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RESEARCH ARTICLE

CORRELATION BETWEEN RELIGIOUS COMMITMENT AND HEALTHCARE SEEKING BEHAVIOR AMONG THE YOUTH IN SOUTHEAST NIGERIA

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Abstract

Religion is widely understood to play an essential role in young people's behaviors, making it a significant factor in the discourse on youth health-promoting behaviors. Perhaps, there is a growing indication that young people are less likely to engage in health-promoting behaviors. The present study examined the role of religious commitment on the health-seeking behaviors of the youth in southeast Nigeria. Three hundred and nineteen respondents randomly selected from three states (Enugu, Anambra, and Ebonyi states) participated in the study. The participants completed a self-report measure of health-seeking behavior and religious commitment inventory. The simple regression analysis conducted on the data revealed that RC significantly predicted HSB. The study concludes that RC is an essential correlate of HSB in youth. Policymakers and healthcare providers can use religious institutions to promote positive health behavior among youth in southeast Nigeria.

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Introduction:-

Health has been described as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Who, 2016). Although, this definition is challenged for not being adequate to accommodate the current trends in health care systems (Card, 2017; Leonardi, 2018). Thus, a recent study described health as dynamic, continuous, multidimensional, distinct from function, and determined by balance and adaptation (Krahn et al., 2021). Perhaps, a holistic definition of health suggests an expanded range of positive, pleasurable health behaviors (Saylor, 2004). Accordingly, health behavior is an aspect of human health needed to be incorporated in the definition of health. A contemporary perspective described health as a dynamic quality of living where body, mind, and spirit are fully active to make the most of each day (Bradley et al., 2018). Given the recognition of behavioral contribution to the understanding of health, it is of utmost importance for research to have adequate knowledge of variables underpinning healthcare.

Healthcare reflects the wholeness of measures and activities conveyed to ensure the fulness of health. Perhaps, quality and accessible healthcare is an essential component and fundamental rights of every individual (Abrokwah et al., 2020; Alhanawi et al., 2020; Anjum et al., 2021; Costagliola et al., 2020; Gustafsdottir et al., 2017; Hashemi et al., 2020; Loosli et al., 2021; Maksimović, 2017; Qoronfleh, 2020; Unger et al., 2020). However, growing intimation seems to suggest that healthcare is not adequately accessed in several societies, despite the availability of healthcare facilities.

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The term healthcare-seeking behavior (HSB) as used in this paper reflects a person's action towards perceived health-related challenges. Accordingly, it is described as an individual's response to the suspicion of a health problem (Olenja, 2003). Thus, HSB denotes a self-motivated process that evolves through self-assessment of possible indicators, self-medication, medical consultation, and compliance to professional demand (Gupta, 2010). More so, Latunji and Akinyemi (2018) noted that health-seeking behavior comprised the generality of health behavior. Thus, the construct entails an individual's reactions geared towards health improvement, including waging health troubles and overall health consciousness (Mackian, 2003). In all, HSB is a self-motivated behavior that has massive implications in healthcare. Perhaps, numerous authors have underscored the diversities in HSB among Nigerian samples (Adebiyi et al., 2014; Aham-Onyebuchi & Atulomah, 2020; Aigbokhaode et al., 2015; Eke et al., 2021; Falaki & Jega, 2019; Ojifinni, 2012; Okojie & Lane, 2020; Oluwole et al., 2020; Onyikwelu, 2019; Owoyemi & Ladi-Akinyemi, 2017; Sinai et al., 2019; Uguru et al., 2021; Usman et al., 2020). There is a consensus in the literature that many people pay little or no attention to their healthcare in Nigeria.

Lack of adequate health assessment and poor utilization of healthcare services has been linked to adverse health outcomes, increased illness and mortality (Budu et al., 2021), and decreased universal health statistics (Atuyambe et al., 2009; Mwase, 2015). Nevertheless, demographic variables such as gender, employment status, educational level, and geopolitical location have been identified as significant correlates of HSB (Atchessi et al., 2018). More so, empirical evidence has implicated social support in HSB (Togonu-Bickersteth et al., 2019), thus, meaning that people who receive adequate social support are more likely to exhibit HSB. Also, Adam and Aigbokhaode (2018) found that most individuals only access healthcare during emergencies. Relatedly, the common belief that illness will disappear has been found to moderate HSB (Tanimola & Owoyemi, 2009).

Literature abound that describe the variations in HSB and accessibility of available healthcare facilities and self/home care remedies (Abdulraheem & Parakoyi, 2009; Ahmed et al., 2000; Ashenaf et al., 2014; Bapolisi et al., 2021; Fidan & Çelik, 2021; Jain & Agarwal, 2016; Mushtaq et al., 2020; Ogunlesi & Olanrewaju, 2010; Rashidi Fakari et al., 2021; Shaikh & Hatcher, 2005; Webair & Bin-Gouth, 2013). Perhaps, it is inferred from the literature that healthcare-seeking decision seems complicated, probably because behaviors are varied and influenced mainly by numerous factors, including the belief systems. Accordingly, belief in religion is an essential driver of health behavior lacking in the HSB literature. Thus, justifying the present study.

There is growing concern about the influence of religious belief on an individual's behavior (Somefun, 2019). Commitment to religion is a common phenomenon within Nigerian societies, determining a more significant part of people's health-related response. Perhaps, religious commitment is described as an individual's fundamental value that tends to reflect self-righteousness and pledge to spiritual principles and practice. The construct demonstrates the role of religion in an individual's personal and social life. According to Hardin (2018), religious commitment creates a possible script that alters health practices and stress management. For example, empirical evidence has linked increased religious coping with sedentary behavior in adults (Steffen et al., 2001). Thus, religious commitment could be an essential factor in healthcare-seeking behavior.

Research on religious participation has identified religious commitment and spirituality as shielding variables in numerous difficult situations (Richardson & Stoneman, 2015). Accordingly, religion is a widely recognized factor in the lives of many young people in most African societies (Agardh et al., 2011; Gyimah et al., 2013; Odimegwu, 2005). Religion plays a significant role in promoting youth's closer relationships with their God and active religious activities. However, most religious entities have endorsed specific moral norms that influence a more considerable aspect of their younger followers' lives, including encouraging increasing prayer than medication during illness. Religion in the southeast of Nigeria is mainly Christian, with the Catholic and Anglican faith dominating. However, Pentecostalism has an upsurge, which has attracted chiefly young people (Smith, 2004). Similarly, the different religious sects have different orientations and expectations.

Most members of different religious sects share the belief that healing occurs supernaturally as a result of prayer or divine intervention rather than medication or the involvement of physicians. Most religious sects established faith homes/centers where people of different races and creeds congregate to heal illness. The remedy offered in these centers is purely prayer and faith. Deplorably, this exercise has been ingrained in the mind of many dedicated members who would mainly conform to religious demands relating to healthcare than medical attention. These different belief systems usually have varying effects on behavior and health.

Hypothesis:

Religious commitment is a significant predictor of healthcare-seeking behavior among youth.

Method:-

The current study population comprises youth from the Enugu, Anambra, and Ebonyi states of Nigeria. The youth encompass individuals between 18-40 years, including male and female residents in the selected states. This article draws primarily on those young people within the study parameter who described themselves as Christians from a range of faith backgrounds, including Catholic and non-Catholics. Thus, non-Christians were excluded from the study. The participants were randomly selected from the churches in different locations of the study parameter. A cross-sectional design was adopted for the study.

Procedure:-

Three hundred and sixty individuals within the youth bracket were approached in various religious places, mainly during the mid-week activities and partly on Sunday worships, depending on convenience. Worshipers who met the inclusion criteria were asked to participate in the study to understand their HSB. Research assistants were trained to administer the study instruments and data collection. Those who consented (n=342) were informed of the purpose of the study, that participation is intentional and that they could withdraw at any stage of the process. English was adopted as a medium of interaction as most of them had a basic understanding of English. Those who consented were given the study questionnaires to complete at the spot. They were provided clarifications on items that seemed vague to them. The participants received no monetary compensation for participating in the survey. In particular, 342 questionnaires were distributed and retrieved on the spot. However, out of the 342 questionnaires given to the respondents, 23 copies were improperly filled and discarded. Thus, only the satisfactorily filled copies (i.e., 319) were subjected to statistical analysis. The survey lasted between August and November 2021.

Measures:-

Healthcare-seeking behavior was assessed using a questionnaire designed to determine an individual's response relative to their health, including the extent they seek medical attention from professionals during perceived illness and how much they present themselves for basic health checks. The 15-items, 5-points Linkert type instrument was exposed to a pilot study. The Cronbach's alpha coefficients showed an acceptable level of internal consistency reliability, which exceeded the cutoff rules-of-the thumb of .70 as suggested for study purposes (Kaplan & Saccuzzo, 2001). A higher score indicates high HSB.

The religious commitment was assessed using the Religious Commitment Inventory (RCI-10) initially developed by Worthington et al. (2003). The scale is a widely used instrument in the religious commitment literature and has been previously utilized in a recent study in the Nigerian context (Onu et al., 2021). However, a Cronbach alpha .76 was obtained in the present study.

Result:-

The primary hypothesis of the present study is that religious commitment would significantly predict healthcare-seeking behavior among youth in southeast Nigeria. Thus, a linear regression was conducted to determine the variation in HSB based on a person's level of commitment to religion. The result of the analysis demonstrated a statistically significant interaction between RC and HSB, $F(1,317) = 31.63$, $p < 0.05$. The adjusted R^2 indicated that RC explained about 43.2% of the variation in HSB among the youth.

Table 1:- Table showing the linear regression result on the effect of RC on HSB.

	B	SEB	β	t	Sig
Constant	1.25	.034		36.01	.000
RC	.73	.039	.75	18.38	.000
R^2	.432				

Note. RC = Religious Commitment; B = Unstandardized regression coefficient; SEB = Standardized error of the coefficient; β = Standardized coefficient; R^2 = Coefficient of determination, Adjusted R^2 . * $P < .000$.

Discussion:-

The study examined the variation in healthcare-seeking behavior among youth in the southeast of Nigeria based on commitment. It was expected that religious commitment as a factor would influence healthcare-seeking behavior. Three hundred and nineteen participants were recruited for the survey. The linear regression model performed on the data showed that religious commitment statistically significantly predicted healthcare-seeking behavior among the respondents at $F(1, 317) = 31.63$, $p < 0.05$. The adjusted R^2 indicated that RC contributed 43.2% of HSB variation among the respondents. Thus, the result presupposes that those who are more committed to their religion and are more spiritually engaged are more likely to undermine the relevance of the medical framework. On the other hand, those less committed to their religious system were more eager to seek a medical approach concerning their health. The present finding supports previous literature that has implicated religion in health behavior (Coe et al., 2015; Dessio et al., 2004; Figueroa et al., 2006; Gäbler et al., 2017; Garcia et al., 2013; Horton, 2015; Krause et al., 2017; Togonu-Bickersteth et al., 2019; Underwood & Powell, 2006). For instance, Fletcher and Kumar (2014) reported that intrinsic religiosity-self-reported relevance of religion-during adolescence largely contributes to a reduction in substance dependence, thus, affirming the effect of religious commitment on health-promoting behavior. Conversely, the result contradicts Bakhtiari et al. (2019), who found no significant relationship between health behavior and religious orientation. Perhaps, this disparity suggests the chance of other intervening variables. The mechanisms driving HSB are complex and require a multidimensional approach that encompasses every motivation, intention, effectiveness, and availability of the healthcare system.

Similar to the frequent reports of faith-based resilience to health conditions, the present study confirms the effect of perceived religious belief on HSB. Thus, presupposing those individuals who are highly devoted to their religion commit more to a spiritual solution than accessing the healthcare system. At the same time, those with a low pledge to spirituality are more likely to seek professional attention. Although, the study could not confirm the mechanisms through which commitment in a particular religious sect could determine the resolve to depend on faith than exploit the health care system during illness. It, however, provides insight into the decrease in healthcare utilization when commitment to religion is high. This revelation undermines the principles of the healthcare system that promote patronizing the healthcare facilities relative to health challenges. As religion is one of the psychosocial characteristics of patients, knowing patients' level of commitment to faith can be helpful for primary physicians (Kang et al., 2020).

Strength, weakness and future direction

The study proves that a solid commitment to religion undermines health-promoting behaviors. Hence, the public health implication of this outcome is that religiously committed youth could be more hopeful of spiritual intervention during illness. Thus, potentially predisposing them to further health complications. Perhaps, the link between RC and HSB in the Nigerian context is scarce in the literature. Therefore, the recent revelation could provide valuable data to the government and healthcare promotion agencies and organizations. However, the study encountered certain limitations that need to be reported. For example, self-reported HSB and RC could be subject to recall bias. Secondly, the cross-sectional design adopted could not allow for determining cause-effect relationships. Nevertheless, future researchers are encouraged to utilize other comprehensive measurements and adopt an experimental approach to understand the variable interactions better.

Conclusion:-

The present study investigated RC as an essential correlate of HSB in a sample of youth. The study concludes that the RC is a crucial element of HSB among the youth in southeast Nigeria. Notably, the expectation of the study was confirmed. Thus, it is recommended that RC be considered an aspect of healthcare concern to healthcare providers to achieve all-inclusive care for the younger people. Also, full enlightenment health-promoting programs are needed, especially among the youth. Thus, it is believed that significant improvements can be recorded in promoting the good health of young people in southeast Nigeria if health education and outreach efforts are presented and promoted through religious, spiritual, and faith-based settings.

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