

Chief Editor

Dr. A. Singaraj, M.A., M.Phil., Ph.D.

Editor

Mrs.M.Josephin Immaculate Ruba

EDITORIAL ADVISORS

1. Prof. Dr.Said I.Shalaby, MD,Ph.D.
Professor & Vice President
Tropical Medicine,
Hepatology & Gastroenterology, NRC,
Academy of Scientific Research and Technology,
Cairo, Egypt.
2. Dr. Mussie T. Tessema,
Associate Professor,
Department of Business Administration,
Winona State University, MN,
United States of America,
3. Dr. Mengsteab Tesfayohannes,
Associate Professor,
Department of Management,
Sigmund Weis School of Business,
Susquehanna University,
Selinsgrove, PENN,
United States of America,
4. Dr. Ahmed Sebihi
Associate Professor
Islamic Culture and Social Sciences (ICSS),
Department of General Education (DGE),
Gulf Medical University (GMU),
UAE.
5. Dr. Anne Maduka,
Assistant Professor,
Department of Economics,
Anambra State University,
Igbariam Campus,
Nigeria.
6. Dr. D.K. Awasthi, M.Sc., Ph.D.
Associate Professor
Department of Chemistry,
Sri J.N.P.G. College,
Charbagh, Lucknow,
Uttar Pradesh. India
7. Dr. Tirtharaj Bhoi, M.A, Ph.D,
Assistant Professor,
School of Social Science,
University of Jammu,
Jammu, Jammu & Kashmir, India.
8. Dr. Pradeep Kumar Choudhury,
Assistant Professor,
Institute for Studies in Industrial Development,
An ICSSR Research Institute,
New Delhi- 110070, India.
9. Dr. Gyanendra Awasthi, M.Sc., Ph.D., NET
Associate Professor & HOD
Department of Biochemistry,
Dolphin (PG) Institute of Biomedical & Natural
Sciences,
Dehradun, Uttarakhand, India.
10. Dr. C. Satapathy,
Director,
Amity Humanity Foundation,
Amity Business School, Bhubaneswar,
Orissa, India.



ISSN (Online): 2455-7838

SJIF Impact Factor (2016): 4.144

EPRA International Journal of

Research & Development (IJRD)

Monthly Peer Reviewed & Indexed
International Online Journal

Volume:2, Issue:3, March 2017



Published By :
EPRA Journals

CC License





INFLUENCE OF RELIGIOUS BELIEFS ON PEOPLE'S CHOICE OF HEALING THERAPY, DEVELOPMENT OF HEALTH IMPLICATIONS AND RECOVERY FROM ILLNESS: THE CASE OF CHRISTIANS IN YAKURR LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

Osuchukwu, Nelson Chukwudi¹

¹Department of Public Health, Faculty of Allied Medical Sciences, College of Medical Sciences, University of Calabar, Calabar, Nigeria.

Ekwere, Udeme M²

²Department of Public Health, Faculty of Allied Medical Sciences, College of Medical Sciences, University of Calabar, Calabar, Nigeria.

Etim, John John³

³Department of Public Health, Faculty of Allied Medical Sciences, College of Medical Sciences, University of Calabar, Calabar, Nigeria.

ABSTRACT

Faith is never a crime to Orthodox Medicine especially when focused on belief that therapy administered can cure the health problem in question. This does not imply rejection of healthcare when illness strikes. This study determines influence of religious beliefs on people's choice of healing therapy, development of health implications and recovery from illness by adopting a survey design where 400 respondents were assessed using a structured questionnaire. Data were analysed using SPSS version 20 and presented using descriptive and inferential statistics. Results and findings shows that women are more likely to be influenced by religious beliefs and in respect to age, adults (+40) – especially married – are more likely to be more bonded to religion. Religion accounts for about 50% of man's problems and out of this, accounts for 20 to 25% of barriers to achieving holistic health. However, educational status has shown to have a great relationship to how much people allow their religion to determine their choice of care when ill as this research reveals that the literates are less likely to be influenced by religion towards seeking healthcare therapy.

KEYWORDS: Religious belief, Health implication, Healing therapy, Illness recovery, Christian

1.0 INTRODUCTION/BACKGROUND

Healthcare seeking behaviour and choice varies from individual to individual, culture to culture, religion to religion, and tribe to tribe. From the primitive to contemporary society today, the desire to maintain good health and recover quickly from illness

led humans to the discovery and invention of different healthcare practices ranging from magic, traditional, orthodox, osteopathy, chiropractic, acupuncture, faith/spiritual, to alternative healthcare practices. During conditions of illness or serious health challenges, religious groups also have practices and

beliefs systems which guide members in seeking relief from or coping with their health problems. These practices may include: the combination of faith healing or religious therapies and professional medical treatment, the absolute avoidance of orthodox medicine and the total reliance on faith healing, or a combination of faith and alternative healing practices to effect healing.

In society, it is observed that one of the most widely patronized approaches to healthcare is the use of religious or faith practices that are centred on certain belief systems. This development is due to the fact that almost all humans have inclination to one religious tradition or the other – Christianity, Islam, Hinduism, Judaism, Buddhism, etc., and each of these traditions has its provisions that govern the health and illness behaviour of its adherents.

2.0 STUDY AREA

Yakurr is one of the 18 Local Government Areas located in Cross River State, Nigeria comprising of seven autonomic towns: Ugep, Ekor, Nko, Mkpani, Idomi, Inyima, Agoi, and Asiga whose estimated total population according 2006 Population Census projection is 196,271. Yakurr lies between latitude 5°40' and 6°10' North and longitude 8°50' East as well as 140km from Calabar – the capital of the state (Ubi, 2004). The Yakurr people migrated from their ancestral home called “*Akpa*” located between Okuni and Oban Hill with her first name – “*Umowen*” (Enang, 2009). They are of the Ekoi tribe whose mother language is Lokaa. A larger proportion subscribe to the Christian faith.

3.0 PROBLEM STATEMENT

A great level of mortality has been predicted among medically ill elderly patients in the course of religious practice (Pargament, 2001). When man is born, he is confronted by diverse life challenges including health challenges, but the question is ‘how does man sort to address these health challenges and what therapy is employed?’ According to Cockerham (2001), “individuals and society tend to respond to health problems in a manner consistent with their religion, culture, norms and values”. In Nigeria and other countries of the world, it is common to find people in their homes, or in churches, mosque, prayer houses, shrines, temples, alters, or covens, seeking for spiritual solutions to their health problems or those of their loved ones despite the existence and availability of modern medical technology. In sorting for solutions to their health problem, practices that are detrimental to their health problems are even employed like: fasting and prayer, ritual bathing, sacrificing to deities, meditation, etc. and all these could complicate the illness process as in the case of ulcer and fasting. Some religion does not permit their congregation to seek modern medical treatment or some aspects of it except faith healing. These practices have resulted into reasonable percentage of mortality in society today (Ejike, 2014). In some cases, patients are referred to a

medical facility only when the illness has over progressed and the patient is almost dying (Peter, Timothy, Cora, & Claude, 2009).

4.0 GENERAL OBJECTIVE AND SPECIFIC OBJECTIVES

The general objective of this study was to determine the influence of religious beliefs on people’s choice of healing therapy, development of health implications and recovery from illness. The specific objectives of the study were to:

- i. Describe the influence of religious beliefs on people’s choice of healing therapy;
- ii. Describe the influence of religious beliefs on the development of health implications, and;
- iii. Describe the influence of religious beliefs on the recovery from illness.

5.0 REVIEW OF LITERATURE

Religion is a system of beliefs and practices by means of which a group of people struggles with the ultimate problems of human life (Haralambos & Holborn, 2008). It is as well an existence of supernatural beings that have a governing effect on life. Religion deals with that which transcends everyday experience and whose validity cannot be assessed or interpreted by common sense or by science.

Religious beliefs play a major role in people’s lives, and religious practices of some sort are evident in every society (Schaefer, 2002). Religious members pay preference to natural and homeopathic treatments in place of drugs, pills, and surgery because of the belief that most drugs are made from animal substances which involved the destruction of such animal before such useful substances can be extracted (Sukumaran, 2011). This also includes prohibition of abortion by all means despite the health condition or implications involved as well as refusal of blood transfusion.

Some religious persons reject orthodox medicine because of the belief that an illness is as a result of nemesis or punishment from sin from God. They see it as diseases of teleological origin and as such only God can otherwise it will go by default. In Christianity, denominations have complicated this issue/problem under study as utilization of health care is relative to the believer’s denomination. Some Christian’s belief in miracles from God for healing and as such sometimes in the course of relying on faith, lives are lost (Cockerham, 2001).

6.0 METHODOLOGY

This study adopted the survey design method. 400 respondents were assessed in four communities from Yakurr Local Government Area: Ugep, Idomi, Ekor, and Mkpani using the structured questionnaire designed for the study. These communities were selected through random sampling – names of all the communities in the study area were written and dropped in a basket and picked randomly without replacement till the four villages were selected. Purposive sampling was used in the selection of

churches in each of the selected four villages – The Apostolic Church, The True Church of God, Jehovah’s Witnesses, The Assemblies of God, and The Presbyterian Church of Nigeria. Respondents from each church were selected randomly. Data generated was analysed using Scientific Package for Social Sciences (SPSS) version 20 and was represented using descriptive and inferential statistics like means, simple percentages, frequencies, and graph. Judgement of relationships between variables was based on Chi-square calculations. Data sources were basically secondary (related literature), and primary (questionnaire, interviews, and Focus Group - FG) sources.

7.0 RESULTS AND FINDINGS

It is no doubt that the influence of religious beliefs differs with sex, age, and educational status. Data collected showed that 180 (45%) were male, and 220 (55%) female. The mean age was 41. On marital status, 200 (50%) of respondents were married, 120 (30%) were single, 52 (13%) were widowed, while 28 (7%) were separated/divorced. On assessing respondents educational attainment, 40 (10%) had no formal education, 52 (13%) had First School Leaving Certificate (F.S.L.C.), 60 (15%) had West African School Certificate (WASC) or its equivalent, 111 (27.75%) had OND/NCE, 101 (25.25%) had HND/B.Sc. or its equivalent, while 36 (9%) had M.Sc. & above. However, occupational status of respondents showed that 105 (26.25%) were Civil/Public servants, 62 (15.50%) were Business men, 131 (32.75%) students, and 102 (25.50%) farmers, (Table 1).

Table 1. Demographics of Respondents

Variable	Frequency	Percentage (%)
Sex		
Male	180	45
Female	220	55
Total	400	100
Age (X)		
	(FX)	
18 – 27 (22.5)	75 (1687.5)	18.75
28 – 37 (32.5)	85 (2762.5)	21.25
38 – 47 (42.5)	100 (4250.0)	25.00
48 – 57 (52.5)	92 (4830.0)	23.00
58 and Above (62.5)	48 (3000.0)	12.00
Total (212.5)	400 (16530.0)	100
Marital Status		
Single	120	30
Married	200	50
Separated/Divorced	28	7
Widowed	52	13
Total	400	100
Educational Qualifications		
No Formal Education	40	10
F.S.L.C.	52	13
WASC/Equivalent	60	15
OND/NCE	111	27.75
HND/B.Sc./Equivalent	101	25.25
M.Sc. & Above	36	9
Total	400	100
Occupation		
Civil/Public Servants	105	26.25
Business Men	62	15.50
Students	131	32.75
Farming	102	25.50
Total	400	100

Source: Field Work, 2015.

In describing the influence of religious beliefs on people’s choice of healing therapy, 330 (82.5%) of respondents adhere to fasting and prayers, 222 (55.5%) adhere to payment of tithe and offering, 100 (25%) adhere to giving of arms to the needy, 114 (28.5%)

adhere to offering special sacrifice to God, while 95 (23.75%) adhere to attending bible studies as a means of healing reception. In describing the influence of religious beliefs on the development of health implications, 257 (64.25%) of respondents admitted that

religious beliefs complicate their health conditions and 270 (67.5%) respondents subscribed that believers may actually die from their ailment. However, on influence of religious beliefs on the recovery from illness, 259 (64.75%) admits that recovery is usually slower and they are not likely to get well faster while 324 (81%) admitted that religious believers are not likely to live longer due to the restriction in seeking healthcare services with its complications.

8.0 DISCUSSION OF RESULTS/FINDINGS

The impact of religious affiliation on accessing healthcare services cannot be under – looked in our contemporary world today. Results from the findings show that religious beliefs pose a significant influence on people's choice of healing therapy as about 172 (43%) religious believers affirmed it and of such Cockerham (2001) supported this by opining that most religious groups favour a combination of religious practices and professional medical care in treating health problem or illnesses. This further implies that for such religious groups, members can use medical or orthodox therapy in combination with fasting and prayer, deliverance operation, Bible studies, etc. to seek for improvement of their health. Decision from the

result of the chi-square test affirms that there is a significant influence of religious beliefs on people's choice of healing therapy (Figure 1).

Health complication was another variable tested as 264 (66%) respondents and Focused Group members affirmed that religious beliefs in some cases make health problems of her members more complicated and this is consistent with Ikwun (2002) view that religious adherence ignorantly complicates the situation of members through its practices as against utilizing healthcare services. On this note the judgement of the Chi-square test affirms that there is a significant influence of religious beliefs on the development of health implications (Figure 1).

A test of the influence of religious beliefs on the recovery from illness was tested and the chi-square test judgement affirms that there is really a significant influence of religious beliefs on the recovery from illness as affirmed by about 292 (73%) respondents and this is corroborated by O'connor (2005) findings that there may be delay in the recovery from illness when healthcare is not sort especially where believers adhere only to prayers as an alternative therapy and this characterized more adult religious believers (Figure 1).

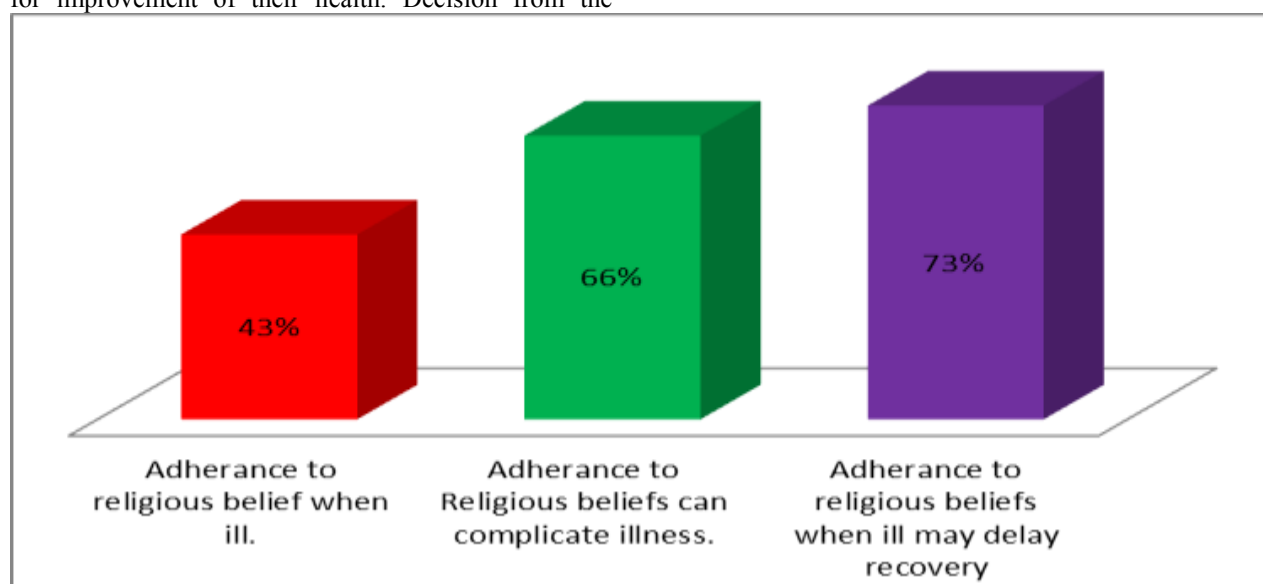


Figure 1. Respondents perception on the influence of religious beliefs on people's choice of healing therapy, development of health implications and recovery from illness.

9.0 CONCLUSION

In the course of this study, the researchers found out that there is a great influence of religious affiliation on the choice of care by the society when ill and this determines their chance of recovering from illness or further complicating the health challenge in question. Women are more likely to be influenced by their religious affiliation as found out from the study. In respect to age, adults (+40) – especially married – are more likely to be influenced by their religious beliefs as they believe at this age that soon they need where to spend eternity and of such tend to make their ways

upright with what they believe in by not betraying their faith. However, educational status has shown to have a great relationship to how much people allow their religion to determine their choice of care when ill as this research reveals that the literates are less likely to be influenced by their religion towards seeking healthcare. More so, ignorance and first class information as well as a long time accumulated teachings received by believers from their religion has contributed to the barriers of accepting any other innovation against the pre-existing one.

10.0 RECOMMENDATIONS

Religion accounts for about 50% of man's problems and out of this, accounts for 20 to 25% of barriers to achieving holistic health. Based on the results and findings, the following is recommended:

- i. Consistent creation of awareness by stakeholders on the need for combination of effective utilization of healthcare services while believers still keep to their religious faith by not condemning it totally especially that which is not detrimental to human health. Keeping to the faith that they will recover from ill-health while undergoing treatment will put the patient in a good state of mind to facilitate healing.
- ii. Individuals need to consistently report to any healthcare provider about their health challenges for prompt attention.
- iii. Education of the society, religious leaders and their members to have confidence on orthodox medicine/practitioners the same way they believe in their religious leaders.
- iv. Effective and professional care is needed on the side of healthcare providers so as to build trust by patients (religious believers).
- v. Assistance of the stakeholders (government at all tiers of government and NGOs) in providing the necessary required healthcare for the society in making it; accessible, available, affordable, and reliable to meet the health needs of the people.

The essence of religion is not totally wrong but can be detrimental to health if it does not support the physical, mental, social, and financial state of the individual. In the course of this studies, respondents where educated on the need to embrace healthcare services as a healing therapy to facilitate healing and avoid complications and avoidable preventable mortality when ill.

REFERENCES

1. Cockerham, W. C. (2001). "Medical Sociology" (8th ed.). Prentice Hall Inc. New Jersey.
2. Ejike, C. E. C. C. (2014). 'This stroke was sent...': Stroke-related illness concepts and attendant health-seeking behaviours of educated Nigerians. *International Journal of the Nigerian Society for Experimental Biology*. Vol. 26 (3) Pp.69-75.
3. Enang, S. B. (2009). *The History of Yakurr People of Cross River State*. Oracle Business Ltd., Makurdi, Nigeria.
4. Haralambos, M. & Holborn, M. (2008). *Sociology: Themes and Perspectives* (7th ed.). Harper Collins Publishers Ltd., London.
5. Ikoun, R. O. (2002). *Nigeria at a Religious Cross Roads: The Way Forward*. Serenity Ventures Publishers, Lagos, Nigeria.
6. O'connor, P. J. (2005). Characteristics of Adults who use Prayer as an Alternative Therapy, *AM Journal* 19. 369 – 375.
7. Pargament, K. I. (2001). *Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients: A 2 – Years Longitudinal Study*. *Arch. Intern. Med.* 161: 1881 – 1883.
8. Peter, T. K., Timothy, S. C., Cora, L. C., & Claude, B. (2009). *Sitting Time Mortality from all Causes, Cardiovascular Disease, and Cancer*. *Medicine and science in Sports & Exercise*, U.S.A.
9. Schaefer, R. T. (2002). "Sociology: A Brief Introduction". 4th Ed. Mc Graw Hill, New York.
10. Sukumaran, A. (2011). *Hindu and Medicine*, @ www.angelfire.com/././medicine.html
11. Ubi, O. A. (2004). "The Yakurr of the Middle Cross River," *Jamel Publishers and Press, Calabar, Nigeria*.