

CHAPTER 5

RESEARCH RESULTS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In chapter one the nature of the problem, which forms the basis of the study, was presented, namely that there is limited knowledge among nurses about the beliefs of the members of the Africa Gospel Church and how these beliefs influence their health seeking behaviours. In Chapter two the literature review brought to light that health and illness are culturally defined and that various explanatory models for health and illness exist. Health seeking behaviours of people are influenced by their explanations of the causes of their illness and by their religious beliefs. In Chapter three the research design and method used to conduct this study were presented. An exploratory, qualitative research design, using the ethnonursing method, was used to address the research problem. The problem statement for this study was:

How do religious beliefs of members of the Africa Gospel Church, and their beliefs on health, illness and care guide their health seeking behaviour?

The research purpose was to improve nurses' knowledge of the religious beliefs surrounding health, illness and care and the associated health seeking behaviour of members of the Africa Gospel Church. The data that emerged from the interviews with the key and general informants were presented in chapter four. Several themes emerged from the data and they are discussed in section 5.2.

5.2 SUMMARY OF THE RESEARCH FINDINGS: MAJOR THEMES

Several themes emerged from the research findings and these themes are subsequently discussed below.

5.2.1 General characteristics and belief system of the Africa Gospel Church

The Africa Gospel Church's belief system is grounded in a belief in God as a provider of their daily needs. Members of the Africa Gospel Church have faith that this belief protects them from illness and injury.

The belief in the value of prayer, the practices of worship and prayer and the principles of self-control and self-responsibility contribute towards the health and welfare of members of the Africa Gospel Church and must therefore be preserved by health professionals, and incorporated into a health care strategy.

The lifestyle of the members of the Africa Gospel Church is based on the principles of worshipping through regular prayer and by observing the Sabbath. Their lifestyle is guided by the principles of peaceful living, forgiveness, self-control and self-responsibility.

Prayer is central to the belief system of the Africa Gospel Church. Informants stated that they pray for their daily needs, for protection against harm and for thanksgiving. They believe that health is promoted by leading a religious life, by praying and by following the religious prescriptions laid down by the Church. They believe that even witchcraft cannot affect them if they pray diligently and follow the church prescriptions. Health is also attributed to having self-respect, and by exercising self-control and self-responsibility.

In the event of illness members of the Africa Gospel Church pray for health and healing, and for forgiveness if they have utilised professional health services. It is this belief in the power of prayer that forms an integral part of health care decisions and practices. Intercessory prayer is used to pray for a sick person, and they believe that people are healed through these prayers.

A healthy person is considered to demonstrate physical and social integrity, as well as self-sufficiency. The principles of self-control and self-responsibility place the responsibility for health on the individual. Self-control is exercised by following the prescriptions of the church and by seeking assistance from a priest or prophet in the event of illness. This principle underlies preventative behaviour and the practice of self-care and could be utilised by health professionals in the interest of the members of the Africa Gospel Church.

It is imperative that health professionals understand the beliefs of the members of the Africa Gospel Church on the nature of illness. These beliefs ought to be considered when developing a culture congruent care strategy for the Africa Gospel Church and its members.

There is a distinction between normal and abnormal illnesses. Normal illnesses is caused by an intervention by God and these illnesses respond to the remedies prescribed by the Church. Abnormal illnesses are self-imposed and result from the acts and omissions of the sick person, or as a result of the effects of witchcraft or demons. These illnesses do not respond to the remedies prescribed by the Church.

The causes of illness are conceptualised in terms of the interventions by God, the effects of witchcraft and disequilibrium. The latter refers to internal disequilibrium within the body, and social disequilibrium. The latter includes, not only social disharmony, but also cultural change.

The apparent tendency of the Africa Gospel Church to dissuade its members from utilising the professional health care system and also the traditional health care system, is a point of contention. It may require negotiations between representatives of the health care system and of the Church, to allow its members to utilise the professional health system.

It appears as if the Africa Gospel Church strives to be self-sufficient in terms of health care, education and economic survival of its members. It is also apparent that utilisation of both the traditional and professional health care system is discouraged. This may negatively impact upon the health of its members, as they may be deprived of essential primary health care and curative care.

5.2.2 Conformity to religious prescriptions within a health context

It appears from the informants' inputs, that it is important for members of the Africa Gospel Church to comply with the prescriptions of the church. These prescriptions are in the form of norms and taboos.

Various religious prescriptions contribute towards maintaining optimal health and must therefore be preserved and utilised by health professionals.

The Church controls gender relationships. The practices of polygamy and endogamy promote social harmony, which implies a healthy environment to live in. It also serves to prevent promiscuity and the occurrence of sexually transmitted diseases. Polygamy serves to establish a system of social support that could be utilised by health professionals during health care delivery. Furthermore, norms and practices regarding selecting a marriage partner on moral grounds and giving the husband the responsibility to care for his wives serve to enhance the welfare of the Church's members. The same applies to fidelity.

Although in-depth data about prescriptions on nutrition have not been obtained the principle of healthy eating habits contributes towards a healthy lifestyle and this must therefore be preserved.

Taboos with regard to activities such as smoking, drinking and infidelity serve to protect the physical health of the members of the Africa Gospel Church, and promote social harmony. It is therefore in the interest of the members of the Africa Gospel Church that these taboos be maintained.

Various religious prescriptions may compromise optimal health and changes must therefore be negotiated with religious leaders of the Africa Gospel Church.

Members of the Africa Gospel Church are prohibited from using contraception and from making use of condoms. While this prohibition may be aimed at preaching abstinence, it may not be in the interest of the health of Church members who are sexually active. Condom use may lower the risk of contracting sexually transmitted diseases. Contraception may allow families to practice child spacing. It is therefore in the interest of members of the Africa Gospel Church that changes are negotiated between nurses and Church leaders. Health education on, not only abstinence, but also safe sexual practices will serve the interest of the members of the Africa Gospel Church.

The Church discourages its members from utilising professional health services or ingesting scientifically developed medications. The same is true for traditional health services and remedies. Especially the restrictions placed on professional health services may pose a health threat, as people may not receive preventative health care and serious health problems may only be detected at an advanced stage of a disease. With regard to measles, children with this disease may be unduly exposed to complications if the disease is not treated appropriately.

The church discourages its members to listen to the radio, except for listening to the news. It may be in the interest of members of the Africa Gospel Church to negotiate for relaxation of this taboo. The radio is a valuable medium for health education, especially in developing countries. Church members can therefore gain access to health information through this medium.

5.2.3 Health seeking behaviours within the context of religious beliefs on health illness and care

It emerged from the data that health care is sought from the priests of the Africa Gospel Church and from prophets. It also emerged that the community takes responsibility for caring for a sick person at home. Elderly women, presumably traditional birth attendants, handle pregnancy and labour. The main source of health care is therefore the Church itself. The Church also serves as a point of entry into the professional health care system, which is utilised selectively with the priest's permission. The Church could therefore become a potential point of referral if collaboration between the priests and health professionals can be established. It appears as if members of the Africa Gospel Church do not utilise the traditional health care system at all, as the Church forbids this.

Various health seeking behaviours and care practices support health promotion and should be preserved.

Care of the sick is based on the principles of love and comfort, which are compatible with the caring ethic of nursing and other health professions. The research results suggest that members of the Church are very conservative in their practices when faced with illness. When experiencing illness, the sick person goes to a priest in the quest for restoring health. He or she may be referred to a prophet. This is in accordance with their belief that illness is caused by supernatural forces such as God or the actions of witches.

The role of the priest or prophet is to pray for the sick person and laying of hands, to exorcise demons or foreign bodies placed in the body by a witch, and to perform minor surgical interventions such as incising minor wounds that resemble abscesses. This health seeking behaviour and these care practices could be preserved and utilised by health professionals in an effort to render culture congruent care to members of the Africa Gospel Church. The cooperation of the priest and prophet in health care delivery can be secured through the practice of prayer and through allowing them to continue to render basic primary health care. The practice of referring health problems such as fractures, eye problems, dental problems, serious injuries and unusual sores to health professionals, is also supportive of health and should be encouraged.

It is customary that older women, and even men, render health care at the home of the sick person or the priest's home. They mainly assist the sick with activities of daily living, specifically nutrition and hygiene. This practice supports the principles of community-based care and self-care. Furthermore, it provides the sick person with a sense of social support, which is important to enhance his or her well-being.

Various health seeking behaviours and care practices would support health promotion if some changes could be negotiated.

Professional health care is used selectively to treat illness. Illness is diagnosed through divination, objective assessment and subjective assessment. During the process of divination, the priest or prophet acts as an intermediary between the sick person and supernatural forces. The data suggests that a distinction is made between normal and abnormal illnesses. A normal illness comes from God and readily responds to treatment and prayers. A person is the cause of abnormal illness through his own actions or omissions. Alternatively, abnormal illnesses are believed to result from the effects of witchcraft or demons.

Abnormal illness is recognised on the basis of not responding to prayer and traditional interventions performed by the priest or prophet. It is also caused by witchcraft. A minor symptom such as a headache, which is considered to be an abnormal illness only after traditional interventions have failed, may be indicative of a serious health problem. For instance, headaches may be an indication of life threatening conditions like hypertension or brain tumours. The sick person may be at risk of developing serious complications as result of failing to undergo treatment for the underlying disease. It is therefore necessary to negotiate, with priests and prophets, that persons with identified symptoms such as headaches be treated according to traditional practices, but that they must also be referred immediately to the professional health care system for medical diagnosis and treatment. It may also be necessary to further develop their assessment skills to support their abilities to identify health problems that require prompt referral to the professional health system. The same applies to referring pregnant women for professional antenatal care. At present only women who experience difficult labour and delivery are referred to the hospital. Similarly, priests and prophets could be convinced that it is in the interest of newborn babies, who are taken to the hospital for the sole purpose of getting a card to be used for the child's birth registration, to also receive professional child health care.

It would be in the interest of culture congruent care to preserve the practice of performing cleansing prayers if professional health care services have been utilised.

Some health seeking behaviours and care practices require restructuring in order to promote health.

The Africa Gospel Church prohibits its members to use scientifically developed medication.

This may be based on the belief that God will protect His followers from adversity, and that this protection can be secured through prayer and obedience.

Many health problems require the use of medicinal preparations, either for prevention or treatment purposes. Failure to make use of medication may negatively impact upon the health of the members of the Africa Gospel Church.

The nature and effects of the practice to remove a worm from the throat of a sick person, or to remove teeth from his or her feet and snakes from his or her body are unclear. These issues have to be investigated further in order to determine what the consequences are for the health of the sick person.

5.3 CONCLUSION

The health seeking behaviour of members of the Africa Gospel Church is influenced by the Church's prescriptions. It is apparent that the Africa Gospel Church dissuades its members from utilising both the professional health care system and the traditional health care system. The professional health care system is utilised selectively, and only with the permission of the priest. Cleansing prayers are performed after a Church member has visited the professional health care system. Members of the Gospel Church therefore appear to regard primary health care, which is preventive and promotive care, as unnecessary.

Health is conceptualised in terms of physical, spiritual, psychological and social well-being. A healthy individual is also able to perform his or her tasks independently. The principles of self-control and self-responsibility underlie the strategies of members of the Africa Gospel Church to maintain optimal health. Optimal health is maintained by leading a religious lifestyle and adhering to the church's prescriptions.

The members of the Africa Gospel Church believe that illness is caused by God's intervention, which may result from breaching taboos and an individual's failure to pray. Illness is also attributed to bewitchment and bad spirits.

This may be coupled with impaired social relationships, as a person can activate a demon or bad spirit to do another person harm. This magico-religious or supernatural explanation of illness underlies the health seeking behaviour of members of the Africa Gospel Church. Members of the Africa Gospel Church rely on the Church for health care. A priest or prophet is responsible for diagnosing an illness and rendering health care. An element of divination is present during diagnosis, but some form of objective and subjective assessment is also performed. Health care rendered by the priest or prophet entails praying for the sick person, exorcising demons and performing minor surgical incisions. The sick person is mainly cared for at home and there is evidence of community involvement in meeting the needs related to activities of daily living.

Informants linked illness to cultural change and impaired physical equilibrium. However, it is not clear how these beliefs influence their health seeking behaviour.

It is therefore concluded that the belief in supernatural causation of illness, coupled with strict prescriptions with regard to lifestyle and health care result in health seeking behaviour that is characterised by utilisation of the Church structure and seeking health care mainly from priests and prophets. Members of the Africa Gospel Church actively participate in rendering community-based and home-based care. Various health care practices are supportive of health and should be preserved. Both the priests or prophets and Church members who care for the sick are potential collaborators in rendering primary health care. Members of the Africa Gospel Church can be incorporated into the professional health care system by involving both the priests or prophets and relevant church members in primary health care.

This can be effected by providing primary health care training and by involving them as partners in primary health care delivery, which is essentially community-based care.

The health seeking behaviour of the members of the Africa Gospel Church must be viewed within the context of the Church as a sect. A sect is a small group which has broken away from a larger group because it believes that the latter no longer proclaims the “true religion”. The sect is therefore inimical towards well-established religious groups such as the ecclesia (church) and the denomination but also towards other sects. The sect justifies its attitude by insisting that all religious interpretations other than its own are wrong. Only the sect possesses the truth. Membership of the sect is acquired by voluntary conversion as opposed to the denomination’s usual custom of membership by birth. The sect sees itself as the community of the saved and therefore in terms of their own self-image, sect members are the religious elite. A sect originates from the doings of people whose religious needs are not being fulfilled by other religious groups whether denominations or ecclesiae in their society. These disenchanted people break away to form new convictions of faith in order to give a new form of expression to their religious insights. Consequently sects tend to arise among socially marginalised people.

A sect is less highly organised than a denomination and the prophetic role of one or more leaders is particularly prominent.

The sect rejects the established order of both the secular and sacral worlds and is in conflict with both the denomination and the secular world in which the latter flourishes. Two options then remain for the sect.

Its members can either withdraw from the 'evil world' or they can remain within the larger society and attempt to initiate social change. A sect starts out as a community of dedicated people who are engaged in conflict with the world. But this attitude is hard to maintain in the long run, and eventually the sect begins to accept more and more inputs from the surrounding society. Eventually the sect changes into a denomination. This process gives us a very clear example of the kind of religious change that can occur in a community. Sometimes the transition occurs after the death of a charismatic founder. The new successors then need to administer a fast-growing administration and in the process an authoritative institution is created to replace the charismatic founder (Lubbe 1997:9-10).

5.4 CONTRIBUTION OF THE STUDY

This study contributed to the body of nursing knowledge based on the information about the health seeking behaviours of members of the Africa Gospel Church who participated in the study. Recent knowledge has been generated about their religious beliefs and beliefs relating to health, illness and care. Their health seeking behaviours have also been described. The research results could assist health professionals in developing a culture congruent health care strategy to secure optimal utilisation of professional health services by members of the Africa Gospel Church. This should be done in collaboration with both the Church leaders and members of the Africa Gospel Church.

5.5 LIMITATIONS OF THE STUDY.

Although an ethnonursing study requires the researcher to live with the informants for an extended period, it was not possible for the researcher to do so. This was due to work commitments and the fact that members of the Africa Gospel Church are scattered throughout the city.

This made it difficult for the researcher to observe care practices such as incisions and drainage of wounds or home deliveries. Participant observations could have elicited data not divulged by the informants.

The fact that the researcher did not interview nurses is also a limitation as this may have shed light on their perspectives on health-seeking behaviours of members of the Africa Gospel Church.

5.6 RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made to overcome the problem of lack of knowledge amongst nurses, about the beliefs and practices of the members of the Africa Gospel Church on health, illness, and their health seeking behaviours. The recommendations are also aimed at overcoming the problem of under-utilisation of professional health services by members of the Africa Gospel Church.

5.6.1 Recommendations for clinical practice

It is recommended that health professionals, including nurses, secure the cooperation of the leaders of the Africa Gospel Church to develop a culture congruent health care strategy that would motivate Church members to optimally utilise professional health services, complementary to those services provided by the Church.

It is recommended that a primary health care course aimed at Church leaders, specifically priests, be developed and implemented. Emphasis should be placed on the issues of health assessment and referrals.

It is recommended that Church leaders, specifically priests, be involved in developing and implementing care plans for the sick.

It is also recommended that Church leaders, specifically priests, be involved in developing and implementing health education programmes. Rendering culture congruent health education may be achieved by teaching content that is appropriate and congruent to the teachings and prescriptions of the Church. This is important, considering the research findings that suggest that the Africa Gospel Church takes exception to their children being taught about prevention of pregnancy and use of condoms since they are not expected to indulge in these activities before marriage. Culture congruent health education would require that the youth be taught about abstinence. This would enable the Church to preserve its culture in preventing premarital sex among its members, which would predispose them to sexually transmitted disease and unwanted pregnancy. It is also important that health professionals should be sensitive to the fact that the Church forbids the use of medicine of any kind when developing health education content in this regard. A strategy to promote use of medication to benefit the members of the Africa Gospel Church, without alienating the Church leaders and members, needs to be devised.

It is recommended that those persons who currently render home-based care to the sick be awarded an opportunity to attend basic primary health care training. This would enable them to become partners in a culture congruent care strategy.

5.6.2 Recommendations for education

It is recommended that a course in anthropology be included in the curriculum for training health professionals. This course must include information about various cultures, and specifically religions that exist in Botswana. This will assist the nurse to be culturally aware and sensitive when working with people of different cultures. The course should include content on culture and its relationship to health, as well as the relationship between religion and health. Content should also include the topic of explanatory models of health and illness.

A course in transcultural nursing should be included in the nursing curriculum, to enable nurses to understand the importance of respecting the care beliefs and practices of cultures that are different from their own and to promote culture congruent care. Learners must be taught cultural assessments and the principles of culture congruent care. Learners' competence in judgement, decision-making and actions with regard to cultural care preservation/maintenance, cultural care accommodation/negotiation, and cultural care repatterning/restructuring ought to be developed.

In-service education programmes aimed at registered nurses should reinforce their abilities in the assessment of the cultural characteristics, and religious beliefs and practices of the different cultures in Botswana, especially of members of the Africa Gospel Church.

5.6.3 Recommendations for further research

More in-depth research should be done to investigate the care practices that were mentioned by informants during this study. Data collection should be by means of participant observations. These include carrying out participant observations aimed at investigating the roles and care practices of priests, prophets and community members.

Further research is needed to investigate how church members identify illnesses that require care by health professionals and those that do not. More in-depth knowledge is required about the distinction between normal and abnormal illnesses and management of these categories of illness.

5.7 SUMMARY

This qualitative ethnonursing research study was conducted among the members of the Africa Gospel church in Francistown, Botswana.

The research findings suggest that the health seeking behaviour of the members of the Africa Gospel Church is mainly characterised by utilisation of the Church structure, although the professional health care system is selectively utilised with the permission of the priest. Priests, prophets and community members actively participate in rendering community-based and home-based care. Various health care practices are supportive of health and should be preserved. It is however necessary to negotiate changes to some practices that may compromise the health of the members of the Church. Both the priests or prophets and Church members who care for the sick are potential collaborators in rendering primary health care. This can be achieved by providing primary health care training and by involving them as partners in primary health care delivery, which is essentially community-based care.

