

**HEALTH SEEKING BEHAVIOUR AMONG THE PEOPLE OF THE AFRICA**

**GOSPEL CHURCH IN FRANCISTOWN**

**by**

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**FEBRUARY 2003**

## DECLARATION

I declare that ***Health seeking behaviour among the people of the Africa Gospel Church in Francistown*** is my own original work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references; and that this work has not been submitted for any other degree at any other institution.

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GOMOTSANG KGWATALALA

.....  
FEBRUARY 2003

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## **ABSTRACT**

### ***HEALTH SEEKING BEHAVIOUR AMONG THE PEOPLE OF THE AFRICA GOSPEL CHURCH IN FRANCISTOWN***

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This research was stimulated by an indication that members of the Africa Gospel Church do not utilise professional health care services optimally, probably due to religious reasons. This may also be the result of registered nurses' inability to render culture congruent care. To render culture congruent care, nurses require knowledge of the belief system and the health seeking behaviours of the church members.

The qualitative research investigated the religious beliefs and health seeking behaviours of members of the Africa Gospel Church in Francistown, Botswana. An exploratory ethnonursing research method was applied. Semi-structured interviews were held with two purposively selected samples. Qualitative data analysis was done using computer software to reduce data and interpret the research results.

The study indicated that members utilise the Church structure for health care purposes and seek health care mainly from priests and prophets. Members of the Church actively participate in rendering community and home-based care.

**Key Concepts**

Religion, culture, culture congruent care, health, illness, explanatory models of health and illness, health-seeking behaviour

## **OPSOMMING**

Die navorsing is gestimuleer deur 'n aanduiding dat lede van die Africa Gospel Church nie professionele gesondheidsdienste optimaal benut nie, moontlik vanweë religieuse redes. Onder-benutting van gesondheidsdienste kan ook voorkom as gevolg van 'n onvermoë, by verpleegkundiges, om kultureel kongruente sorg te lewer. Verpleegkundiges benodig kennis van die geloofstelsel van die Africa Gospel Church, en die gesondheidsoekende gedrag van die lede, om hulle in staat te stel om kultureel kongruente sorg te lewer. Hierdie kwalitatiewe navorsing is gemik op 'n ondersoek na die religieuse gelowe en gesondheidsoekende gedrag van lede van die Africa Gospel Church in Francistown, Botswana. 'n Verkennende ontwerp, wat die etnoverpleegkunde navorsingsmetode insluit, is toegepas. Semi-gestruktureerde onderhoude is gehou met twee doelgerig-geselekteerde steekproewe. Data-reduksie en interpretering van die navorsingsresultate is gedoen deur die toepassing van 'n kwalitatiewe data-analise metode en benutting van kwalitatiewe data-analise sagteware. Die navorsing dui aan dat lede van die Africa Gospel Church die kerkstrukture benut vir gesondheidsorg doeleindes en gesondheidsorg hoofsaaklik by priesters en profete verkry. Dit is gegrond in 'n geloof in die bonatuurlike veroorsaking van siekte, gekoppel aan streng kerklike voorskrifte ten opsigte van lewenstyl en gesondheidsorg. Lede van die kerk neem aktief deel in die verskaffing van gemeenskapsgebaseerde sorg en tuissorg.

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