of faith healing and kept the Faith Home relevant and responsive to new challenges, notably growing state regulation, concerns from the biomedical establishment, and patients' changing preferences.

Similar to the literature that discusses issues of medical legitimacy, scholarships on childbirth and reproduction in Africa focus more extensively on colonial and traditional midwifery and leave much yet to be explored regarding the crucial roles that other important, if less prominent, African actors like the Aladura played in these reconstitutions of birth.<sup>10</sup> This study of CAC's

<sup>7</sup>For some examples, see N. Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC, 1999); A. Osseo-Asare, 'Writing medical authority: the rise of literate healers in Ghana, 1930–70', *The Journal of African History*, 67:1 (2016), 70–1; K. Flint, *Healing Traditions: African Medicine, Cultural Exchanges, and Competition in South Africa, 1820–1948* (Athens, OH, 2008), 128–56; M. Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford, 1991); C. MacCormack, 'Healthcare and the concept of legitimacy in Sierra Leone', in S. Feerman and J. Janzen (eds.), *The Social Basis of Health and Healing in Africa* (Berkeley, 1992), 426–36; D. Fassin and E. Fassin, 'Traditional medicine and the stakes of legitimation in Senegal', *Social Science & Medicine*, 27:4 (1988), 353–7.

<sup>8</sup>Vaughan, *Curing their Ills*, 24.

<sup>9</sup>Fassin and Fassin, 'Traditional medicine', 353.

<sup>10</sup>Some of these works include M. Jennings, "'A matter of vital importance": the place of the medical mission in maternal and child healthcare in Tanganyika, 1919–39' in D. Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (New York, 2006), 227–50; L. Thomas, *Politics of the Womb: Women, Reproduction and the State in*

Faith Home shifts the narrative from colonial actors — European missions and the state — as initiators of change to detail how an indigenous African church inserted itself into the contested realm of maternal health and reproductive control by creating a new African-controlled space of birth that moved female colonial subjects outside of state and missionary health propaganda purview. By examining the scope of CAC Faith Home's operations, this study makes the broader argument that engaging questions of spirituality and spiritual spaces in conversations about healthcare is crucial to understanding interpretations of health and wellbeing in African societies.<sup>11</sup>

This article also moves discourses on the Aladura from the realms of theology, gender dynamics, and organizational frameworks to that of colonial and postcolonial medicine. Seminal texts on the Aladura in Nigeria, such as J. D. Y. Peel and H. W. Turner's 1960s publications, offer insight into Aladura early history and the organizational structures within Aladura congregations.<sup>12</sup> Subsequent literature focuses on the theology, leadership structures, and gender dynamics within Aladura ranks.<sup>13</sup> Apart from Jacob Adetunji's limited study of church-based obstetric care in the town of Efon, this body of literature neither addresses the faith delivery homes that became a hallmark of CAC's Aladura Christianity nor the environment that gave rise to them.<sup>14</sup> I write CAC into the narrative nexus of faith and healthcare as an independent African church that enmeshed itself in a public health issue and attempted to navigate a system in which medical legitimacy was tied to Western-based ideas, scientific structures, and cultural views of health. I cover two distinct moments in the Faith Home's history. The first is the informal years, spanning the 1930s–1950s, when faith-based delivery operated ad hoc and did not possess a formal structure. The second period begins after 1959, when the faith home became formalized and sought medical legitimacy through the creation of a midwifery school for faith homes, membership in regulatory bodies, partnerships with biomedical specialists, and the provision of culturally proficient care.

This study is based on archival records from Nigeria and the UK as well as semi-structured interviews of CAC midwives, matrons, pastors, faith home clients, and biomedical doctors. Colonial and missionary records on the Aladura are limited in their scope as the colonial government was mostly interested in the leadership and expansion of the Aladura due to concerns that the movement might devolve into a political revolution.<sup>15</sup> As a result, early histories of the faith home are largely absent from official records. Missionary documents, on the other hand, focus on Aladura theologies,

---

*Kenya* (Berkeley, 2003); C. Summers, 'Intimate colonialisms: the imperial production of reproduction in Uganda, 1907–1925', *Signs: Journal of Women in Culture and Society*, 16:4 (1991), 787–807; Hunt, *A Colonial Lexicon of Birth Ritual*; Debby Gaittskell, 'Getting close to the hearts of mothers: medical missionaries among African women and children in Johannesburg between the wars', in V. Fildes, L. Marks, and H. Marland (eds.), *Women and Children First: International Maternal and Infant Welfare 1870–1945* (New York, 1992); B. Cooper, *Countless Blessings: A History of Childbirth and Reproduction in the Sahel* (Bloomington, IN, 2019).

<sup>11</sup>See O. Williams, 'A blur between the spiritual and the physical: birthing practices among the Igbo of Nigeria in the twentieth century', in M. Delaporte and M. Martin (eds.), *Sacred Inception: Reclaiming the Spirituality of Birth in the Modern World* (Lanham, 2018); S. Ekanem and A. Asira, 'Religion and medicine in the 21st century Nigeria', *SOPHIA*, 9:1 (2006), 56–61; M. Asare and S. Danquah, 'The African belief system and the patient's choice of treatment from existing health models: the case of Ghana', *Acta Psychopathol*, 3:4 (2017), 1–4; L. Lado, C. Felicien, and J. Azetsop, 'The social construction of the legitimacy of Christian healing in Abidjan', *Journal of Contemporary African Studies*, 36:3 (2018), 334–50.

<sup>12</sup>Peel, *Aladura*; Turner, *A History of an African Independent Church*.

<sup>13</sup>B. Sackey, *New Directions In Gender and Religion: The Changing Status of Women in African Independent Churches* (Lanham, 2006); I. Mukonyora, *Wandering a Gendered Wilderness: Suffering and Healing in an African Initiated Church* (New York, 2007); D. Crumbley, *Spirit, Structure, and Flesh: Gendered Experiences in African Instituted Churches among the Yoruba of Nigeria* (Madison, 2008); Mohr, 'Faith Tabernacle Congregation', 196–221.

<sup>14</sup>J. A. Adetunji, 'Church based obstetric care in a Yoruba community, Nigeria', *Social Science & Medicine*, 35:9 (1992), 1171–8. Crumbley briefly touches on the subject in *Spirit, Structure, and Flesh*, 38.

<sup>15</sup>Various primary documents on the Aladura discuss these government concerns. See NAI OYO PROF 662, 'The Faith Healer-Babalola and the Faith Tabernacle', 3–27, 49; NAI OYO PROF 1/28, 'Aladura Movement (Apostolic Church)', 1932, 3–7; Cadbury Research Library, Birmingham (CRL) CMS ACC 716 F8, Archdeacon Dallimore, Lagos Diocese, 'The prophetic movement in Ekiti and beyond', in *Church Missionary Outlook*, Vol. 59 (London, 1932), 96–7, 182–3. See also J. Alokun, *Christ Apostolic Church @ 90, 1918 – 2008* (Ile-Ife, 2010), 87, 213–20.

general accounts of healing, and the challenges that the Aladura posed to mission revenue. Within these narratives, accounts of the faith delivery homes are missing mostly because the faith homes did not become a distinct and institutionalized component of CAC faith healing infrastructure until the eve of Nigeria's independence in the late 1950s.

To fill this gap in the written records, the article draws upon the oral history narratives of faith home midwives, their biomedical partners, CAC officials, faith home clientele, and three surviving faith home matrons who presided over the training center in the 1980s, 1990s, and the present. The interviews were conducted in Lagos, Ibadan, and Ede, where CAC and their faith homes are well established and have a long history. I also do a close reading of *Christ Apostolic Church @ 90*, published by Joshua Alokun, a CAC pastor who became a member of the church in the aftermath of the Aladura movement and witnessed a lot of the developments that he chronicles.<sup>16</sup> Although Alokun's text focuses mostly on the church's growth and was published for church members during CAC's ninetieth anniversary, it provides bits of information, including the author's firsthand experiences, on certain developments connected to the Faith Home's history. Babalola's own teachings and publications, compiled and translated from Yoruba to English by Moses Idowu in 2000, also offer insight into the principles of healthcare that guided the Faith Home's model of maternity care.<sup>17</sup>

### Faith healing and the construction of an Aladura birthing space

Faith healing — the belief that illnesses or other afflictions could be cured by prayers or other religious medium — is not a new ideology in Nigeria.<sup>18</sup> Among the Yoruba of western Nigeria where the Aladura movement emerged, ideas akin to faith healing were part of the religious and traditional medical framework during the 1930s.<sup>19</sup> These ideologies went on to shape Aladura faith healing practices beyond the colonial era and are crucial to understanding faith healing in CAC faith homes.

Some instruments of healing in Yoruba culture during the era of the Aladura movement included the use of *ohun ife* or *ofo* (blessed words or incantations), which were believed to compel compliance from the object to whom they were directed.<sup>20</sup> In cases of pregnancy and childbirth, these blessed words were combined with the application of herbal medicines at various stages of pregnancy to achieve positive outcomes. They were also used by traditional doctors, who sometimes doubled as priests, to ward off the evil eye, believed to be projected by an ill-intentioned person against an individual. Towards the end of pregnancy, the expecting mother took baths infused with herbs and *ohun ife* to prepare for birth.<sup>21</sup>

At the onset of labor, the *iya agbebi* worked hand in hand with the traditional doctor to ensure safe delivery. The traditional doctor recited specific *ohun ife* made for this occasion to provide spiritual protection for the expecting mother in readiness for birth. A similar recitation took place

<sup>16</sup>Alokun, *Christ Apostolic Church*.

<sup>17</sup>J. Babalola, *Joseph Ayo Babalola, Thoughts of an Apostle: His Collected works and Teachings*, M. Idowu (ed. and trans.), (Lagos, 2000).

<sup>18</sup>See National Archives, Enugu (NAE) MINLOC 17/1/9, 'Illnesses and its treatments'; NAE MINHEALTH 30/1/243, 17697, 'Native Medicine', 1939; Williams, 'A Blur'; H. Fabrega Jr., 'A commentary on African systems of medicine', in P. Yoder (ed.), *African Health and Healing Systems: Proceedings of a Symposium* (Los Angeles, 1982), 237–52; D. Ityavyar, 'Background to the development of health services in Nigeria', *Social Science and Medicine*, 24:6 (1987), 487–99.

<sup>19</sup>See the works of P. A. Dopamu, 'Yoruba magic and medicine', in E. Dada Adelowo (ed.), *Perspectives in Religious Studies*, Vol. 1 (Ibadan, 2014), 106–12; T. Borokini and I. Lawal, 'Traditional medicine practices among the Yoruba people of Nigeria: a historical perspective', *Journal of Medicinal Plants Studies*, 2:6 (2014), 22–3; W. Adegbite, 'Some features of language use in Yoruba traditional medicine', *African Languages and Cultures*, 6:1 (1993), 1–3; J. Adepoju, 'A study of health beliefs and practices of the Yoruba', *Journal of Cultural Diversity*, 19:2 (2012), 36–43; B. Ray, 'Aladura Christianity: a Yoruba religion', *Journal of Religion in Africa*, 23:3 (1993), 266–8, 277–80.

<sup>20</sup>NAE MISF 257, Box 161, F. A. M. Adewale-Abayomi, 'African traditional healing through Ohun Ife', *Orunmila*, 2 (1986), 25–6.

<sup>21</sup>*Ibid.*, 25. See also S. Onabamiro, *Why our Children Die: The Causes and Suggestions for Prevention of Infant Mortality in West Africa* (London, 1949), 17–20, for some description of this process among the Yoruba.

following the rupture of the amniotic sac and the onset of active labor.<sup>22</sup> In *Why our Children Die*, Sanya Onabamiro recounted one such incantation from his experience of a delivery in the 1930s, ‘when a sheep is pregnant, she is safely delivered, when a goat is pregnant, she is safely delivered; you [insert name of mother] in this state of pregnancy will be safely delivered’.<sup>23</sup> To this recitation, the expecting mother and everyone present at the delivery responded with a definitive, ‘so be it!’<sup>24</sup> *Ohun ife*, spiritual baths, and divinations were deployed to address pregnancy-related issues such as *abiku* (spirit children), a phenomenon in which a child died shortly after birth and was believed to return repeatedly to the same family through subsequent pregnancies. The Yoruba believed that unless relevant sacred words, prayers, and rituals were offered, this born-to-die cycle continued.<sup>25</sup> With the emergence of the Aladura movement and the Aladura churches that came in its wake, these cultural interpretations of health and the belief in the power of sacred words or spiritual commandments became the bases around which practices of faith healing and maternal healthcare were organized.

The Aladura movement and the creation of faith homes are closely connected to the history of epidemics and health-seeking in Nigeria during the First World War era and the 1920s, as well as the failures of biomedicine to address various disease outbreaks, such as the influenza pandemic of 1918, smallpox outbreaks, and other unidentified epidemics in the 1920s.<sup>26</sup> During this period of the 1920s and early 1930s, little effort was made by the British colonial government in Nigeria to develop health infrastructures for local communities. Government hospitals were limited to major urban centers for the service of the European population, the military, and civil service workers. Other parts of the colony were tended to, if at all, by mission-established hospitals which had limited staff and infrastructure, especially in the interwar years.<sup>27</sup> These were some of the prevailing circumstances under which Babalola emerged as a prophet in 1928.

Babalola’s early messages centered on repentance, healing through prayer, and rejection of Yoruba deities.<sup>28</sup> In addition to mandates that people should turn away from traditional doctors and herbal solutions, he condemned the use of biomedicine, capitalizing on its ineffectiveness to argue that it was powerless and inadequate to stop or prevent diseases. True believers, he admonished, must rely only on prayers and faith in God for healing.<sup>29</sup> This laid the framework for the care that he arranged for pregnant women who, under Babalola’s teaching, could not rely on the interventions of traditional doctors or their biomedical counterparts for childbirth. Babalola’s ministry received heightened attention in 1930 following his visit to the Yoruba town of Ilesha and the consequent religious movement that ensued. His revival meetings were attended by thousands who trooped into Ilesha from across the southwestern region and included ‘clerks as well as bushmen;

<sup>22</sup>See *Ibid.*

<sup>23</sup>Onabamiro, *Why our Children Die*, 27.

<sup>24</sup>*Ibid.*

<sup>25</sup>See NAE MISF 257, Box 161, A. Oyesanya, ‘Ifa: the do it yourself for the beginners’, 8–9.

<sup>26</sup>See University of Illinois, Urbana-Champaign (UI), Colonial Office, *Colonial Annual Reports, No. 1030, Nigeria, Reports for 1918* (London, 1920), 18; Wellcome Library, London (WL), Colonial Office, *Nigeria. Southern Provinces. Annual Medical and Sanitary Report for the Year Ended 31<sup>st</sup> December 1918* (London, 1919), 29; UI, Colonial Office, *Colonial Annual Reports, No. 1315, Nigeria, Reports for 1925* (London, 1926), 12; Turner, *A History of an African Independent Church*, 41; O. Oduntan, ‘Culture and colonial medicine: smallpox in Abeokuta, western Nigeria’, *Social History of Medicine*, 30:1 (2017), 48–70; D. C. Ohadike, ‘The influenza pandemic of 1918–19 and the spread of cassava cultivation on the lower Niger: a study in historical linkages’, *The Journal of African History*, 22:3 (1981), 379–91, esp. 383–6. See also M. Ochonu, ‘Conjoined to empire: the Great Depression and Nigeria’, *African Economic History*, 34 (2006), 103–45.

<sup>27</sup>See CRL M/Y/A3/1 1918–1933, ‘Iyi-Enu Medical Mission Report. 1919’, 2–3; Dallimore, ‘The prophetic movement’, 184. See also Schram, *A History of the Nigerian Health Services*, 101–41, 193–214.

<sup>28</sup>Dallimore, ‘The prophetic movement’, 93–6; Babalola, *Joseph Ayo Babalola*, 72–9; and CRL H7/B/42/101, J. Ferguson, ‘Africa, Nigeria. Christianity in interaction with Yoruba culture’, 1977, 1–5.

<sup>29</sup>*Ibid.*; Babalola, *Joseph Ayo Babalola*. For more on Babalola and CAC’s theology, see CRL H7/B/42/101, CAC, ‘The Christ Apostolic Church, its history, beliefs and organization’, *Ecumenical Review*, 28:4 (1976), 418–24.

Mahammedans [sic] and pagans as well as Christians'.<sup>30</sup> Their greatest attraction to him was his possession of healing abilities at a time that many sought medical and divine intervention. Testimonies of the cures that he effected spread throughout the region and attracted converts and followers from all over the country.<sup>31</sup>

Although Babalola's followers included sufferers of various diseases and disabilities, a substantial number of the crowd were women whose chief complaints were reproductive health and fertility issues. Based on Babalola's own accounts, one of the events that increased his popularity was his ministration to a woman who was well-known in the town for her prolonged pregnancy of close to four years.<sup>32</sup> Following Babalola's ministration, the woman delivered successfully to the amazement of her family and the town.<sup>33</sup> Another incident involved the pregnancy of one Hannah Fapohunda who could not conceive for seven years until Babalola prayed for her.<sup>34</sup> Cases like these attracted crowds to Babalola's stations. An assistant district officer, H. Childs, remarked that out of 7,656 Aladura converts in 1931, 1,596 were men while 6,060 were women.<sup>35</sup> This overwhelming number of women and the predominance of reproductive concerns reflected the broader significance of fertility and reproductive health during this period. As Tola Pierce puts it, 'childless women have historically been held in great contempt in Yorubaland'.<sup>36</sup> Maude Turner, who spent years with her husband Harold Turner observing Aladura churches commented in a magazine that many women joined the churches 'through their need of children'.<sup>37</sup> Barbara Cooper aptly summarizes the situation of women and reproduction thus, 'the female capacity to give birth renders women vulnerable both when they do manage to become pregnant and when they fail to do so.... They are never quite women until they have proved themselves as mothers'.<sup>38</sup> Since the wealth and prestige of a family unit was frequently connected to the number of offspring in the unit, a married woman's inability to fulfil this role of reproduction threatened her standing within her family and community.<sup>39</sup> Women, therefore, sought not only to protect their fertility but to improve the chances of their children's survival into adulthood and avert public disdain.

In *Why our Children Die*, Onabamiro infers from the incomplete data available for the 1930s that 42 per cent of children in the region around Lagos did not survive childhood. It was not untypical for some women to bear five to eight children in their reproductive years with none or only one surviving childhood.<sup>40</sup> P. Olufemi Olusanya's study in rural and urban areas around Oyo and Ile Ife also concludes that the area had relatively high infertility rates compared to other regions of Nigeria.<sup>41</sup> Protection from cases of infertility during the first quarter of the twentieth century

<sup>30</sup>NAI OYO PROF 662, 'The Faith Healer-Babalola', 2.

<sup>31</sup>Some of these cures, including raising a child from death, and healing the blind and crippled persons are recorded in Dallimore, 'The prophetic movement', 1; Alokun, *Christ Apostolic Church*, 36–8; Babalola, *Joseph Ayo Babalola*, 74–7.

<sup>32</sup>Babalola, *Joseph Ayo Babalola*, 76.

<sup>33</sup>*Ibid.*

<sup>34</sup>Alokun, *Christ Apostolic Church*, 37.

<sup>35</sup>NAI OYO PROF 662, 'The Faith Healer-Babalola', 3.

<sup>36</sup>T. Pierce, 'She will not be listened to in public: perceptions among the Yoruba of infertility and childlessness in women', *Reproductive Health Matters*, 7:13 (1999), 69.

<sup>37</sup>CRL H7/B/7/80, M. Turner, 'Africa: mainly about women in the Church of the Lord', *The Harvest Field*, 56:2 (1962), 8.

<sup>38</sup>Cooper, *Countless Blessings*, 2, 5. Other works that have shed light on the centrality of women's reproduction in Africa include J. Johnson-Hanks, *Uncertain Honor: Modern Motherhood in an African Crisis* (Chicago, 2006); A. Kaler, *Running After Pills: Politics, Gender, and Contraception in Colonial Zimbabwe* (Portsmouth, 2003); P. Feldman-Savelsberg, *Plundered Kitchens, Empty Wombs: Threatened Reproduction and Identity in the Cameroon Grassfields* (Ann Arbor, 1999).

<sup>39</sup>T. Pierce, 'She will not be listened to', 70–3; R. A. Dimka, S. L. Dein, 'The work of a woman is to give birth to children: cultural constructions of infertility in Nigeria', *African Journal of Reproductive Health*, 17:2 (2013), 102–17.

<sup>40</sup>Onabamiro, *Why our Children Die*, 4–6. See also WL ANN REP WA28 NH5 N68 1922–1925, Colonial Office, *Annual Medical and Sanitary Report for the Year 1922* (London, 1923), 19; WL ANN REP WA28 NH5 N68 1926–1928, Colonial Office, *Annual Medical and Sanitary Report for the Year 1926* (London, 1927), 37, for infant mortality statistics for the 1920s.

<sup>41</sup>P. O. Olusanya, 'Reduced fertility and associated factors in the Western State of Nigeria' in B. K. Adadevoh (ed.), *Subfertility and Infertility in Africa* (Ibadan, 1974), 43–9.

was typically sought through traditional medicine, which addressed the spiritual elements of fertility and pregnancy and offered protection against such things as abiku, evil eye, curses, and other malicious spiritual projections. The spread of Christianity and mission-run hospitals posed a challenge to this type of fertility protection as Christian missionaries condemned associations with traditional medicine or its practitioners while simultaneously failing to address the non-physical elements of diseases or health in the local context.<sup>42</sup> Babalola, with his focus on salvation, healing, and spiritual protection, fulfilled this need especially during this era of death and disease outbreaks. His revival services provided an alternative avenue for seeking favorable reproductive health outcomes.

Following Babalola's teachings of total reliance on God, pregnant women returned to the revival grounds or an Aladura congregation for safe delivery, and it became expedient to arrange for their care. In the 1930s, Babalola organized special prayer services for expecting mothers, and used psalms to invoke protection on the women.<sup>43</sup> According to a CAC pastor, Olorunwa, some women were directed by Babalola and other church leaders to bath in streams consecrated for the purposes of cleansing and healing.<sup>44</sup> Babalola also charged spiritually fervent older women, who generally had more knowledge and experience on childbirth and often doubled as members of prayer bands, church workers, evangelists, and minister's wives, with providing care for pregnant women. They became known as *iya agbebi*.<sup>45</sup> These practices laid the early foundations for the institutionalized faith home.

Between the 1930s and 1940s, not much changed in the structure of faith-based delivery largely because this was a period of growth and change for Faith Tabernacle and ultimately CAC. Babalola, a member of the CMS's Anglican church prior to his prophetic ministry, severed connections with that denomination in 1932 and joined Faith Tabernacle, an Aladura church from which most of his prominent supporters came.<sup>46</sup> Faith Tabernacle expanded extensively due to the impacts of his religious revivals and renamed itself the Apostolic Church in 1931, following a partnership with a UK-based faith-healing church of the same name.<sup>47</sup> Between 1938 and 1939, Faith Tabernacle split between members who supported a total reliance on faith healing and those who believed that biomedicine should be employed by individual members as needed. This rift was caused by disagreements over the use of anti-malaria medicine by resident pastors of the UK Apostolic Church in Nigeria who had initially pledged absolute support for the Nigerian church's faith healing doctrine.<sup>48</sup> The division in the church came to a head between 1940 and 1941 when members who advocated flexibility in the adoption of faith healing formed The Apostolic Church (TAC) while the pro-faith healing group of which Babalola belonged became Christ Apostolic Church (CAC).<sup>49</sup>

After this break, the pro-faith healing congregation, CAC, defined in more explicit terms its doctrine of faith healing, arguing that the use of medicine promoted a return to idolatry and

<sup>42</sup>See P. Mumo, 'Western Christian interpretation of African traditional medicine: a case study of Akamba herbal medicine', *Ilorin Journal of Religious Studies*, 8:1 (2018), 41–50; A. Abdullahi, 'Trends and challenges of traditional medicine in Africa', *African Journal of Traditional, Complementary and Alternative Medicine*, 8:5 (2011), 115–23; J. K. Asamoah-Gyadu, 'Therapeutic strategies in African religions: health, herbal medicines and indigenous Christian spirituality', *Studies in World Christianity*, 20:1 (2014), 70–90; C. Ifemesia, 'The social and cultural impact of Christian missionaries on West Africa in the 19th and 20th centuries', *West African Religion*, 12 (1972), 66–78.

<sup>43</sup>Dallimore, 'The prophetic movement', 1; NAI OYO PROF 662, 'The Faith Healer-Babalola', 2; Babalola, *Joseph Ayo Babalola*, 8–9. For further readings on the nature of psalm usage in independent African churches, see D. Adamo, 'The use of psalms in African indigenous churches in Nigeria', in G. West and M. Dube (eds.), *The Bible in Africa: Transactions, Trajectories and Trends* (Leiden, 2000), 336–49.

<sup>44</sup>Interview with E. O. T. Olorunwa, Lagos, 23 Mar. 2016.

<sup>45</sup>Interview with Moses Olowe, Ibadan, 18 Nov. 2015; interview with Lydia Ajayi, Ofatedo, 18 Oct. 2020. Babalola's order of prayers for pregnant women, as outlined in his own writings, can be found in Babalola, *Joseph Ayo Babalola*, 9.

<sup>46</sup>Dallimore, 'The prophetic movement', 2–3.

<sup>47</sup>NAI OYO PROF 1/28, 'Aladura Movement', 1–3; NAI OYO PROF 662, 'The Faith Healer-Babalola', 59–60.

<sup>48</sup>*Ibid.*

<sup>49</sup>For more on this subject, see Peel, *Aladura*, 61–70, 105–13; Alokun, *Christ Apostolic Church*, 60–9.



undermined trust in Christ as savior.<sup>50</sup> Although there were anticolonial sentiments among the Aladura, there is no evidence that Babalola and CAC's anti-biomedicine stance was tied to a rejection of the colonial state's increasing power. Babalola was always careful to avoid antagonizing the government, and when one of his followers, Abigail, began to publicly teach against tax payments, he issued a public condemnation of such teachings.<sup>51</sup> He also distanced himself from fellow Aladura prophet, Josiah Oshitelu, who issued a series of prophecies in a pamphlet, *Awon Asotele*, that included statements critical of the European presence in Africa.<sup>52</sup> Babalola and CAC's stance on medicine was instead couched in purely theological terms, arguing that man-made medicine was only temporary while God offered a lasting solution.<sup>53</sup>

When the church's first constitution was produced in 1946, it reflected this unequivocal belief in faith healing and expressly condemned the use of hospitals by its members for childbirth.<sup>54</sup> From this point onwards, CAC leaders developed precise structures to ensure the church's coherent growth and uniformity in its practices. In 1944, the Good Women's Society, whose membership comprised all married women in the church, was founded and later became instrumental in the building and maintenance of a midwifery training school.<sup>55</sup> Babalola also solidified the procedures for caring for expecting mothers based on the system of recurrent prayers and psalm recitations that he had begun earlier in the Aladura movement.<sup>56</sup>

Since pregnancy was viewed as an important affair that exposed women to the 'evil eye' and rendered them vulnerable to spiritual attacks, it was important to protect expecting mothers through constant prayers, psalm recitations, and the administration of blessed water, an approach to maternity care that also reflected Yoruba cultural views of health and illness.<sup>57</sup> Women of all faiths who sought the services of the faith home were encouraged to visit a local congregation throughout the pregnancy for routine prayers and invocations to avert spiritual attacks that could jeopardize the mother or her unborn child.<sup>58</sup> The use of water, a popular component of Babalola's ministry, persisted and became an important conduit of healing for CAC. Babalola argued that water was an indispensable life force and cleansing instrument and should rationally be a conduit of healing and rebirth.<sup>59</sup> Pregnant women brought water bottles to the church for prayers and blessings. Afterwards, they drank the water at home or infused it into baths.<sup>60</sup>

In addition to prayers, Babalola's teachings on childbirth, as reflected in his collection of essays from the 1930s and 1940s, were also of a practical nature and involved a holistic view of wellbeing.<sup>61</sup> In these writings, he emphasized the importance of cleanliness for expecting mothers, arguing that dirt introduced diseases into the body. To maintain good health, therefore, involved keeping the whole body, house, and immediate surroundings clean.<sup>62</sup> His teachings explained how dirty

<sup>50</sup>See Babalola, *Joseph Ayo Babalola*, 22–3. The letter is reproduced in full on The Apostolic Church Nigeria (TACN) website: [https://tacnlawna.org/the-great-schism-and-emergence-of-cac/#\\_ftn11](https://tacnlawna.org/the-great-schism-and-emergence-of-cac/#_ftn11). Accessed 26 Feb. 2021.

<sup>51</sup>NAI, OYOPROF 1 662, *The Faith Healer-Babalola*, 'Aladura Religious Movement', 30.

<sup>52</sup>NAI, OYOPROF 1 662, *The Faith Healer-Babalola*, 32–3.

<sup>53</sup>Babalola, *Joseph Ayo Babalola*, 75.

<sup>54</sup>Christ Apostolic Church, *The Constitution and the Order of Service* (Nigeria, n.d.), 42. CAC's publication in *Ecumenical Review* places the date of their first constitution at 1946. See CAC, 'The Christ Apostolic Church', 423.

<sup>55</sup>Interview with M. A. Adeleye, Lagos, 2 July 2018; interview with Funmilola Awoyungbo.

<sup>56</sup>Babalola, *Joseph Ayo Babalola*, 8–9.

<sup>57</sup>CRL H7/B/51/2/55, 'Extracts from Awon Adura Banuso', 3; H7/B/42/124, 'Africa Nigeria, recent developments in the healing concepts and activities of Aladura churches', 5–6.

<sup>58</sup>Interview with Esther Oluwafemi, Ibadan, 18 Nov. 2015; interview with Oluwaleye Ara, Lagos, 22 Mar. 2016; interview with Comfort Aluko, Ibadan, 20 Nov. 2015; interview with Victoria Ayobola, Ejigbo, 23 Jan. 2021; interview with M. A. Adeleye.

<sup>59</sup>See Babalola, *Joseph Ayo Babalola*, 48–55.

<sup>60</sup>*Ibid.*

<sup>61</sup>See Babalola, *Joseph Ayo Babalola*, 2–37.

<sup>62</sup>*Ibid.*, 2–5, 7.

water and contaminated or undercooked food could spread diseases. A dirty kitchen, he wrote, was 'a forerunner of death'.<sup>63</sup> His instructions covered all stages of labor and the postnatal period, and emphasized the importance of exercise, nutrition, and proper ventilation.<sup>64</sup> These formed the basis on which the faith homes became organized.

Further attempts at organizing the faith home and institutionalizing it occurred in the late 1950s, mostly as a response to persistent colonial agitations against the Aladura since the 1930s as well as ongoing dialogues within CAC about the practice of faith healing. Alokun provides fragmentary examples of what he describes as 'unyielding persecutions from detractors and government health officials ... regarding the welfare of pregnant women in the church' in the 1940s and 1950s.<sup>65</sup> In one instance, the death of a CAC convert who sought care among a congregation at Ile-Ife resulted in the expulsion of that congregation from the town, a tactic that the colonial government sometimes employed, along with deportations, to threaten Aladura leaders.<sup>66</sup> On some occasions, such deaths resulted in the withholding of a death certificate from family members of the deceased.<sup>67</sup> This move by the government prevented family members from claiming a deceased's pension or other financial accounts or utilizing public cemeteries for burials. It was part of a tactic to dissuade patronization of CAC and similar churches. Government opposition to Aladura churches was such that some churches collectively formed a federation of Aladura in Ibadan around 1952 to mutually overcome repressive government actions.<sup>68</sup> Although this union lapsed after 1955, the fact that Aladura churches deemed it necessary reflects real and perceived government attitudes towards them.

Babalola established a temporary faith home in Efon Alaye, his primary base of operations, in 1958.<sup>69</sup> This was a response both to the challenges and long-running sentiments from government circles charging that CAC structures were mediocre, as well as CAC's rapid expansion in the 1950s, which resulted in an influx of more pregnant women. With the financial support and collaboration of CAC Good Women, Babalola moved the temporary faith home from Efon to a permanent location in Ede, a community whose traditional ruler was a member and ardent supporter of CAC.<sup>70</sup> The facility in Ede included a maternity center, midwifery training school, and accommodations for student midwives. From this period onwards, the faith home became dedicated to the care of pregnant women. 'What we had before this time was faith clinics that catered to everyone who sought prayers; what we have now is Faith Home to specifically take care of women during their pregnancy', CAC Pastor Moses Olowe affirmed.<sup>71</sup>

In multiple interviews, various CAC leaders attributed the opening of the Faith Home to a divine mandate from God to Babalola for the reduction of unnecessary maternal deaths among the general population.<sup>72</sup> Alokun, who became a CAC leader around this time and was close to several of the church's founders offers a more nuanced interpretation and describes Babalola's decision as 'a solution to the impasse [with government and detractors], a reference to the pushback that the church received from the government for its faith healing practices. A broader understanding of Babalola's motives can be gleaned from the political and social landscape in the 1950s for women and women's health.<sup>73</sup> Prior to the early 1950s, midwifery received limited attention from the colonial

<sup>63</sup>*Ibid.*, 7.

<sup>64</sup>*Ibid.*, 13–14.

<sup>65</sup>Alokun, *Christ Apostolic Church*, 353–4. See also 221, 234.

<sup>66</sup>*Ibid.*, 89. See also NAI OYO PROF 662, 'The Faith Healer-Babalola', 18, for threats of deportation.

<sup>67</sup>See H7/B/42/124, 'Africa Nigeria, recent developments', 9.

<sup>68</sup>Turner briefly discusses this Federation in a *History of an African Independent Church*, 70–1.

<sup>69</sup>Interview with Funmilola Awoyungbo; interview with Victoria Alabi, Ede, 17 Oct. 2020.

<sup>70</sup>*Ibid.*; interview with Oluwaleye Ara; interview with E. O. T. Olorunwa.

<sup>71</sup>Interview with Moses Olowe.

<sup>72</sup>Interview with Funmilola Awoyungbo; interview with Victoria Alabi; interview with Dele Akande, Ede, 16 Oct. 2020; interview with E. O. T. Olorunwa.

<sup>73</sup>Alokun, *Christ Apostolic Church*, 354.

government and there was a severe shortage of midwives and maternity centers across the country.<sup>74</sup> Demands for maternity centers and government interest in expanding them peaked in the 1950s, especially in southern Nigeria. This led to the expansion of nursing and midwifery training schools and the development of these fields as a viable career option for Nigerian women who had largely been excluded from the colonial machinery and public service.<sup>75</sup> Private maternity homes also began to proliferate, driven by the growing numbers of Nigerian women that trained as nurses and midwives.<sup>76</sup> These broader developments in turn influenced events in CAC.

Since its membership historically drew from a cross section of social classes, CAC's female members were a part of this expanding workforce of healthcare workers. Despite the church's stance against the use of medicine, it did not bar its members from seeking employment in the health sector. Several women who became key figures in the church, such as Mama Ogunranti who qualified as a nurse in 1949, evangelist Deborah Oladiran who assumed leadership of the Faith Home in 1959, and Victoria Alabi, a renowned evangelist of the church, were trained nurse-midwives.<sup>77</sup> The Good Women Association, which played a significant part in the sustenance of the Faith Home, encompassed a cross section of these Western-educated women and nurse-midwives. There were growing sentiments from these ranks to organize maternity care in a way that was compatible with the era. Church leaders were, therefore, not only facing pressure from the outside but also from within during the 1950s to consolidate maternal healthcare. Considering Babalola's stance on faith healing, there appeared to be the need among church leaders to create a parallel birthing facility that provided CAC women who felt called to midwifery the opportunity to train as faith home midwives within the accepted confines of faith healing.<sup>78</sup>

### Faith-based midwifery and sociopolitical legitimacy

With the Faith Home training center's establishment, Babalola began a process of professionalization that endured beyond his lifetime.<sup>79</sup> To legitimize the new Faith Home, he secured the services of Oladiran, a trained nurse-midwife, in 1959 as the inaugural matron of the facility. She served the Faith Home until 1987 and every matron after her served the dual role of professionally trained nurse-midwife and evangelist. Although all of the matrons after Oladiran emphasized the significance of prayers and revelation in the matrons' appointments, the choice of biomedically trained nurse-midwives as matrons was a deliberate policy meant to ward off the criticism by medical officials that CAC was unqualified to meddle in health affairs.<sup>80</sup> According to Victoria Alabi, who became matron in 1993, a call for applications was issued for certified nurse-midwives to fill the vacancy that followed the departure of the home's second matron, Lydia Ajayi, who led Faith Home for six years after Oladiran.<sup>81</sup> The importance of prayers in this appointment should not be underestimated, however, as Alabi, who filled the position in 1993, did not apply for the job but was sought out in another city to lead the Faith Home, nonetheless.

<sup>74</sup>See NAI J/1/a, K/1/a, 'Medical Policy in the Colonial Empire', 2–4; NAE MINHEALTH 30/1/253, 'Representations made to the Honorable, the Director on Medical Services during an interview with him at 12:45PM on 31/10/46, medical development in Nigeria', 1946, 1–2.

<sup>75</sup>*Ibid.*, 2; NAI MH (FED)1/1, Medical Dept. Nigeria, 'Report on welfare and antenatal', 2–3; British National Archives, Kew (BNA) CO 847/9/5, 'Status of Women in Africa, correspondence relating to the welfare of women in tropical Africa', 2.

<sup>76</sup>BNA CO 859/62/17, Birth Control West Africa, 'Volume II Report of the Department of Medical Services, 1957', 6–7.

<sup>77</sup>Interview with Lydia Ajayi. For more information on Mama Ogunranti, see Crumbley, *Spirit, Structure, and Flesh*, 105–6.

<sup>78</sup>Per the interviews with former matron Victoria Alabi and current matron Funmilola Awoyungbo, Faith Home midwives who were nurses were required to quit their employment in biomedical facilities prior to service in the Faith Home.

<sup>79</sup>He died on the night that he commissioned CAC Faith Home, Ede on 26 July 1959, but the foundations that he laid for faith-based and holistic maternity care endured.

<sup>80</sup>Victoria Alabi, Ajayi, and Awoyungbo all emphasize this spiritual element to their selection as matrons, which involved prayers and visions.

<sup>81</sup>Interview with Victoria Alabi.

Once the school of midwifery graduated its earliest batches of students in late 1959 and 1960, the faith home became a vital component of CAC congregations and a permanent feature in CAC churches. Pregnancy was no longer left to experienced prayerful women in the church but to midwives who received training in the church's midwifery training center. Each faith home was staffed by a midwife and, depending on a church's size and location, each midwife had one or two assistants. Some smaller CAC churches did not have faith homes but depended on facilities in nearby larger branches.<sup>82</sup>

The duration of the Faith Home midwife's training was modelled after that of the Nigeria Medical Service's auxiliary Grade II midwives who did not require advanced academic qualifications. In the early years of the Faith Home during the 1960s, training lasted for three to six months. It was extended to one year in the 1970s and eventually two years in 1986, in line with standard training of midwives in Nigeria's biomedical facilities.<sup>83</sup> Although prospective midwives during the 1960s and 1970s received instructions on subjects like nutrition for pregnant women, exercise, and delivery, training heavily emphasized knowledge of the bible, evangelism, prayers, and the use of psalms and blessed water to assist pregnancy and birth.<sup>84</sup> According to Adeleye who trained in 1975–6 under the Faith Home's first matron, Oladiran, 'we were taught the biblical aspect of delivery by the leader of the women's school of theology — Mama Pearce — who comes for bible lectures and another lady, Mama Tomilola, a prophetess'.<sup>85</sup>

From the onset, the Faith Home training reflected this spiritual component of a Faith Home midwife's work. Prospective students first underwent an interview with the admissions committee. Successful candidates then went through a seven-day period of fasting and prayers to spiritually equip them for a lifelong career in the field and ensure that candidates were spiritually adept. M. A. Adeleye emphasized that this exercise was meant to highlight the spiritual nature of the job and discourage spiritually weak candidates from advancing in the program.<sup>86</sup> Buttressing this point, former matron Alabi stated, 'What FH [Faith Home] emphasized was their [pregnant women's] spiritual battles against evil forces and their machinations. We wanted to ensure that barren women also conceived'.<sup>87</sup>

In accordance with this outlook, midwives were taught to employ a regimen of care that included weekly prayers which began from three to five months of pregnancy until delivery. One midwife reiterated:

We want them to register latest by 16 weeks. We start praying together and giving health talks to guide the pregnant woman. We tell them what to eat and things like that. We tell them what won't make their baby big in the womb because big baby causes big problems during delivery if the mother solely depends on foods like carbohydrates and sugary things.<sup>88</sup>

Pregnant women who attempted to register with faith homes during the later stages of their pregnancies were accepted only at the midwife's discretion and 'if the midwife's faith accepts that she [the expecting mother] will be fine'.<sup>89</sup>

In the 1970s and early 1980s, not a lot changed in CAC's faith-based approach to childbirth. According to midwives like Adeleye and Ajayi who trained or practiced in this era, and mothers like Comfort Aluko and Folashade Akande who had kids in the Faith Home during this period,

<sup>82</sup>Interview with M. A. Adeleye.

<sup>83</sup>Interview with Lydia Ajayi; interview with Funmilola Awoyungbo.

<sup>84</sup>Interview with Comfort Aluko; interview with M. A. Adeleye.

<sup>85</sup>Interview with M. A. Adeleye.

<sup>86</sup>*Ibid.*

<sup>87</sup>Interview with Victoria Alabi.

<sup>88</sup>Interview with M. A. Adeleye.

<sup>89</sup>Interview with Comfort Aluko.

barely any change in CAC's exclusive emphasis on prayers and divine healing in maternity care occurred, except that the length of training for midwives was extended to one year in the 1970s.<sup>90</sup> By the 1980s, however, as Western education expanded and people became more conversant with medical technologies and varied causes of illness, a shift in CAC members' attitudes towards the use of medicine and medical technologies began to occur.

CAC members who worked in the civil service and other government or institutional positions required paperwork from government hospitals to secure sick or parental leave. This unavoidable circumstance required the use of hospitals, even briefly, for such members. Grace Abiala, who used the Faith Home for the birth of her children, recalled how she registered her pregnancy at a government hospital and attended their prenatal clinic at various intervals to secure a medical certificate and other relevant paperwork for her maternity leave.<sup>91</sup> For Isaac Yemi, a CAC pastor whose wife had their first child at the University College Hospital, Ibadan in the early 1990s, his employer, an international non-profit institution, required employees to commit to utilizing hospitals for birth as part of the employment contract.<sup>92</sup> For a church whose membership cut across social strata and included educated people, a degree of change to its anti-biomedicine stance was unavoidable post-1960s when more government, educational, and civil service positions opened up to Nigerians.

Changes in the 1980s also coincided with the 'Safe Motherhood' era in which global attention was drawn to maternal mortality in nations like Nigeria where about 75,000 women died annually from birth-related complications.<sup>93</sup> This period saw increased backlash from doctors in Nigeria against institutions like the Faith Home which, doctors believed, facilitated maternal deaths due to their opposition to the use of medicine. One newspaper that headlined 'Aladuras' captured the sentiments of the time, thus, 'it is criminal to carry a patient dying from severe bleeding, obstructed labor... to a prayer house instead of a hospital'.<sup>94</sup> Such scrutiny compelled Faith Home leaders, including the matrons who were biomedically trained midwives and were attuned to conversations in the biomedical world, to make changes in the Faith Home's approach to maternity services.

Despite heightened scrutiny, Faith Home patronage expanded throughout the 1980s and 1990s, largely because of economic decline in Nigeria and the impacts of Nigeria's Structural Adjustment Program (SAP) on the health sector. The economic hardships in Nigeria during the 1980s resulted in shrinking wages, price hikes, rising unemployment, and wage freezes for workers, making it difficult for people to afford necessities, including healthcare.<sup>95</sup> Newspapers in the late 1980s and early 1990s were riddled with tales of strikes by nurses, midwives, and doctors.<sup>96</sup> Others recounted stories of mistreatment and shortage of medical personnel at government hospitals.<sup>97</sup> The effects of these challenges were severely felt in the maternal healthcare sector. In Lagos Island, for instance, maternal deaths rose from 4.7–7.8 per cent between the 1960s and 1970s to 36.4 per cent between 1986 and 1987.<sup>98</sup> As a result of the growing inadequacies in biomedical maternity care and the

<sup>90</sup>Interview with M. A. Adeleye; interview with Lydia Ajayi; interview with Comfort Aluko; interview with Folashade Akande, Ede, 16 Oct. 2020.

<sup>91</sup>Interview with Grace Abiala, Ede, 17 Jan. 2021.

<sup>92</sup>Interview with Isaac Yemi, Ibadan, 18 Nov. 2015.

<sup>93</sup>C. Annan and K. Opadeji, '75,000 Nigerian women die yearly from pregnancy problem', *Daily Times*, 24 Sep. 1991, 2. See also WHO, *World Health Day, Safe Motherhood 7 April 1998* (Geneva, 1998), 2; H. Mahler, 'The safe motherhood initiative: a call to action', *Lancet*, 21:1 (1987), 668–70; Adetunji, 'Church-based obstetric care', 1171–8.

<sup>94</sup>'Treatment of the sick in churches: Aladuras warned', *Sunday Observer*, 1 July 1973, 1.

<sup>95</sup>S. Akinrinade, 'The snarl of fortune: structural adjustment program brings mixed blessings to industries, others', *Newswatch*, 29 Aug. 1988, 17–19; B. D. Abu, 'A bog on the path: Babangida's well-laid social programs are frustrated by poor execution', *Newswatch*, 29 Aug. 1988, 20–2.

<sup>96</sup>Patients ejected as nurses join strike', *Daily Times*, 28 Dec. 1991, 1; 'Doctors in Edo continue strike', *Daily Times*, 27 Dec. 1991, 3; 'The nurses' strike', *Daily Times*, 22 Feb. 1991, 14.

<sup>97</sup>Patients now wait for 3 months before getting treatment...as hospital lacks facilities', *Daily Times*, 5 Mar. 1990, 4; 'New deal for doctor', *Daily Times*, 31 Oct. 1990, 14; 'The quality of private medicine', *Daily Times*, 4 Apr. 1981, 16.

<sup>98</sup>Annan and Opadeji, '75,000 Nigerian women die yearly', 2.

affordability of Faith Home service in an economy experiencing cash shortage and increased unemployment, many individuals resorted to the use of the Faith Home for childbirth. As the Faith Home did not rely on revenue from patients for its operations but was sustained by monetary contributions from CAC Good Women worldwide as well as grants from CAC, it was possible for Faith Home services to be rendered free or at little cost to the public.

To cultivate biomedical and government endorsement while maintaining its faith healing practice during this era of scrutiny on non-biomedical spaces of birth, the Faith Home sought partnerships with the biomedical sector. Between 1983 and 1986, its leaders created a referral system with nearby hospitals for the Home and its subsidiary faith homes. This partnership was targeted at addressing doctors' criticisms that faith homes exceeded their limits by refusing or failing to refer critical cases to the hospital in a timely fashion.<sup>99</sup> Dr. Ajuwon, whose hospital served as a referral location for the Faith Home beginning in 1983 when a referral system was adopted, expressed this sentiment about the faith homes while simultaneously pointing out that 'most of them [CAC midwives] are well trained and qualified midwives'.<sup>100</sup> Prior to this formal arrangement of a referral network, some medical doctors and nurses of CAC background provided assistance or counsel in the Faith Home on an ad hoc and voluntary basis. However, the need to address the criticism that they endangered lives made this relationship with biomedical staff more permanent. As former matron Lydia Ajayi pointed out, 'at any station our students find themselves, it is compulsory that they have a professional doctor that they can refer their patients to because we don't want anybody to die or tarnish the image of our maternity'.<sup>101</sup>

In 1988, the Faith Home also expanded the scope and duration of its training from one year to two years. This two-year training was more comprehensive and included detailed curricula on adult education, basic theology and homiletics, basic anatomy, physiology, health education, childcare, and nutrition, facilitated by the matron and lecturers from various academic and medical institutions.<sup>102</sup> According to Ajayi and her successor, Funmilola Awoyungbo, these lecturers were frequently drawn from CAC members who were medical personnel or university professors, but also included private and government physicians who were supportive of the services that the Faith Home provided.<sup>103</sup> Upon successful completion of their training, students received certificates and a long-term posting to one of CAC's faith homes across the country.

To consolidate its claim to legitimacy as a maternity services provider, the faith home training center implemented annual refresher courses in which health representatives were invited to participate in students' workshops. The specific date for the introduction of the refresher course is unclear, but interviews of midwives who trained in the 1970s and 1980s suggest that the refreshers began in the 1980s.<sup>104</sup> Medical doctors and nurses, including CAC members, were involved in providing training at these workshops.<sup>105</sup> Each session's goal was to reinforce earlier instructions, introduce midwives to new techniques, and provide opportunities for networking with visiting physicians and health workers. It was also a time for spiritual reinforcement in which the midwives dedicated themselves to series of prayers, fasting, and admonition.<sup>106</sup> These increased interactions with biomedical personnel created a better understanding of complications during pregnancy and the importance of early referral.

By the early 1990s, CAC increasingly relaxed the enforcement of its 1940s policy of discouraging pregnant women from seeking additional or complementary care in hospitals. Notwithstanding the

<sup>99</sup>Interview with M. A. Adeleye.

<sup>100</sup>Interview with Dr. Ajuwon, Ede, 20 Oct. 2020.

<sup>101</sup>Interview with Lydia Ajayi.

<sup>102</sup>*Ibid.*; interview with Oluwaleye Ara; interview with M. A. Adeleye.

<sup>103</sup>Interview with Funmilola Awoyungbo.

<sup>104</sup>These midwives include M. A. Adeleye, Lydia Ajayi, Comfort Aluko.

<sup>105</sup>*Ibid.*, interview with M. A. Adeleye; interview with Oluwaleye Ara.

<sup>106</sup>Interview with Esther Oluwafemi; interview with Oluwaleye Ara; interview with Comfort Aluko; interview with M. A. Adeleye.

shifts in the Faith Home and partnerships with physicians, the Faith Home maintained its original faith healing format that was characterized by weekly prayer meetings, the use of psalms and blessed water, and prenatal checks targeted at nutrition and general spiritual, physical, and emotional wellbeing.

To further protect the Faith Home from accusations of practicing illegally, it was registered with the Osun state Ministry of Health and received authorization to offer maternity and child welfare services.<sup>107</sup> However, because it had subsidiary faith homes in other states who were not covered under the Osun Ministry of Health certificate, the Faith Home pioneered the Voluntary Midwifery and Community Birth Attendants Association of Nigeria as an umbrella organization for all of its faith homes and successfully registered it at the federal level.<sup>108</sup> According to the church's official post, this development meant that 'the era when our Faith Homes across the country were being harassed by various State and Local Government Authorities and being labelled as illegal maternities is over. Hallelujah!'<sup>109</sup>

## Conclusion

For many local or African-initiated institutions, constructing legitimacy frequently entailed incorporating aspects of Western structures that enhanced public and government perceptions of them. In the early days of the Aladura movement, Babalola inserted himself in this quest for legitimacy by capitalizing on the ineffectiveness of biomedical and traditional remedies against various disease outbreaks in the 1920s and 1930s to build sociocultural endorsement for faith healing during the Aladura movement. In the postcolonial era, this legitimacy-seeking involved courting state-backed institutions while continuing to embrace local sociocultural frameworks of health and illness.

Women's health-seeking throughout the twentieth century molded what became the most notable legacy of CAC's faith healing — the Faith Home. In the aftermath of Babalola's death in 1959, leaders of CAC Good Women and the matrons that they appointed to lead the Faith Home significantly shaped and modified the process of legitimacy-seeking for the rest of the twentieth century. Although official accounts of CAC Faith Home underemphasize women's role in shaping this distinct space of childbirth, closer examination of oral and archival sources demonstrate that women not only became the primary subjects of the faith home, an institution that originally started as a faith clinic for all kinds of infirmities, but remained instrumental in determining the format that the faith home assumed. The latter was largely due to CAC women's ability to organize an active interest group that comprised all married women in the church, irrespective of economic and social standing. As the fields of nursing and midwifery became popular economic pursuits among Nigerian women in the 1950s, this women's group advocated for and fiscally supported the creation of a faith home midwifery school that provided an avenue for its women to pursue a career in midwifery that conformed with the church's faith healing policy. This midwifery school also ensured streamlined care and an economic outlet for women with minimal to no qualifications for government employment or private midwifery practice.

The Faith Home's focus on perceived cultural and spiritual threats to pregnancy, such as abiku, evil eye, or other negative spiritual forces ensured that its service was welcome within a society in which health and healthcare was interpreted in physical, natural, and supernatural contexts. In two focus group sessions in Lagos and Ede, for instance, Faith Home users (Muslims, Christians, and secular people alike) argued that the Faith Home midwives not only provided spiritual attention

<sup>107</sup>Interview with Funmilola Awoyungbo. It is not clear when this registration first occurred, but Osun State made provisions for registration under the *State of Osun Registration of Private Hospitals and other Health Institutions Law* of 2002. Before this provision, faith homes in Ede and elsewhere could register with Nigeria's Federal Ministry of Health.

<sup>108</sup>Interview with Funmilola Awoyungbo.

<sup>109</sup>Christ Apostolic Church, Facebook Homepage. <https://www.facebook.com/cacministry/posts/355338424660081/>, Apr. 2015. Accessed 10 Nov. 2019.

to their problems but offered emotional and physical support, respectful treatment, and empathy that were typically lacking in the hospital setting.<sup>110</sup> A woman from the Lagos focus group reasoned, ‘not that I don’t believe in hospital, but you know if someone has spiritual problems, hospital cannot solve it’.<sup>111</sup> By providing care perceived as competent and addressing cultural-cum-religious considerations in health seeking, CAC Faith Home created a niche that has continued to make it relevant. Between April 2018 to May 2019 alone, CAC faith homes collectively recorded 65,792 births, underlining their popularity and the extent of their services.<sup>112</sup>

Once the Faith Home gained local validation and cultural support by initiating care that privileged patient’s physical, spiritual, and psychosocial needs, it sought validation from the government and biomedical institutions by conforming to standard norms as established by the Western-based biomedical framework and through direct partnerships with doctors and hospitals. Prior to Nigeria’s independence, these types of partnerships between Western and non-Western frameworks of healing were not tolerated in a biomedical setting that was dominated by Europeans. In the late 1950s and the consequent ‘Nigerianization’ of civil and public service departments, Nigerian institutions, including the medical services, came under the leadership of Nigerians and became more tolerant of cultural and religious-based ideologies. This shift was reflected in various private and government doctors’ willingness to work with the Faith Home. On the possibility of this partnership, former matron Ajayi reflected, ‘Everyone recognized what we were doing for the community’.<sup>113</sup> For the rest of the twentieth century and beyond, CAC Faith Home established itself as a maternal healthcare provider whose practice conformed to standard biomedical norms but also strongly affirmed religious and cultural views of maternal-fetal wellbeing.

**Acknowledgements.** This article took a village to come alive. I wish to thank my friend and colleague, Abimbola Adelokun, with whom I first discussed the idea of Faith Homes and whose family welcomed me with open arms when I first visited Ibadan for field research. My gratitude also goes to members of my dissertation committee — Toyin Falola, Abena Osseo-Asare, Gloria Chuku — who encouraged me over the years to further explore this theme of Aladura faith homes. Thank you to the many individuals who made field research in Ibadan, Ede, and Lagos possible. Emmanuel Ogungbemi graciously introduced me to various CAC churches, faith homes, and midwives, and served both as local guide and, where necessary, interpreter. Esther Ezekwem helped me locate every CAC church and Faith Home that I visited in Lagos. A special thanks to two research assistants — Adeola Adeyemi and Sikiru Yusuf — whose diligent work made this article revision possible at the height of the pandemic when travel was impossible. To the countless members of the Lagos Studies Association and African Studies Association who offered feedback on various parts of this work, you have my utmost gratitude. To my colleagues at Creighton, especially Andy Hogan and the 2021 fellows of the Kingfisher Institute, who provided feedback on earlier drafts, I appreciate your support. I also give thanks to the CAC men and women who trusted me with their oral histories. Finally, my sincere gratitude to the editorial team of the JAH and the anonymous reviewers whose generous gift of time and feedback got this article to readers’ desks. Funding for this research was provided by Creighton’s Center for Undergraduate Research and Scholarship (CURAS) and the Kingfisher Institute.

<sup>110</sup>Focus group session with thirty-five Faith Home attendees, Lagos, 23 Mar. 2016; focus group session with seven past and current faith home users, Ede, 2 Feb. 2021.

<sup>111</sup>Focus group session with thirty-five Faith Home attendees.

<sup>112</sup>G. Bankole, ‘CAC Faith Home Maternities records 65,792 births in one year’, *CAC News*, May 2019.

<sup>113</sup>Interview with Lydia Ajayi.