Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/13651
DOI URL: http://dx.doi.org/10.21474/IJAR01/13651

RESEARCH ARTICLE

Religious Commitment as a Predictor of Healthcare Seeking Behavior among Rural Dwellers in Kogi State

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Manuscript Info

Manuscript History
Received: 31 August 2021
Final Accepted: 30 September 2021
Published: October 2021

Key words:-
RC, HSB, Rural Dwellers

Abstract

In recent years, efforts have been devoted to enhancing the health care system of Nigeria to provide efficient and reliable health care services to the people. However, insinuations suggest that many people are not utilizing the available healthcare facilities, especially in rural communities. Perhaps, religious attachment is a significant determinant of several behavioral domains. The present study aimed to examine variations in HSB among the rural dwellers of Kogi State, Nigeria, based on religious commitment. Two hundred and sixty-nine Muslim and Christian worshipers chosen from religious centers in different locations of the state participated in the study. The respondents completed a self-report measure of healthcare-seeking behavior and the religious commitment inventory. The result of regression analysis indicated a positive influence of religious commitment on healthcare-seeking behaviors in rural populations. It was concluded that religious commitment should be included in the focus of the healthcare providers in providing all-inclusive care for rural dwellers in Kogi state.

Introduction:-

Rural dwellers referred to people residing in communities with fewer people and located outside the main populated areas. Rural areas are commonly characterized by a lack of basic amenities, including electricity, poor access roads, poor health facilities, high unemployment, and inadequacy of other social amenities(Obaid et al., 2018). Consequently, rural dwellers mostly lack in several lives' domains, including health information. An essential aspect of the healthcare of any nation is the overall health literacy of the people. Healthcare literacy entails the general variables that determine an individual's ability to understand, access, and utilize healthcare-related information (Batterham et al., 2016). Healthcare literacy is an integral part of effective healthcare care, and research has linked healthcare literacy to healthcare-seeking behavior (Haun et al., 2015; Sentell, 2012).

Access to quality healthcare is a universal fundamental human right (Bapolisi et al., 2021). However, there is a growing concern about healthcare service utilization in many societies, especially in areas with poor healthcare facilities. Healthcare-seeking behavior (HSB) denotes an individual's response to perceived health-related challenges. Olenja (2003)referred to HSB as a person's action or inaction when a health problem is noticed. Thus, HSB entails a dynamic process that develops through self-examination of likely symptoms, self-treatment, consulting medical experts, and complying with expert's advice(Gupta, 2010). HSB is encompassed in the overall concept of health behavior(Latunji & Akinyemi, 2018). In other words, it comprises individual's responses aimed to improve health, mitigate health troubles, and general consciousness of health-compromising behaviors(Mackian, 2003). Extensive literature has been devoted to understanding the HSB of individuals in diverse health domains in

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the Nigerian context (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; Onyekwelu, 2019; Owoyemi & Ladi-Akinyemi, 2017; Sinai et al., 2019; Uguru et al., 2021; Usman et al., 2020). One common understanding from the HSB literature is that many individuals do not adequately utilize the available healthcare services in their environment.

There is a growing concern about the poor utilization of primary healthcare services and the decline in healthcare-seeking behavior among many people in Nigeria. The trend has been linked to adverse health outcomes, increased morbidity, and mortality(Budu et al., 2021), and poorer health statistics across the globe (Atuyambe et al., 2009; Mwase, 2015). In addition, previous studies have explored the underlying correlates of healthcare-seeking behavior in Nigeria. For example, Atchessi et al. (2018)examined various factors linked to healthcare-seeking behavior among Nigeria's older adults. The study utilized data from the Nigeria General Household Survey. The bivariate analysis conducted on the data from 3587 participants revealed that gender, employment status, educational level, and geopolitical location were significant determinants of HSB.

Similarly, (Togonu-Bickersteth et al., 2019)investigated the relationship between social support and healthcare facility choice among Nigeria's adult population using quantitative data collected from a sample of 3,696 participants selected through a multi-stage systematic random sampling approach. A binary logistic regression analysis on the data indicated that older adults who received social support were keener to seek medical attention at an approved healthcare system. One study(Adam & Aigbokhaode, 2018)sought to identify the potential variables in the healthcare-seeking behavior of households in the rural community in Southern Nigeria. They adopted a cross-sectional study and employed 410 household heads in Ivhiunone, Fugar in Edo State, Nigeria as the study's participants. The result of their research revealed that almost all respondents sought healthcare when faced with health challenges. Perhaps, the investigation implicated sociodemographic variables such as marital status, level of education, and income in HSB.Also, Tanimola and Owoyemi (2009)explored HSB among household members in Anyigba, North Central Nigeria. The study employed descriptive and inferential methods to analyze the data from three hundred and thirty-three households who responded to a self-report measure on HSB. The result revealed the belief that the illness will resolve itself moderated HSB among the households.

Numerous factors that significantly influence health-seeking behavior during illness episodes and also, the utilization of the formal or informal healthcare facilities and self/home care remedies by individuals have been described in several studies (Abdulraheem & Parakoyi, 2009; Ahmed et al., 2000; Ashenafr et al., 2014; Bapolisi et al., 2021; Fidan & Çelik, 2021; Jain & Agarwal, 2016; Mushtaq et al., 2020; Ogunlesi & Olanrewaju, 2010; Rashidi et al., 2021; Shaikh & Hatcher, 2005; Webair & Bin-Gouth, 2013). These studies indicate that the healthcare-seeking decision is a complicated factor. A person’s behavior is mainly influenced by diverse factors, including the belief systems, and varies between individuals and cultures. Some of the factors reported in the literature primarily the rural dwellers include the availability of healthcare experts, lack of healthcare facilities, self-esteem, body perception, sociocultural factors, poor access to good healthcare services, and also the incidence of traditional healthcare in the environment, educational level, family size and perception of the severity of illness. HSB is preceded by a decision-making process governed by attitude, motivation, social norms, peer influence, cognitive appraisals(Olenja, 2003). However, an essential aspect of HSB lacking in the literature is the belief in faith by people when responding to illness episodes. This study seeks to investigate the influence of religious belief on healthcare-seeking behavior.

In this study, religious commitment is conceptualized as an individual's central value reflecting self-righteousness and a person's overall pledge to religious beliefs and activities, including the totality of worth derived from religion's experiences. Religious commitment entails the role of religion in the personal and social life of an individual. Accordingly, research suggests that religious commitment generates a possible script for changing health practices and managing stress(Hardin, 2018). Relatedly, Steffen et al. (2001) found that increased application of religious coping was associated with reduced exercise among adults. Thus, it could be an essential factor in healthcare-seeking behavior.

In Nigeria, most members of different religious institutions are with the common belief that healing occurs supernaturally as a result of prayer or divine intervention rather than through the use of medicine or the involvement of physicians. Most religious bodies have established faith homes/centers where people of different races and creeds converge whenever they are ill or injured. The healing offered in these centers is purely prayer and faith.

Regrettably, this practice has been ingrained in the mind of many committed members who would mainly comply with religious demands relating to healthcare than medical attention. Perhaps, the trend is pervasive among rural dwellers in Nigeria. For instance, studies have implied that spirituality and religiosity are positively related to physical and mental health in minority communities (Ano & Vasconcelles, 2005; Seybold & Hill, 2001).

Nevertheless, insinuations suggest that this connection is pervasive among the rural populations(Cates et al., 2009; Thomas et al., 2012). This suggestion implies that the construct of religion appears to be linked to health attitudes, health cognitions, and general perceptions of health outcomes. Thus, the purpose of the current study is to ascertain whether religious commitment would predict healthcare-seeking behavior among rural dwellers in Kogi state.

Hypothesis

Based on the purpose of this study, a hypothesis was formulated;
Religious commitment will significantly predict healthcare-seeking behavior among rural dwellers in Kogi State.

Method:-

The population of the current study comprises rural dwellers in the Kogi State of Nigeria. The rural dwellers in this study are viewed as the population in small communities located outside the state's urban centers. Adults, including males and females within the age range of 30-65 years, were randomly selected from rural areas of Ajaokuta, Ankpa, and Okene in Kogi State. They were mainly pooled from a religious place such as mosques and churches. Perhaps, the state is primarily comprised of Christians and Muslims. A cross-sectional survey design was adopted.

Procedure:-

Three hundred and thirty rural dwellers were approached in their various religious places during Friday Jummah prayer, and Sunday worships between July and September 2021. All the participants who met the inclusion criteria were asked to participate in the study to understand their HSB. Those who consented were handed the study instrument. In all, 292 questionnaires were distributed and retrieved on the spot. However, out of the 292 questionnaires given to the respondents, 23 copies were improperly filled and discarded. Thus, only the adequately filled copies (i.e., 269) were subjected to statistical analysis.

Measures:-

Healthcare-seeking behavior was measured using a developed questionnaire designed to assess an individual's actions about their health, including how much they consult medical experts during perceived illness and how much they present themselves for basic health checks. The 15-items, 5-points Linkert type instrument was subjected to a pilot study. The Cronbach's alpha coefficients indicated an acceptable level of internal consistency reliability, which exceeded the cutoff rules-of-the thumb of .70 as recommended for study purposes (Kaplan & Saccuzzo, 2001).

The religious commitment was measured using the Religious Commitment Inventory (RCI-10) initially developed byWorthington et al. (2003). The scale has been previously used in the Nigerian context (Onu et al., 2021). However, a Cronbach alpha .76 was recorded for the scale in the present study.

Result:-

The primary assumption of the present study is that religious commitment would significantly predict healthcare-seeking behavior among rural dwellers in Kogi State. Thus, a linear regression was performed to ascertain the variation in HSB based on an individual level of commitment to religion. The result of the analysis established a statistically significant interaction between RC and HSB, F (1,267) = 33.625, $p < 0.05$. The adjusted R^2 indicated that the independent variable accounted for 61.2% of the variation in HSB among the respondents.

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

		95% CI for B					
	B	LL	UL	SEB	β	t	Sig
Constant	1.25	1.18	1.33	.034		36.01	.000
RC	.73	.65	.79	.039	.75	18.38	.000
R^2	.61.2						

Note. RC = Religious Commitment; B = Unstandardized regression coefficient; CI = Confident Interval; LL = Lower Limit; UL = Upper Limit; SEB = Standardized error of the coefficient; β = Standardized coefficient; R^2 = Coefficient of determination, Adjusted R^2. *P<.000.

Discussion:-

The study aimed to examine the role of religious commitment on healthcare-seeking behavior among rural dwellers in the Kogi state of Nigeria. The study assumed that religious commitment as a factor would determine healthcare-seeking behavior. The linear regression model conducted on the data revealed that religious commitment statistically significantly predicted healthcare-seeking behavior among the respondents at F (1, 267) = 33.625, p < 0.05. The adjusted R^2 indicated that RC contributed 61.2% of HSB variation among the respondents. Thus, the result demonstrates that those who are more committed to their religion are more likely to underscore the relevance of medical practices. On the other hand, less religious people are keener to embrace a medical approach regarding health-related issues. The study corroborates the findings of (Dessio et al., 2004; Figueroa et al., 2006; Togonu-Bickersteth et al., 2019),which found a correlation between religion and healthcare behavior.

The mechanismspropelling Healthcare seeking behavior are complex. Thus, it requires a multidimensional approach that brings together all aspects related to motivation, intention, access, and utilization of the available health care. The current study confirms the effect of perceived religious belief on healthcare-seeking behavior. Thus, it indicates that people who are highly committed to religion are less frequently seeking healthcare and visit health facilities than people with low commitment to faith. However, the effect of type of religion was not always significant. This is also consistent with the frequent reporting of faith-based resilience to health conditions. Although, the study could not confirm the mechanisms through which commitment in a particular religion determines a person's resolve to lean on faith than utilize the health care system. It, however, provides insight into the decline in healthcare utilization when commitment to religion is high. This finding is at odds with the public health system's tenets that encourage seeking medical attention from healthcare facilities when the health is compromised.

Strength, weakness and future direction

The study provides support that faith-based preference interferes with the medically indicated treatment modalities. Hence, the public health implication of this outcome is that religiously committed people in the rural communities in Kogi state are less likely to seek treatment in health facilities, even when they have health problems. Thus, potentially predisposing them to further health complications. Perhaps, research investigating the association between RC and HSB in the Nigerian context remains scarce, hence the justification for the current study. Thus, the recent revelation could provide valuable data to the government and healthcare promotion agencies and organizations. However, this study is not without limitations. Perhaps, the respondent's self-reported commitment to religion and healthcare utilization could be subject to recall bias.

Conclusion:-

Research suggests that understanding the underlying correlates of health-seeking behavior is a pathway to appropriate utilization of health care services (Bourne, 2009).This study investigated the RC as a scarcely explored variable among the rural populace in Nigeria that could account for HSB variance. The study concludes that the RC is an essential determinant of HSB among rural dwellers. Perhaps, the study's assumption was affirmed. It is recommended that religious commitment be a concern for the health care providers in providing all-inclusive care for rural dwellers in Kogi state. Also, robust enlightenment programs are needed, especially among the rural dwellers, on the importance of utilizing the available healthcare facilities. Additionally, religious leaders and organizers should be contacted with the need to incorporate medical relevance in their teachings.

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