



## **STEWARDSHIP OF THE BODY: A THEOLOGICAL EXAMINATION OF HEALTH NEGLECT AMONG PASTORS IN CHRISTIAN MINISTRY IN NIGERIA.**

**By**

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### **Abstract**

This study examines the phenomenon of health neglect among pastors in Nigeria, depending on secondary data from recognized online and print sources. The study revealed that cardiovascular and underlying medical conditions, occupational stress and burnout, neglect of preventive healthcare and lifestyle and behavioural factors are the factors responsible for the collapses and deaths of pastors during church services in Nigeria. Based on the findings, the study recommends that Churches and Ministries in Nigeria should ensure the institutionalization of health screening for pastors, the development of pastoral health policies, a balanced theology of service and self-care, stress management and mental health support, delegation and shared leadership, health education and lifestyle awareness, emergency preparedness in churches, the role of theological seminaries and training institutions, support from church governing bodies, and family and community involvement.

**Keywords: Christians, Pastor, Death, Collapses**

### **1.0 Introduction**

Christian ministry is widely understood as a divine calling that demands dedication, sacrifice, and selfless service. Pastors often devote their lives to preaching, counselling, evangelism, and caring for their congregations' spiritual needs. However, in fulfilling these sacred responsibilities, many pastors neglect their physical and mental health, sometimes with severe consequences, including premature death during active service. This troubling reality raises critical theological, pastoral, and ethical questions about the understanding of ministry, sacrifice, and the stewardship of the human body.



From a theological perspective, the human body is not merely a vessel for spiritual work but an integral part of God's creation. Scripture affirms that the body is the temple of the Holy Spirit (1 Corinthians 6:19-20) and that believers are called to glorify God in both body and spirit. Despite this biblical foundation, many pastors continue to live in a culture of overwork, self-neglect, and unbalanced spirituality, often justified by a theology that equates suffering, exhaustion, and neglect of health with faithfulness and devotion to God's service.

This study examines health neglect among pastors through a theological lens, focusing on the doctrine of stewardship, the theology of the body, and pastoral responsibility. It explores how misinterpretations of sacrifice, calling, and divine protection have contributed to unhealthy ministerial practices. The research also interrogates the tension between self-giving service and responsible self-care, arguing that neglecting one's health undermines both personal well-being and the sustainability of ministry.

By engaging with biblical texts, theological literature, and pastoral theology, this study seeks to reframe health consciousness as a spiritual obligation rather than a sign of weak faith. It contends that caring for one's health is not contrary to ministry but essential to effective, long-lasting service. Ultimately, the paper aims to contribute to a more holistic theology of ministry that affirms the care of pastors' bodies as faithful stewardship in service to God and the Church.

## **2.0 Literature Review**

### **2.1 Pastors and the Benefits of Regular Medical Check-Ups**

A pastor is a spiritual leader entrusted with the responsibility of teaching, guiding, counseling, and caring for the spiritual and moral well-being of a congregation. In carrying out these sacred duties, pastors often work long hours, experience emotional stress, and place the needs of others above their own. As a result, attention to personal health is sometimes neglected, despite its importance to effective and sustainable ministry.

Regular medical check-ups are essential for pastors because they enable early detection and management of health conditions such as hypertension, diabetes, and heart-related illnesses, which are common causes of sudden collapse. Routine health assessments also help pastors monitor stress levels, maintain physical fitness, and receive professional guidance on healthy living. Additionally, regular check-ups improve mental and emotional well-being, reduce burnout, and enhance longevity in ministry.

By prioritizing regular medical examinations, pastors are better equipped to fulfil their calling with strength, clarity, and consistency. Caring for one's health is not a lack of faith but an act of wise stewardship, ensuring that pastors remain effective servants of God and faithful shepherds to their congregations.



## **2.2 Theological Reflection on Pastoral Calling and Bodily Stewardship\*\***

The pastoral calling is a divine mandate to shepherd, guide, and serve God's people (1 Peter 5:2–3; Mark 10:45). However, this calling does not exempt pastors from human limitations. The Bible emphasizes the importance of bodily stewardship, recognizing that the body is the temple of the Holy Spirit (1 Corinthians 6:19–20). Caring for one's health is therefore not merely personal but also a spiritual responsibility.

Pastors are often under pressure to prioritize ministry over personal well-being, leading to neglect of sleep, nutrition, exercise, and preventive healthcare. Theologically, this neglect contradicts biblical wisdom, which calls for prudence and self-care (Proverbs 3:7–8; Ecclesiastes 10:10). Jesus' example of withdrawing to rest (Mark 6:31) underscores that ministry effectiveness depends on physical, emotional, and spiritual health.

## **2.3 Critical Evaluation of Current Church Practices Regarding Pastors' Health**

Many churches in Nigeria lack structured policies to support pastors' health. Pastors often work long hours, engage in high-intensity ministry, and experience chronic occupational stress and burnout without adequate rest or medical monitoring. Cultural and theological perceptions sometimes equate physical weakness or illness with a lack of faith, discouraging pastors from seeking preventive care or medical attention.

Preventive healthcare is frequently neglected. Routine medical check-ups, screenings for cardiovascular and other chronic conditions, and health education are uncommon. Lifestyle factors, such as poor diet, inadequate sleep, limited physical activity, and high caffeine or energy drink consumption, increase the risk of sudden collapse or death during church activities.

## **2.4 Review of existing evidence and documented cases on Pastoral Collapses and Deaths during Church Services in Nigeria: A Review of Recent Newspaper Reports**

### **Death of Rev. Fr. Steve Chukwuma**

On 1 January 2026, Rev. Steve Chukwuma, the Parish Priest of St. Joseph Catholic Church, Agbor, collapsed at the pulpit and died while delivering the New Year's Day homily at the age of 63. The incident occurred during Mass and stunned worshippers, prompting widespread tributes that emphasized his pastoral dedication and 35-year compassionate ministry.

### **Pastor Rev. Vincent Alaku**

In October 2024, Rev. Vincent Alaku, a pastor with the Church of the Brethren (EYN) in Maiduguri, Borno State, collapsed and died mid-service while officiating at a child presentation. Efforts to revive him were unsuccessful, and his death prompted church leaders to encourage pastors to prioritize health checks given the sudden nature of the incident.



## Deacon Francis Oluwole Ogunnusi

Another reported pulpit death occurred when Chief Francis Oluwole Ogunnusi (a deacon preaching at an Evangelical Church Winning All (ECWA) congregation in Abeokuta) slumped and died while delivering a sermon against social ills. The incident was widely reported in national newspapers and on social media.

These instances reveal a pattern of sudden collapses during religious duties, raising concerns about pastoral health, work-related stress, and emergency preparedness in worship settings. Unlike deaths caused by external violence or structural collapses (e.g., the Uyo or Benue church incidents), these cases involve natural causes or health-related collapses during services.

## 3.0 Methodology

### Research Approach

This position paper adopts a conceptual and qualitative approach grounded in theological reflection, public health perspectives, and empirical literature. Rather than generating primary field data, the paper relies on a critical analysis of existing studies, documented cases, and observed trends regarding pastors' health challenges and the importance of regular medical check-ups.

### Sources of Data

Data for the position paper are drawn from **secondary sources**, including:

- Peer-reviewed journal articles on clergy health and occupational stress
- Newspaper reports and documented cases of pastors collapsing or dying during church services
- Church policy documents and pastoral handbooks
- Theological texts and biblical commentaries addressing stewardship of the body and ministry sustainability
- Reports from health organizations relevant to non-communicable diseases and workplace health

These sources provide a multidisciplinary foundation for the paper's argument.

### Analytical Framework

The paper is guided by a **theological–public health framework**, integrating biblical principles of self-care and stewardship with preventive health concepts. Key themes such as workload pressure,



stress, neglect of medical care, and institutional responsibility are identified and analyzed to support the paper's stance.

### **Method of Analysis**

A thematic content analysis is used to examine the selected literature and documents. Recurring themes, patterns, and gaps are identified and systematically discussed to establish the need for regular medical check-ups for pastors and stronger institutional health support systems within churches.

### **Argument Development**

The position paper develops its argument through:

1. Presentation of the problem and contextual background
2. Review of existing evidence and documented cases
3. Theological reflection on pastoral calling and bodily stewardship
4. Critical evaluation of current church practices regarding pastors' health
5. Formulation of practical and policy-oriented recommendations

### **4.0 Factors Responsible for Pastoral Collapse or Death During Church Services**

Deaths or collapses of pastors during worship services are now issues in churches in Nigeria. Some of these factors include:

#### **Cardiovascular and Underlying Medical Conditions**

Cardiovascular diseases, including hypertension, heart failure, and stroke, are among the leading causes of sudden collapse among pastors during church services in Nigeria. Many pastors, due to demanding schedules and constant ministerial engagements, often neglect routine medical check-ups, allowing underlying conditions to go undiagnosed and untreated. Hypertension, often termed the "silent killer," is particularly dangerous because it can remain asymptomatic until it precipitates a sudden cardiovascular event such as a heart attack or stroke. Diabetes mellitus and other metabolic disorders similarly increase the risk of acute cardiovascular complications. Studies in Nigeria have shown that adults, including those in leadership positions, frequently have undiagnosed hypertension and diabetes due to limited routine medical screening (Akinlua et al., 2015). The presence of untreated underlying conditions, combined with the physical and emotional demands of pastoral work, increases the likelihood of sudden collapse during extended preaching, prayer vigils, or other intensive ministry activities. This underscores the critical importance of routine health monitoring and intervention. Some of the medical problems are explained below:



**Cardiovascular disease** is a leading medical cause of sudden collapse and death, not limited to pastors but also relevant to individuals under high stress or with unmanaged health conditions. Common contributors include:

**Hypertension (high blood pressure)** and **heart disease** increase the risk of heart attacks and cardiac arrest. Many cases of sudden collapse are linked to previously undiagnosed or poorly managed heart conditions.

**Arrhythmias** (abnormal heart rhythms) and **cardiomyopathies** (heart muscle dysfunction) can precipitate sudden collapse without warning.

**Stroke** and cerebrovascular events can also lead to sudden loss of consciousness or death.

**Uncontrolled diabetes and high cholesterol** increase cardiovascular risks. These health issues show that physical disease processes, rather than spiritual causes, often lead to sudden collapse incidents.

### **Occupational Stress and Burnout**

Pastoral ministry is inherently demanding, requiring pastors to navigate multiple responsibilities, including preaching, counselling, administrative duties, and community leadership. These responsibilities often extend beyond typical working hours, including vigils, early morning prayers, and long church services. Chronic occupational stress and burnout can lead to physical, emotional, and mental exhaustion. The World Health Organization identifies burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed, leading to reduced energy, fatigue, and decreased resilience (WHO, 2019). In the Nigerian context, pastors often feel compelled to prioritize ministry obligations over personal health, leading to chronic stress accumulation. Peter (2024) noted that sustained stress contributes to cardiovascular strain, immune system suppression, and an elevated risk of sudden health crises during demanding church activities. Pastors experiencing burnout may also neglect warning signs of health deterioration, increasing the risk of collapse.

Pastoral ministry is associated with high levels of chronic stress, which negatively affects physical health:

**Chronic stress** contributes to hypertension, compromised immune function, and an increased risk of cardiovascular disease.

**Long hours**, irregular sleep patterns, and emotional labour (counselling, crisis support) amplify stress and reduce recovery time.

**Burnout**, a syndrome of emotional exhaustion, de-personalization, and reduced personal accomplishment, is prevalent among clergy and, when unmanaged, linked to physical illness. The



cumulative effect of stress and burnout threatens both psychological and physiological well-being, increasing the likelihood of collapse or sudden health crises.

### **Neglect of Preventive Healthcare**

Preventive healthcare involves routine medical assessments, screenings, vaccinations, and early intervention for emerging health conditions. Many Nigerian pastors, influenced by cultural or spiritual perceptions, may view medical intervention as unnecessary or a sign of weak faith. This neglect leads to late detection of potentially life-threatening conditions such as heart disease, diabetes, or chronic kidney disease. Peter (2024) opines that without regular check-ups, subtle signs of illness—such as high blood pressure, elevated cholesterol, or irregular heart rhythms—go unnoticed until a critical event occurs. This factor significantly contributes to the sudden collapse or death of pastors during services, as the first noticeable symptom may be a catastrophic health event. Many pastors, due to professional commitment or cultural attitudes, delay or avoid regular medical check-ups, allowing treatable conditions to progress unnoticed.

- 1) Some pastors prioritize spiritual duties over personal health, delaying seeking medical care even when symptomatic.
- 2) Lack of routine monitoring for blood pressure, blood sugar, and cardiac risk profiles contributes to undiagnosed health issues that can lead to sudden collapse.

Healthcare avoidance, when combined with strenuous duties, increases vulnerability to sudden acute medical events.

### **Lifestyle and Behavioural Factors**

Lifestyle and behavioural choices strongly influence pastors' health outcomes. Common practices that exacerbate health risks include irregular sleep patterns due to night vigils and early services, poor dietary habits influenced by work-related time constraints, excessive caffeine or energy drink consumption, and minimal physical activity. Sedentary behaviour combined with high stress levels predisposes pastors to obesity, metabolic syndrome, and other chronic illnesses that compromise cardiovascular health. In addition, behavioural tendencies such as overcommitment to ministry responsibilities without delegation contribute to chronic exhaustion. Peter (2024) submitted that lifestyle and behavioural factors amplify the risks posed by underlying medical conditions and occupational stress. In extreme cases, these combined factors can precipitate sudden health crises during high-intensity ministry activities such as preaching or leading large congregational events. Certain lifestyle patterns common among busy ministers may worsen health risks:





**1) Poor nutrition**, rushed meals, energy drinks, and high-calorie diets often accompany demanding schedules.

**2) Insufficient sleep** due to late-night services or visitation duties increases stress hormones and blood pressure.

**3) Sedentary behaviour** between long meetings or sermons reduces cardiovascular conditioning.

Such lifestyle factors contribute to metabolic and cardiovascular conditions that predispose individuals to sudden health crises.

#### **4.1 Conclusion and Recommendations**

The study revealed that cardiovascular and underlying medical conditions, occupational stress and burnout, neglect of preventive healthcare and lifestyle and behavioural factors are the factors responsible for the collapses and deaths of pastors during church services in Nigeria. Based on this finding, the study recommends the following:

##### **1. Institutionalization of Health Screening for Pastors**

Church denominations and ministries should institutionalize regular medical check-ups for pastors and church workers. Annual or biannual health screenings—covering blood pressure, blood sugar, heart health, and stress indicators—should be mandatory and funded by the church as part of pastoral welfare programmes. Early detection of health challenges will significantly reduce sudden health emergencies during services.

##### **2. Development of Pastoral Health Policies**

Church organizations should develop and implement formal pastoral health and wellbeing policies. These policies should address workload limits, rest periods, medical leave, retirement planning, and emergency health response protocols. Clear policies will protect pastors from overwork and promote a culture that values health alongside ministry commitment.

##### **3. Balanced Theology of Service and Self-Care**

Theological institutions and churches should promote a biblically balanced theology that affirms self-care as part of Christian stewardship (1 Corinthians 6:19–20). Teaching should correct the misconception that caring for one's health reflects weak faith. Pastors should be encouraged to view rest, medical care, and healthy living as acts of obedience to God.

##### **4. Stress Management and Mental Health Support**

Pastors are often exposed to emotional, psychological, and spiritual stress. Churches should organize stress-management workshops, counselling services, and peer-support groups for clergy.





Access to trained counsellors or Christian psychologists will help pastors manage burnout, anxiety, and depression associated with ministry demands.

### **5. Delegation and Shared Leadership**

Pastors should be encouraged to delegate responsibilities and adopt team-based leadership models. Over-centralization of duties increases physical and emotional strain. Training church leaders, assistant pastors, and lay workers to share responsibilities will reduce workload pressure and enhance the sustainability of the ministry.

### **6. Health Education and Lifestyle Awareness**

Regular health education seminars should be organized for pastors, focusing on nutrition, physical activity, sleep hygiene, and disease prevention. Simple lifestyle adjustments—such as regular exercise, healthy eating, and adequate rest—can significantly reduce the risk of sudden collapse during church services.

### **7. Emergency Preparedness in Churches**

Churches should be equipped with basic emergency response systems, including first-aid kits, trained first responders, and clear protocols for medical emergencies during services. Ushers and church workers should receive basic first-aid and emergency-response training, and arrangements with nearby hospitals should be established.

### **8. Role of Theological Seminaries and Training Institutions**

Theological seminaries should integrate pastoral health, self-care, and stress-management courses into ministerial training curricula. Preparing future pastors with practical health-management knowledge will foster long-term ministerial effectiveness and reduce preventable health crises.

### **9. Support from Church Governing Bodies**

National and regional church bodies should establish clergy welfare boards to manage health insurance schemes, medical support, and retirement benefits for pastors. Collective support structures will ensure pastors do not neglect their health because of financial or institutional constraints.

### **10. Family and Community Involvement**

Pastors' families and close associates should be empowered to encourage healthy habits and prompt medical attention. Churches should also create environments where spouses can raise health concerns without fear of stigma or misinterpretation.



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