

# Choice of Healthcare Services and Religious Affiliation: A Case Study of the Apostolic Church and Brotherhood of the Cross and Star, Calabar, Nigeria

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**Abstract:** Proliferation of Faith-based clinics is giving a new dimension to health care services in Nigeria. Some religious organizations combine their spiritual healing with Orthodox medicine while others reject Orthodox medicine completely. This study examines two religious groups; The Apostolic Church (TAC) and Brotherhood of the Cross and Star (BCS) in Calabar South, Nigeria. An overview of the Profile of the church is presented here with highlights of their key beliefs in health and healing. The relationship between religious affiliation and choice of healthcare services is looked at with an aim to ascertain their preferred choice of health care and level of utilization of orthodox healthcare services. Action Theory was adopted as the working theory for this study. Gathering of data was done using the survey method with interview schedule. Findings show that members of BCS and TAC combine prayers with Orthodox healthcare services but BCS members use Orthodox healthcare services more for surgical cases. Respondents from both churches visit Chemist shops more than they attend hospitals. Further findings show that members from both churches use Orthodox healthcare services more for their children. TAC members use orthodox healthcare services more than BCS members. Recommendations made include increased sensitization of church members on the benefits of orthodox Healthcare services. Improved supervision of Chemist shops by registered Pharmacists to ensure the safety of users is also recommended.

**Key Words:** Healthcare, Orthodox, Religious affiliation, Utilization

## I. INTRODUCTION

Health and healthcare services are important component of development. They represent the wealth of every nation. A sick nation is bound to remain undeveloped. This is because sick people are not productive and cannot contribute to the development of the community and the nation. As a result, resources that would have been gainfully engaged in nation building will be diverted into addressing health care problems or pandemic of some sort. This is why different government make concerted effort to ensure that community members have access to good healthcare services. Different nations under the auspices of World Health Organizations seek effective solution to all disease conditions of all humans in

order to protect human race from being extinct by deadly diseases.

A commendable effort of World Health Organization (WHO) which marked the genesis of the Primary Health Care is the Alma Ata declaration. The declaration states that:

- i. Health is a fundamental human right and that health involves “a state of complete physical, mental and social wellbeing”.
- ii. Health would be made available to the people based on the principles of equity and justice.
- iii. Planning and implementation of health care would involve the participation of all the people, individually and collectively.

The Alma Ata declaration further added that the slogan “Health is wealth” implies that health is related to all aspects of national and community development such as promotion of food supply and proper nutrition, adequate supply of water and basic sanitation, accessibility of all individuals and families to cheap, socially acceptable methods and technology which are scientifically sound (Bernatas, 2010).

Universally, scientific medicine is the core of modern healthcare services. A lot of successes have been recorded in modern healthcare practice. Scientific medicines have helped in curtailing many health problems like epidemics, surgery and hitherto incurable diseases (Mukhtar, 2021; Singh, 2010). However, adequate attention has not been given to the interplay between modern healthcare and alternative healthcare services like religious (faith based healing) and traditional medicine. Faith based healing and traditional medicine have continued to develop alongside orthodox medicine. Some elements of alternative approaches in healthcare such as the faith based healing have gradually taken root in modern times.

Faith based healing and other alternative health care services are steadily on the increase in recent times. A lot more people are turning to it for their health needs in Nigeria because of their belief in the supernatural causes of disease (Swihart, 2021; Adventhealth, 2020; Babalola, & Fatusi,

2009; Benjamin & Brown, 2004; Chukwuani, 1990). In spite of the successes of Modern Health care, it is surprising that a significant number of people are involved in some form of spiritual practices and may not go to hospitals (Borges, et al 2021; Oluwabamide, & Umoh, 2011; Babalola, & Fatusi, 2009; Addai, 2000). This scenario can be interpreted by a myriad of factors. It is against this backdrop that this study seeks to examine the influence of religious affiliation on utilization of Orthodox Medicine in Calabar South Local Government Area in Cross River State. To this end, two Christian Denominations, Brotherhood of the Cross and Star (BCS) and The Apostolic Church (TAC) were examined.

## II. STATEMENT OF PROBLEM

The choice of a place of treatment by individuals depends on a complicated mixture of social, cultural, psychological and religious influences (Borges, et al 2021; Adventhealth, 2020; Osubor, Fatusi, & Chiwuzie, 2006). Studies have shown that the use of modern health care services is sometimes influenced by individual perceptions of the efficacy of modern healthcare services and religious beliefs (Swihart, 2021; Oluwabamide, & Umoh, 2011; Babalola, & Fatusi, 2009; Benjamins, 2005). This therefore means that some people may not be utilizing orthodox medical services because of their religious beliefs while others may utilize it because their religious affiliation encourages them to do so or because they personally believe it is good to use orthodox healthcare services (Gazali, Muktar, Mahamoud, 2012).

Increasing incidences of people dying in churches as a result of ill health has raised more questions than answers (Osubor, Fatusi, & Chiwuzie, 2006). Some of such people were adamant in their refusal to utilize modern health care services while some were kept in churches against their wish (Babalola, & Fatusi, 2009; Benjamins, 2005). Some churches members do go to hospitals for treatment while some members seem to turn to their religious beliefs for spiritual or divine healing (Salami & Onuegbu, 2019; Peparah, Gyasi, Kotel, 2018). It is against this backdrop that this study seeks to assess the influence of the religious beliefs of The Apostolic Church (TAC) and Brotherhood of the Cross and Star (BCS) on members' choice of healthcare services.

## III. RESEARCH QUESTIONS

This study was guided by the following questions:

1. Does religious affiliation influence members' choice of Healthcare Services?
2. Do members of The Apostolic Church use Orthodox Healthcare Services more than members of Brotherhood of the Cross and Star?

## IV. OBJECTIVES

The main Objective of this study is to assess the influence of religious affiliation on members' choice of Health Care Services. The specific objectives of this study are as follows;

- i) To establish the relationship between religious affiliation and choice of health care services.
- ii) To ascertain the level of utilization of Orthodox Health Care Services between members of The Apostolic Church and Members of Brotherhood of the Cross and Star.

## V. STATEMENT OF HYPOTHESES

In view of the above objectives, two research hypotheses were formulated as follows;

1. There is no significant relationship between religious affiliation and choice of healthcare services
2. Members of The Apostolic Church use Orthodox Health care services more than members of Brotherhood of the Cross and Star.

## VI. SIGNIFICANCE OF THE STUDY

This study is a timely academic effort to provide useful data on the discourse of influence of religious affiliation on choice of Healthcare services. Findings from this study will be useful in addressing the problem of poor utilization of orthodox Healthcare Services by different religious affiliates. This study will also be a useful reference material in drafting a healthcare programme where a synergy between Orthodox Health Care Services and Faith based organizations can be achieved.

## VII. SCOPE OF THE STUDY

This work is a systematic study primarily concerned with examining the relationship between two sets of variables:

- i. Choice of healthcare services as dependent variables and religious affiliation as independent variable
- ii. Level of utilization as dependent variable and church affiliation as independent variable

## VIII. THEORETICAL FRAMEWORK

### *Social Action Theory*

Theoretical perspective used for this paper is the Social Action Theory. This perspective examines smaller groups within society. It is concerned with the subjective state of individuals. It sees society as a product of human activity (Bryant, 2013; Haralambos & Holborn 2008), Social Action theory states that people's behaviour and life chances are not determined by their social background (Thompson, 2016). They explain that interactions between people shape their personal identity and their view about the wider society. This therefore means that Individual motives for acting is an important lead in understanding human actions. Thompson, (2016) notes that some of the key assumptions of Social Action Theory as proposed by Max Werber under the Verstehen model include; (i) that an emphatic understanding of human actions is more important than just an observation (ii) Understanding individual motives is very vital for understanding changes to the social structure as shown in the Protestant Ethics and the Spirit of Capitalism.

Social Action theory is a suitable theory for this study because it emphasizes the importance of getting an understanding of the motives behind human actions. This theory therefore strengthens the need to identify the factors influencing members' choice of health care services and level of utilization of Orthodox Healthcare Services. As social interactions between people play a key role in shaping their identity and world view, it is imperative to examine the influence of church affiliations on members' use or non-use of orthodox healthcare services.

Actions and motives vary depending on the context, the goal, the means and the ends. Werber distinguishes four types of Social Actions as follows (Priya, 2013);

- i. Rational–Purposeful Action – here action entails a complicated plurality of means and ends. The ends of action are taken as means to the fulfillment of other ends. Action is accepted to be meaningful if it is goal oriented.
- ii. Value–Rational Action – Individual's actions are said to be value rational if they make commitment to certain subjective goals and adopt means that are useful in attaining these ends.
- iii. Alternate Action - Here, means and ends are fused together so that action becomes emotional and impulsive. The actor cannot make calm, dispassionate evaluation of the relationship between the ends of action and the means of action.
- iv. Traditional Action – This action takes place when ends and the means of action are fixed by custom and traditions. Actions here are guided by customs using standing beliefs.

The above classification gives a clearer guide in understanding people's actions.

It helps us to look at the why of individual's actions. It also helps to bring out the goals and beliefs associated with any action. These questions lead us to the teachings of the church about health and healing. Social Action Theory will help us to understand some of the dynamics that relate to religious affiliation and choice of healthcare services.

#### IX. RELIGIOUS GROUPS IN NIGERIA

Different religious groups exist in Nigeria. They help to accentuate regional and ethnic distinctions in the country (Family Search, 2019). Religious groups represented in Nigeria are practiced in almost every major city of the country but the spread and dominance of these groups in the cities are not the same. Islam dominates the north with a number of supporters in the South Western region of the country (Varrella, 2021; Pew Research 2010). Nigeria has the largest Muslim population in sub-Saharan Africa (Nations Encyclopedia, 2019). Protestantism and local Syncretic Christianity are also in evidence in western region of Nigeria, while Catholicism dominates the Igbo and closely related areas. Both Protestantism and Catholicism also dominates in the Ibibio, Annang, and Efik land.

In a study by Pew Research, (2010), it was noted that 53 percent of Nigeria Population are Muslims, 45.9 percent are Christians while 0.6 percent practice traditional religion or are not affiliated to any religious groups. Within the percentage that make up Christians, 74 percent are protestants, 25 percent are Catholics and 1 percent belong to other Christian denominations including a small orthodox Christian community.

There are over 300,000 early Pentecostal and Apostolic Church parishes in Nigeria having about 4.2 million adherents (Varrella, 2021; Nations Encyclopedia, 2019). These denominations include:

1. The Christ Apostolic Church,
2. The Apostolic Church,
3. The Celestial Church,
4. The Cherubim and Seraphim Church
5. Brotherhood of the Cross and Star.

There are also about 380,000 New Apostolic Church parishes constituting about 6.5 million believers. These include: The Redeemed Christian Church, Deeper Life Church, Overcomers' Ministries and other new springs. Invariably, Protestantism particularly the Pentecostals, Apostolic and Evangelicals constitute the major Christian population of Nigeria from the late 1990s to the present (Varrella, 2021).

#### X. RELIGION AND CHOICE OF HEALTH CARE SERVICES

The relationship between religion and utilization of health care services have taken center stage in recent academic discourse. Studies have shown that religion is associated with numerous health care related factors, such as the use of physician services, hospital visits, and even dental services (Swihart, 2021; Umar (2017); Benjamin, 2005; Koenig, McCullough, & Larson, 2001; Schiller and Levin, 1988). Significant differences in preventive service utilization by religious denomination and religious service attendance have also been identified. A study examined the influence of religious salience and denomination on six different types of preventive services for U.S. adults over 70 years of age (Benjamin and Brown, 2004). The results showed that individuals within this age group who report high levels of religious salience were more likely to use flu shots, cholesterol screening, Pap smears, and prostate screenings compared to those with lower levels of religious salience. Similarly, compared to non-affiliated individuals, those claiming membership in some religious organization were more likely to report the use of all of the preventive services listed earlier, as well as breast exams and mammograms. Among the denominations included in the study, Judaism was most significantly associated with increased preventive healthcare service utilization (Benjamin & Brown, 2004)

This research further noted that Religion is an important social factor to consider, especially in the United States where 92 percent of adults identify with a specific

religious preference. Even more notable is the fact that approximately 60 percent of adults say that religion is a very important part of their lives (Swihart, 2021; AdventHealth, 2020; Umar, 2017; Gallup Organization, 2004; Princeton Religion Research Center, 1994). Religious attendance rates have been steady over the past 50 years with 40 percent of individuals reporting that they attend religious services weekly. Participation in private religious activities is common as well, with nearly 90 percent of individuals reporting that they pray. Almost half of this group report that they have watched religious programs on television.

Some studies have indicated that religion is negatively associated with the use of some Maternal health care services (MHCS) but it shows no significant difference for others. A study in Bangladesh found that utilization of Skilled Birth Attendants (SBA) was relatively higher among non-Muslim women than among Muslims (Kamal, 2009). This study however did not find a significant association between these variables for the use of Antenatal care (ANC) and institutional delivery. Similarly, a lower propensity for the use of Skilled birth attendant (SBA) and Postnatal care (PNC) was found in women in northern Nigeria, who are predominantly Muslim, compared to those in the southern part of the country who are mostly of the Christian faith (Babalola & Fatusi, 2009; Kamal, (2009); Nwakoby, 1994). However, no significant difference was found in the use of ANC. Studies in Ethiopia and Ghana also showed similar results (Ethiopian Gazette 2021; Ethiopian Society of Population Studies 2008; Gyimah, Takyi & Addai, 2006; Addai, 2000).

Impact of religion in determining MHCS utilization lies in the fact that it plays a significant role in shaping beliefs, norms and values including those that relate to childbirth and use of healthcare services. For example, it is argued that Islamic injunctions which encourage male domination constrain women's power and autonomy which could limit the ability to make important decisions and also restrict movement (Gazali, Muktar, & Mahamoud, (2012); Ghuman, 2003). This could prevent women from attending antenatal clinics and could cause delays in seeking medical attention in the event of any complications.

Religion performs important functions in every human society. Such functions, which may be exclusive to religion, are vital for the survival and continuity of all societies. Firstly, religion makes the world comprehensible to man (Ethiopian Gazette, 2021; Peprah, Gyasi, & Kotel, 2018; Koenig, McCullough, & Larson, 2001). There are many unexplained aspects of man's life which religion attempts to explain. Secondly, religion acts as a social control mechanism. It provides a foundation for societal norms and values. Thus, religious sanctions are sought for certain desirable patterns of behavior to persist in society in the form of norms. Thirdly, religion is a major force for personal and societal change and stability (Umar (2017); Gazali et al (2012); Oluwabamide, & Umoh (2011). Religion can also console man and give him strength in times of personal difficulty or national crises and it

can inspire us to bring about change both in society and in ourselves. Fourthly, religious ceremonies help reaffirm group togetherness and provide outlets for other emotional expressions. Tenets and practices of religious groups tend to provide succor to the emotionally wearied and materially poor.

## XI. BROTHERHOOD OF THE CROSS AND STAR

### *Origin*

In a publication on the BCS website it is noted that since His Physical Manifestation on 30th December, 1918, in a little town of Biakpan, Cross River State in Nigeria, Leader Olumba Olumba Obu became an energetic and a propelling force behind the proliferation of the brotherhood of the Cross and Star - The New Kingdom of God. At the early stage, young Olumba combined his trading activities with evangelism. He went round preaching, teaching and healing people. He moved from house to house, preaching to people about the need for the brotherhood of man (BCS, 2021; Pulse, 2020). To some, he would simply pray while others he would heal their infirmity. The needy were not left out in his ministry. He gave them money to assist them in their daily upkeep (BCS, 2015). This great way of evangelism attracted an enviable number of followers and set a terrific pace for the gathering of large crowd of people seeking his prayers and blessings. As a result of this, he was called "**Owo Abasi**" in Efik dialect (meaning "**man of God**"); others called him '**Owo emem**' (meaning "**man of peace**").

At about the age of 26 he embarked upon his full time ministry. In less than no time he acquired tremendous local reputation as a spiritual teacher and above all a healer, the healing done simply by praying. The residents of 8 Eton Street, Calabar (Where Leader Olumba resided) then requested that the prayers be conducted by the Leader in the midst of all the family members (BCS, 2021; Pulse, 2020; BCS, 2015). Leader Olumba heeded this request and the next prayer was conducted by the leader in the presence of all those who resided at No. 8 Eton Street, Calabar. Thus this marked the first Brotherhood of the Cross and Star congregation. This spectacular spiritual feast spread far and wide like wild fire and many people started to come to No. 8 Eton Street to participate in these activities. The overwhelming influx of people into No. 8 Eton Street necessitated a search for and the subsequent acquisition of a bigger accommodation.

### *Profile*

Brotherhood of the Cross and Star is a Spiritual Movement which firmly believes in, and practices the teachings of Our Lord Jesus Christ. Her world headquarters is situated at No. 34 Ambo Street, Calabar, in Cross River State, of Nigeria, in West Africa. The movement was incorporated in 1956 under the perpetual succession Act caption 98 of the Federal Republic of Nigeria and presented a certificate of incorporation on 25th March, 1964 (BCS, 2021; Pulse, 2020). Brotherhood of the Cross and Star is the proverbial Biblical mustard seed, whose insignificant genesis has experienced a

tremendous evolutions into a giant tree, which is made possible by the charismatic personality, purposefulness, consistency and truthful consistency of its founder, Leader Olumba Olumba Obu. This enviable growth is seen in the spread of her branches to almost all West African countries and Nations like France, Israel, India, Trinidad and Tobago, South Africa, Germany, United State, United Kingdom and Australia.

Brotherhood of the cross and star, as noted in the church profile, is not a church, but **“Christ Universal Spiritual School of Practical Christianity”** (BCS, 2021; Pulse, 2020). The name “Brotherhood” means Love, Truth, Good manner, mercy, patience, humility, meekness, unity as well as oneness of God’s Creations.

### *Medicine*

The early teachings of BCS did not have any regard for orthodox medicines. Members did not believe in medicine of any form and so did not swallow, drink, inject or rub medicine of any type. BCS members believe in faith healing through the power of the spoken word, confession of sins, spiritual songs, power of the spoken words, prayers, fasting, going on ministry work, or the mere blessing of water and drinking and/or calling on the new name of God, as the only and the most effective cure with no after effect (BCS, 2021; Pulse, 2020). It is against this backdrop that this studies seeks to examine the health seeking behavior of members in recent times. This is with an aim to ascertain how the teachings of the church affect members’ choice of health care services and their level of utilization of orthodox healthcare services.

## XII. THE APOSTOLIC CHURCH

### *Origin*

The Apostolic Church has its humble beginning from the western missionaries. Its denominational name was adopted in 1916 in the United Kingdom by the body of believers who were led by God, subsequent to the Welsh Revival of 1904-05, into the truth of the Principles and Practices of the early Apostolic Church as contained in the Acts of the Apostles in the New Testament (TAC, 2020). In 1918 during the period of the Influenza epidemic in Nigeria, some Christian brethren began to practice divine healing as a result of which they had to withdraw from their denomination and from the “Diamond Society” due to the persecution from those who did not believe in divine healing. In 1921, the “Diamond Society” became associated with the “Faith Tabernacle Congregation” of Philadelphia, USA because they also believed in divine healing, confessing and forsaking sins, paying tithes and offerings, baptizing by immersion, opposed to divorce/re-marriage and other similar scriptural teachings. They did not, however, believe in the baptism of the Holy Spirit with signs following (TAC, 2020).

A great revival started in the churches on June 10, 1930 in Ilesha, Nigeria, West Africa. There was fellowship with the “Faith Tabernacle Congregation” and much

persecution resulted. This revival was led by the late Evangelist Joseph Babalola. Appeals for help to the leaders in Philadelphia went unheeded (TAC, 2020). Correspondence had, however, been exchanged with the headquarters of The Apostolic Church in the British Isles and now an appeal was made to that body for assistance. In response to the invitation three Missionary delegates arrived in Lagos, Nigeria on September 23 1931. They were the late Pastors D.P. Williams (President); A. Turnbull (Vice-President), and W.J. Williams (International Prophet). God richly blessed their ministry and after an exchange of views on doctrinal matters and other fundamental scriptural truths the Leaders of the Father Tabernacle Congregation of Nigeria unanimously decided to affiliate with The Apostolic Church of Great Britain and adopted The Apostolic Church as a denominational name together with its principles and practices (TAC, 2020).

One great factor that contributed to the growth of the Church in Nigeria is the belief and acceptance of the Ministry of Apostleship and the Voice of the Lord through Prophetic Ministry. The Church has passed through turbulent times, particularly in 1931, 1940, and 1952; but the Voice of the Lord has kept the Church on till today (TAC, 2020). God has raised up many faithful Nigerian Apostles, Prophets, Evangelists, Pastors and Teachers who have served God and in sincere cooperation with the many dedicated Missionaries from Overseas have been used to spread the Gospel to every part of Nigeria and other countries in West Africa.

The Apostolic Church in Nigeria is administered as a single entity by the National Council of the Apostolic Church Nigeria with the late Pastor E. E. Okon as the then first indigenous National President. The field work is organized in five sections: The Lagos and Western/Northern Areas Territory (LAWNA); Cross River State Field; the Igbo Field; the Maritime Field; and the Akwa Ibom Field (TAC, 2020). As noted in the church profile, The Apostolic Church is a thoroughly scriptural, and spiritually healthy indigenous fellowship bounded together with an unbreakable cord of love, which fellowship has made and will yet make a very great contribution to the progress of God’s work in Nigeria. As the work progressed, in line with the provisions of The Apostolic Church Constitution, The Apostolic Church in Nigeria became an autonomous body in 1983 but continues in cooperation and exchange of spiritual experience with The Apostolic Church in the United Kingdom. The Apostolic Church Glorious Vision, USA is a Field of The Apostolic Church, Nigeria.

### *Statement of Faith*

The Bible is the infallible Word of God, inspired by the Holy Spirit, and contains every answer to man's problems (TAC, 2020; BP-Relate, 2016).

### *Healing*

An excerpt from the Church Profile (TAC, 2020) shows that the church believes in divine healing through prayers and commitment to God:

*In 1918 during the period of the Influenza epidemic in Nigeria, certain brethren began to practice divine healing as a result of which they had to withdraw from their denomination and from the "Diamond Society" due to the persecution from those who did not believe in divine healing.*

This gives credence to the fact that The Apostolic Church believes strongly in divine healing through prayers and fasting. Divine healing represents their strong foundation but how this tenet affects the health seeking behavior of members in recent times indicates the entry point of this study.

### XIII. RESEARCH MATERIALS AND METHODS

**Population and Sample Size** - The study population was made up of members of The Apostolic Church and Brotherhood of the Cross and Star in Calabar South. A total of one hundred and thirty respondents were interviewed from the two churches (65 respondents from each church).

**Sampling Techniques** - The research technique employed in this study is the *Convenience Sampling Technique*. All available members in each church were interviewed until the required number of respondents was obtained.

**Instrument Validity and Reliability** - The questionnaire was validated and tested for reliability using a test retest method,

**Data Collection** - For purpose of data collection, researcher with the help of six trained research assistants distributed the structured questionnaire to the respondents. The questionnaire was collated and scored by the data obtained from the respondents.

**Data Analysis** - Data were analyzed using inferential (deductive) statistics of frequency counts and simple percentages

### XIV. RESULT

Table 1 - Distribution of Respondents by Gender in Each Church

	Number	
	BCS	TAC
Male	45(69%)	40(62%)
Female	20(31%)	25(38%)
<b>Total</b>	<b>65</b>	<b>65</b>

Source: Field Survey (2021)

As a result of the Convenience Sampling Technique used respondents were not evenly distributed between male and females.

Table 2. Distribution of Respondents by Age in TAC

15-25	26-35	36-45	46-55	56-65	66-75	TOTAL
7	18	22	10	8		65

Source: Field Survey (2021)

A significant number of respondents in TAC were aged between 25-45 years which represent an active youth population.

Table 3. Distribution of Respondents by Age in BCS

15-25	26-35	36-45	46-55	56-65	66-75	TOTAL
15	17	15	10	4	4	65

Source: Field Survey (2021)

Table 3 shows that respondents were almost evenly distributed between the age bracket of 15-55 years in BCS which also captures the youth population and early adulthood.

Table 4. Distribution of Respondents by Marital Status in Each Church

Marital Status	Number of Respondents	
	TAC	BCS
Single	18(27%)	24(36%)
Married	27(41%)	29(44%)
Widow/widower	10(15%)	-
Divorced	4 (6.1%)	8(12%)
Separated	4(6.1%)	4(6.1)
<b>Total</b>	<b>65</b>	<b>65</b>

Source: Field Survey (2021)

Table 4 shows that significant number of respondents in TAC and BCS were within the married group followed closely by those who are single and widows/widowers. Members who are divorced and separated in the two churches were few.

Table 5. Distribution of Respondents by Highest Level of Education in Each Church

Highest Level of Education	Number of Respondents	
	BCS	TAC
No Education	10(15%)	4(6.1%)
Primary	10(15%)	18(27%)
Secondary	20(32%)	24(36%)
Tertiary	25(38%)	20(31%)
<b>Total</b>	<b>65</b>	<b>65</b>

Source: Field Survey (2021)

Respondents in BCS were almost evenly distributed between the different levels of education while respondents in TAC were split almost equally between Secondary and Tertiary level of Education. Respondents who had little or no education in BCS were more than those in TAC.

Table 6. Percentage Distribution of Respondents by their Belief on the Causes of Illness and Course of Treatment

Causes of illness and course of Treatment	Respondents who agree	
	BCS	TAC
Caused by spiritual forces/demons and should be treated in church	47%	48%
Caused by germs and should be treated with drugs	17%	16%
Caused by both demons & germs and should be treated both ways	32%	30%
Caused by environmental imbalance and should be treated with herbs	4%	6%

Source: Field Survey (2021)

The above table shows a strong tilt to the belief that illness is caused by spiritual/demonic forces and so it should be treated in church. 47 percent of respondents in BCS and 48 percent in TAC share this belief. On the other hand, the belief that illness is due to both demons and germs is shared by 32 percent of respondents in BCS and 30 percent of respondents in TAC. It was also observed that 17 percent of respondents in BCS and 16 percent in TAC hold the belief that illness is caused by germs. Environmental imbalance being the main cause of illness is a belief shared by 4 percent of respondents in BCS and 6 percent of respondents in TAC. The above findings bring to fore the influence of the teachings of the church on the members. These churches believe that there are forces of darkness in the world and these forces can attack humans in different ways. Their prescription to stay safe and healthy is to depend on God. Their belief in the supernatural causes of illnesses and the power of spiritual intervention through prayers, fasting and other necessary spiritual exercises is thereby strengthened in their health seeking behavior as evidenced in Table 6.

Table 7. Percentage Distribution of Respondents by choice of Health Care Services

Church affiliation	Percentage Distribution of Respondents by their choice of place of treatment			
	Orthodox hospital	Chemist shop	My Church	Other (Exercise, use of herbs and Rest)
BCS	27%	32%	31%	9%
TAC	29%	34%	32%	5%

Source: Field Survey (2021)

A quick glance at the above table shows that an addition of the percentage distribution of respondents between Orthodox hospital and Chemist shop brings to fore the significant number of respondents from the two churches who use orthodox healthcare services either in hospitals or through Chemist shops. 59 percent of respondents in BCS use Orthodox health care services while the same patronage is captured by 63 percent of respondents in TAC. 31 percentage of respondents in BCS and 32 percent in TAC seek spiritual treatment in both churches. 9 percent of respondents in BCS

and 5 percent of respondents in TAC rely on other means of treatment like exercises, use of herbs and taking enough rest.

Table 8. Percentage Distribution of Respondents by Choice of Place of Treatment for their Children

Church affiliation	Percentage distribution of respondents by choice of health care services for their children.			
	Orthodox hospital	Chemist shop	My Church	Other (Herbs, cold bath, Enema)
BCS	36%	29%	31%	4%
TAC	37%	31%	27%	5%

Source: Field Survey (2021)

A significant number of respondents in both churches use Orthodox health care services for their children. This is seen by adding the percentage distribution for Orthodox hospitals and Chemist shops. A total of 65 percent of respondents in BCS use orthodox health care services for their children while a total of 68 percent of respondents in TAC indicated the same patronage. 31 percent of respondents in BCS noted a strong dependence on spiritual intervention for their children’s health needs and 27 percent of respondents in TAC showed the same dependence. This brings to fore a synergy between spiritual care and Orthodox medical services which is carefully engaged by members of the two churches. It was also observed that there is a strong tilt of respondents to the use of Chemist shops, as evidenced in Table 7 and 8. This means that quite a significant number of the respondents are practicing self-medication which can lead to drug abuse. They simply go to road side Chemist for purchase of drugs and treatment without Doctor’s prescription. Although this observation goes further to show their belief in Orthodox Medicines, it also indicates an important area of study in order to ascertain the level of self-medication with an aim to discourage drug abuse and encourage use of trained physicians.

Table 9. Percentage distribution of Respondents whose choice of health care service is influenced by their Religious Affiliation

Religious Affiliation	Orthodox Health Care	Chemist Shop	Church	Other (massage therapist, herbal therapist)
TAC	20%	23%	52%	5%
BCS	12%	22%	58%	8%

Source: Field Survey (2021)

Table 9 shows that 43 percent of respondents in TAC are influenced by the church teachings to use Orthodox health care services which include Chemist shops. In BCS, the teachings of the church influenced 34 percent of the respondents to utilize orthodox health care services. Furthermore, 52 percent of respondents in TAC and 58

percent of respondents in BCS are influenced by the teachings of their churches to seek God's intervention in health matters. Seeking spiritual help is more important to them than anything else. This therefore shows that teachings of the two churches under study have a strong influence on members' choice of health care services. They believe more in spiritual activities for healing as evidenced in Table 9. The significant number of respondents using Orthodox healthcare services may be influenced by other social factors like regular community health education, personal level of education and individual experiences. All of which have been allowed to come to the members through the present initiative of the churches that now allow conventional information on health matters to come to the members. This can form the scope of another research.

#### XV. FOCUS GROUP DISCUSSIONS

Sessions of Focus Group discussions (FGD) were made up of 30 members from each church but spread out to different groups of 10 on different days and venue. 10 different members were interacted with on the scheduled date at different venue for each church. This gave us a total of six (6) FGDs. Respondents spoke freely and their responses were similar to the ones received through the questionnaire.

##### *BCS*

Participants explained that they depended solely on spiritual healing for treatment of all their ailments but with the advent of modern medical equipment and preventive services like immunization they are now encouraged to use Orthodox health care services especially for surgery and childcare. They added that, for all their health matters, the first place they visit is the church either for prayers or for spiritual consultation. Their decision to visit any orthodox health care services is usually after prayers and in some cases based on divine approval by their spiritual father and leader. The church also runs healing homes where sick members go for treatment. 78 percent of participants in the FGD confirmed patronizing Chemist Shops more either for themselves or for their children.

##### *TAC*

TAC discussants started by explaining that the church is not against Orthodox healthcare services especially in modern times. The church fully supports Orthodox health care. This is evident in the establishment of small units of Government owned Primary health care posts in different branches of The Apostolic Church. These health posts are aimed at providing adequate care and immunization/services for children and pregnant women living in the surrounding environment of the church. These include members and non-members of the church. They further explained that no matter the instrument used for treatment, God is the divine healer and HE alone can heal completely. This finding explains why members always go for prayers first before seeking orthodox health care. Some assembly of the church also maintain maternity clinic and delivery homes for pregnant women. 88

percent of the participants in the FGD noted that they patronize chemist shops more than they visit hospitals.

#### XVI. HYPOTHESIS

##### *Hypothesis 1*

##### *Alternate hypothesis*

Religious affiliation influences members' choice of health care services in Calabar South Local Government Area.

##### *Null hypothesis*

Religious affiliation does not influence members' choice of health care services in Calabar South Local Government Area.

The above findings show that religious affiliation influences individual's choice of Health Care services. It was observed that the first choice of health care services is spiritual care. It is followed by orthodox healthcare. However, religious affiliation of the respondents encourages them to feel free to engage the two healthcare options but spiritual activities are taken more seriously. Prayers are not taken lightly even if the member is on admission in the hospital. Members of The Apostolic Church and Brotherhood of the Cross and Star believe in the perfect healing power of God. In recent times, members have been guided on the efficacy of orthodox healthcare services and orthodox medicines but divine healing through prayers, blessed water and other spiritual assignment are held in high esteem. This therefore explains why a significant number of the respondents from both churches have indicated a strong dependence on divine healing even with drugs in their hands.

Healthcare initiatives like maternity homes and spiritual homes have been established in some branches of these churches. Trained nurses and midwives manage some of these homes. However, Orthodox maternity homes and children clinics are more in use by members of The Apostolic Church. Respondents from BCS explained that they utilize Orthodox Health Care services more for surgical cases or immunization. In many cases, they go for the surgery only after they have consulted with their spiritual father. Against this backdrop, we accept the Alternate Hypothesis which states that 'Religious affiliation influences members' choice of Health Care Services in Calabar South Local Government Area'.

##### *Hypothesis 2*

##### *Alternate Hypothesis*

Members of The Apostolic Church use Orthodox Health Care Services more than members of Brotherhood of the Cross and Star.

##### *Null hypothesis*

Members of The Apostolic Church do not use Orthodox Health Care Services more than members of Brotherhood of the Cross and Star.



A look at the percentage distribution in table 7 above shows that a total of 63 percent (that is 29 percent choice of orthodox hospitals + 34 percent choice of Chemist shops) of respondents in The Apostolic Church use Orthodox Medical services. 88 percent of participants in the FGD added that they visit chemist shops more than they visit hospitals. BCS respondents also showed a significant tilt to utilization of Orthodox health care services. A total of 59 percent of the respondents (27 percent choice of hospital + 32 choice of chemist shop) in BCS use Orthodox Health Care Services. 78 percent of the participants in the FGD noted that they visit chemist shops more. Table 8 capturing the choice of place of healthcare for their children. shows a repeat of the same scenario. A total of 59 percent of the respondents in BCS use Orthodox health care services for their children while a total of 68 percent of the respondents from TAC use orthodox health care services for their children. Members of TAC show a higher level of utilization of Orthodox health care services either for themselves or for their children. This therefore proves the hypothesis which states that 'members of The Apostolic Church use Orthodox Health Care services more than members of BCS. The Alternate Hypothesis is therefore accepted while the Null hypothesis is rejected.

#### XVII. DISCUSSION

Findings received from this research show that a significant number of the respondents from BCS and TAC believe strongly in divine healing through prayers. This is a vital part of their religious beliefs. This finding supports traditional action proposition of Social Action theory that states that people act in certain ways based on imbibed habits. Members of BCS and TAC have been nurtured through the teachings of their churches to seek spiritual intervention for their health problems so this is embedded in their sub consciousness and it impacts their choice of health care options naturally. The teachings of BCS and TAC dominate the beliefs of their members and influence their decisions with regards to choice of health care services. This observation explains why Benjamin & Brown (2004) and Borges et al (2021) noted that religion should be considered as an important factor in assessing individuals' utilization of modern health care facilities. Religious affiliation is a major force for personal and societal change and stability. This is in view of its power to permeate and control different part of one's life (Borges et al 2021; Oluwabamide, & Umoh, 2011).

It is important to note here that increasing number of members using Orthodox health care services have been encouraged to do so through admonition by the church leaders and the support given to primary health care agency through the establishment of health care and immunization posts in some branches of the church especially in The Apostolic Church. This was further noted in the Focus Group discussions conducted with the respondents which show that members from BCS and TAC often combine divine healing with Orthodox Health care. They explained that they usually go to church first to receive prayers before going to any

Orthodox health care service but this depends on how they feel after the prayers This finding supports Swihart, (2021), Borges et al, (2021) and Adventhealth (2020). However, they utilize Orthodox health care services more for surgical cases or long term diseases. The Mother in charge of the BCS spiritual home, explained that some members are sometimes advised, through spiritual admonition, to be taken to Orthodox Medical Institution. Such cases she added, are guaranteed to receive successful treatment because the bad spirits have been chased away.

This study also shows that adult members from BCS and TAC utilize Orthodox health care services more for their young children. Respondents within the younger age bracket of 15 – 35 years use Orthodox health care Institutions more than the older age group. The Apostolic church have official immunization posts in their premises. These health posts however, are not only for members of the church but also for non-members living within the surrounding area of the Church. Some branches of The Apostolic Churches visited have delivery clinics managed by trained nurses and midwives. This shows a paradigm shift in from a strong adherence to, and total dependence on divine healing, to a belief in the efficacy of spiritual healing engaged in a synergy with orthodox health care. This synergy is also observed in BCS.

#### XVIII. CONCLUSION

Doctrines or teachings of The Apostolic Church and Brotherhood of the Cross and Star influence members to hold spiritual care in high esteem. An almost fifty-fifty blend between spiritual healing and Orthodox Medicines is observed in both churches but they have strong faith in spiritual intervention for their health matters. Respondents acknowledged that it is important to utilize Orthodox Medical services even if it is just for checkup but receiving prayers from their Churches during illness is very vital to their recovery.

It was also observed that respondents within reproductive ages use Orthodox Medical services more than respondents within the other age brackets. Services used by this age bracket include antenatal and child care services especially immunization. They however patronize Chemist shops more. This finding is an important indicator of self-medication because such visits to chemist shops are not usually backed up with a proper prescription from a qualified Doctor.

Although church doctrines have influenced the members to have strong faith in divine healing, findings from this study have shown a significant level of utilization of Orthodox health care services. This therefore means that members of these churches are also consciously participating and benefiting from conventional modern health care services but a higher level of utilization of Chemist shops without prescription is not a positive trend.

## XIX. RECOMMENDATION

This study recommends that;

- i. Religious leaders from The Apostolic Church and Brotherhood of the Cross and Star, Calabar, should be part of Public Health Committees where they will be able to make important suggestions to health care planning.
- ii. Spiritual healing homes and maternity Centers in the Apostolic Church and Brotherhood of the Cross and Star should be strengthened through regular visits by qualified health care personnel (Trained Doctors and Nurses) at no extra cost to the patients.
- iii. Chemist Shops in Calabar Metropolis should have adequate supervision by qualified Pharmacists in order to address the problem of self-medication and drug abuse.
- iv. More Primary health care centers and immunization posts should be established in many more branches of the Apostolic church to enhance adequate access to the members and other community people.
- v. Sensitization programs on the dangers of self-medication should be initiated in the Apostolic Church and Brotherhood of the Cross and Star.

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