

**The religious factors influencing the health-seeking behaviour of the
Jehovah's Witnesses' in Johannesburg (Gauteng Province)**

By

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ABSTRACT

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The religious factors influencing health-seeking behaviours differ from one culture to another. Jehovah's Witnesses believe that since humans are made by God, human life is the result of a Divine creation (Sarteschi, 2008:500). The perception of blood transfusions among the Jehovah's witnesses, often results in conflict between the witnesses and medical professionals (Wong, 2012:129). The Divine law is applicable to all mankind, since it originated long before the Hebrew nation and no Israelite was permitted to consume blood (Sarteschi, 2008:500). Christians see the blood of God as sacred because it is seen as the power of redemption, atonement, sanctification and purification. Jehovah's Witnesses believe that blood transfusions violate the Divine law (Doyle, 2002:417).

This study was conducted against this backdrop. The aim of this study was to explore the religious factors influencing health-seeking behaviours of the Jehovah's Witnesses in Johannesburg. This study utilised a qualitative research approach. The researcher focussed on the experiences of Jehovah's Witnesses by employing a phenomenological design which allowed the participants to reminisce on their lived experiences. The study was therefore exploratory and descriptive in scope and semi-structured one-on-one interviews, an interview schedule and voice recordings of the interviews with the permission of the participants, were used to collect data.

The findings revealed that Jehovah's Witnesses see the blood of God as sacred because it is seen as the power of redemption, atonement, sanctification and purification. Jehovah's Witnesses believe that blood transfusions violate the Divine law. All the Jehovah's Witnesses interviewed emphasised that they live strictly according to scriptures found in the Bible. The researcher therefore concludes that

guidelines are provided by the scriptures, which form the basis of the Jehovah's Witnesses' belief system and should therefore be respected as such by all medical professionals

Jehovah's Witnesses are prudent when it comes to medical interventions. They do not simply take a diagnosis at face value and would prefer to get different opinions from medical practitioners if they do not agree with the treatment option suggested. According to the participants they do not hesitate to seek medical help for common ailments, but when it comes to medical procedures that might infringe on their religious beliefs, they are much more prudent and would rather live according to God's will. In conclusion, Jehovah's Witnesses take medical intervention seriously, but are not as prudent when it comes to general health care. Medical professionals should take utmost care when deciding to administer blood to an unwilling or unknowing Jehovah's Witness patient, as they will experience severe emotional anguish after the procedure, which might even lead to legal actions against the medical professional.

The participants emphasised that they are encouraged to live a healthy lifestyle. Among the Jehovah's Witnesses it is believed that a healthy lifestyle will have a positive impact on all spheres of their life – physical, mental and spiritual. In conclusion, the Jehovah's Witnesses aim to prevent life threatening situations caused by disease and illness by living healthy and active lives. They aim to stimulate themselves emotionally, physically and spiritually in order to live a good life and doing their best to live according to God's will. They also have different views on what type of medical intervention would be acceptable to them, as long as it is based on God's will.

Even though the Jehovah's Witnesses do not 'seclude' themselves from the general community, they do value community support from fellow Jehovah's Witnesses. It is noted that brothers and sisters from the congregation would provide spiritual support when a Jehovah's Witness falls ill.

It has been noted that the Jehovah's Witnesses have various opinions regarding health. It is understood that each individual has the right to determine their own stance regarding certain medical interventions, as long as it does not infringe on God's will. They take own responsibility for their choices and are respected for that. To conclude

this theme, Jehovah's Witnesses move within 'regular circles' and are not a separate community on its own. However, due to the fact that they have a very particular value system that might not always be accepted by secular people, they rely on the community support from their church elders and fellow brothers and sisters. They will often visit each other if someone in a Jehovah's Witness family falls ill or is going through a trauma. They have the support of their hospital liaison committee that consists of knowledgeable elders who will lobby on their behalf at hospitals, regarding what is acceptable for Jehovah's witnesses.

LIST OF KEY TERMS

Health-seeking

Influence

Jehovah's Witness

Religion

Social work

Spiritual

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CHAPTER ONE: GENERAL INTRODUCTION

1.1 INTRODUCTION

Health-seeking behaviour refers to measures taken to prevent illnesses by means of immunisation, screening, and curative care after a patient has developed symptoms (Benova, Oona, Campbell & Ploubidis, 2014:1). Behaviour includes an individual's action or response that includes activity that is visible, any psychological changes that are measurable, emotions and cognition (Barker, 2014:38). The health-seeking behaviour of a community determines how health services are used and in turn, the health outcomes of populations (Musoke, Boynton, Butler & Musoke, 2014:1046). Culture is another important factor, which refers to the political and religious actions or behaviours of people, which includes their ideology, arts, values, skills, technology, habits, and customs. This is usually observed amongst a group of people over a specific time period (Barker, 2014:103). Nayak, Sharada and George (2012:61), emphasized that societies develop their own set of traditional beliefs and practices. This is also applicable to their beliefs regarding health care. Naturally some beliefs or practices that have been tried and tested over time are often effective but some might be ineffective and harmful to a patient and member of that specific religious belief. The culture, education and environment of people are often linked to their beliefs and practices as mentioned previously and thus shapes the way they act when seeking medical help.

Cultural factors, according to Moleko (2012:166), will influence the domains of among others, social behaviour, personality, emotion and health-seeking behaviour. Spiritual factors are the aspects directly linked to spirituality. These include the motivation, attitude, belief, judgement, practice of, and behaviour directly linked to spiritual content or religious processes (Schaefer, Blazer & Koenig, 2008:509). "There is an increasing recognition within the contemporary western medicine of the significant links between spirituality, religion and health" (Rumun, 2014:39). The importance of understanding a patients' spirituality and their belief systems is thus ever present and it is imperative that it is integrated into the community's cultural life and medical treatment plans (Rumun, 2014:39).

A literature study supplemented with an empirical investigation was planned for the purpose of this research, using the qualitative approach. The Social Learning Theory and the Health Belief Model, underpinning the study are firstly described in this chapter.

Jehovah's Witnesses are focussed on in this study and the factors that influence health-seeking behaviour among them. The empirical investigation explored and described factors that influence health-seeking behaviours among Jehovah's witnesses, as well as possible stigma that Jehovah's witnesses experience due to their faith. This study focused on the spiritual factors influencing health-seeking behaviour of the Jehovah's Witnesses' in Johannesburg (Gauteng Province).

KEY TERMS

Conceptualization refers to how perceptions, sensations and experiences are categorized to make sense (De Vos, et al., 2011:29). Subsequently the key concepts are conceptualized:

Health-seeking refers to when a person has a medical problem any action undertaken by that person to finding a proper remedy is seen as health-seeking behaviour (Oberoi, *et al.* 2016:463). For the purpose of this study health-seeking behaviour would include whether or not the Jehovah's Witness patient or family consent to receiving a life-saving blood transfusion.

Culture refers to customs that are shared widely, beliefs, institutions, norms, values and other products of a community that are transmitted socially across generations (Weiten, 2010:25).

Spiritual refers to "the quality of being concerned with a specific religion" (Turnbull, *et al.* 2010:1435). Spiritual in this study refers to Jehovah's Witnesses who devote their lives to Jehovah and adhering to specific guidelines as set out in the Bible and the Watchtower.

Religion refers to whether or not the person believes in the existence of a god or gods and what types of activities are associated with the worship of the above-mentioned god or gods. These include the practice and spiritual beliefs and the context thereof (Zastrow, 2010:103). The religion in this study is that of the Jehovah's Witnesses.

Influence refers to the effect that something or someone has on the way a person thinks or behaves (Turnbull, Lea, Parkinson, Phillips, Francis, Webb, Bull & Ashby,

2010:769). Influence in this case would involve whether or not the participants go along with the crowd in order to be liked and accepted by their peers.

1.2 THEORETICAL FRAMEWORK

In the following section the theoretical frameworks used for the study will be explained.

1.2.1 Social Learning Theory

Bandura believed that personality is largely shaped through learning (Weiten, 2010:504). A term used by Bandura (reciprocal determinism) describes that the environment determines behaviour and that behaviour also determines the environment. The social learning theory is a theory that emphasises the importance of different roles played by indirect symbolic and self-regulatory processes of human beings. Thus, these processes influence the way one views the causes of human behaviour, because human kind is not driven by inner forces, nor buffeted helplessly by environmental factors. Human behaviour is seen as a continuous shared interaction between behaviour and controlling conditions (Bandura, 1971:2).

Baumeister and Bushman (2014:349) explained that social learning theory can be understood as a direct experience and by observing others. In social learning theory, there is a shift from internal to external causes. People thus observe others and then start mimicking the behaviour of others which is also known as modelling. Modelling can weaken or strengthen certain behaviours. This is achieved by rewarding certain behaviour.

A human being is capable of complex processes that influence his behaviour. For example, behaviour could be influenced by observation allowing him to adopt new integrated units of behaviour. Man is able to learn this from others without having to acquire certain behavioural patterns by gradual, tedious, trial and error (Bandura, 1971:2). Weiten (2010:204) stated that humans are neither master of their own destiny nor victims buffeted about by the environment, because humans are able to shape their environments.

Though the power of observation, emotional responses can be developed by witnessing affective reactions of others. Due to the fact that humankind has a superior cognitive capacity, the future direction his actions will take can also be affected. External influences are often used symbolically and later these representations will be used to guide their actions. Problems are solved symbolically without needing to enact various alternatives as humankind can foresee the probable consequences of different actions and alternate their behaviour accordingly. Both insightful and foresightful behaviour are permitted by these higher mental processes (Bandura, 1971:3).

The last important concept stressed by the Social Learning Theory is that a human can create self-regulative influence by managing the stimulus determinants of given activities and producing the consequences of their own behaviour to some degree (Bandura, 1971:3).

The Social Learning theory is relevant for this study because of the way the theory emphasises different roles which influence human behaviour. Jehovah's Witnesses are a spiritual group with strict rules and regulations which influence their members' behaviours. As mentioned by Bandura the "controlling conditions" of this religious group are continually in interaction with the members' behaviour and thus shape the behavioural patterns of the Jehovah's Witness group. It can thus be deduced that the Jehovah's Witness' behaviour is changed and adapted by influences from this group and is learnt from this group. External influences such as shunning becomes a beacon for guiding their actions and behaviours. Once Jehovah's Witnesses are able to foresee the probable consequences of their actions they will adapt their behaviour accordingly.

1.2.2 Health Belief Model

The Health Belief Model is a theory that suggests views about the efficacy and consequences of certain behaviours that determine whether or not we perform (or do not perform) those behaviours (Baumeister & Bushman, 2014:B10). The Health Belief Model's main argument is that belief provides a link between behaviour and socialization and that they are individual characteristics responsible for shaping behaviour. Beliefs can be acquired through primary socialisation, are modifiable, and

differ between individuals who come from the same background (Abraham & Sheeran, 2015:30).

The Health Belief Model argues that certain beliefs can make behaviours less or more attractive, particularly when experiencing a health problem. There exists a correlation between health-related behaviour patterns and differentiations between individuals who undertake and do not undertake preventative measures, can be made (Abraham & Sheeran, 2015:31).

Threat perception and behavioural evaluation are two of the main focuses of the Health Belief Model. Threat perception is divided into two beliefs, namely perceived susceptibility to illness or health problems (what would your health status look like if you refuse certain medical treatment), and the expected severity of the consequences of illnesses (is a Jehovah's Witness likely to die as a result of receiving medical treatment) (Abraham & Sheeran, 2015:31). Behavioural evaluation also consists of two sets of beliefs, namely the benefits of a suggested health behaviour and those that concern the costs of endorsing the behaviour.

In addition, the model proposed that cues to action can activate health behaviour when appropriate beliefs are held (Abraham & Sheeran, 2015:32).

These 'indications' included a diverse range of causes, including social influence, campaigns aimed at health education, and the perception of symptoms by individuals. In a later version of this model a person's general health and concerns about health matters were included (Abraham & Sheeran, 2015:32).

After taking the argument of the Health Belief Model into consideration, this model was deemed suitable for this study due to the link that connects behaviour and socialization. Jehovah's Witnesses are socialized regarding what can and cannot be allowed in the scope of their faith – especially regarding health-related issues. Baumeister and Bushman (2014:B10) explained that the Health Belief Model explores the reasons why people engage in healthy and unhealthy behaviours and that a certain behaviour will determine whether or not we perform a specific action, such as seeking the relevant medical assistance when needed. Since the Health Belief Model argues

that certain actions can make certain behaviours less or more attractive, it can be linked to this study in that seeking a blood transfusion from a hospital when you are a Jehovah's Witness makes that type of health-seeking behaviour less attractive. Refusing a blood transfusion is seen as attractive behaviour.

1.3 RATIONALE AND PROBLEM STATEMENT

In the following section the rationale and problem statement of the study will be discussed

At times Jehovah's Witnesses are faced with a life changing decision that could impact whether a person lives or dies. The Jehovah's Witness faith is a religion that has clear guidelines regarding certain medical interventions that influence the Jehovah's Witness health-seeking behaviour.

Motives for conducting research include practice, theory, previous research, personal interest and intellectual curiosity (Fouché & De Vos, 2011a:79). The problem statement serves to limit the focus of the study and clearly specifies what it is that will be studied. It communicates to the reader what the study will include and what will be excluded and leaves the researcher with a singular question or hypothesis (Fouché & Delpont, 2011b:108).

The cultural and spiritual factors influencing health-seeking behaviours differ from one culture to another. Social workers in health care need to understand the cultural and spiritual context of their service users in order to understand their health-seeking behaviours. This will also help them to render appropriate intervention. Health-seeking behaviours have been researched, but a gap exists in the diverse cultural and spiritual factors influencing health-seeking behaviours.

This study will determine the attitudes and beliefs of Jehovah's Witnesses regarding health care intervention with a specific focus on blood transfusions. Uncovering this religious group's attitudes and beliefs regarding blood transfusions may provide health care practitioners with valuable information that will together with the Jehovah's Witness' inputs help to develop appropriate and effective measures to improve

awareness regarding a Jehovah's Witnesses spiritual beliefs and their stance regarding blood transfusion to prevent stigma and unjust medical intervention in the future.

The research question for this study is as follows: **What are the religious factors influencing health-seeking behaviours of the Jehovah's Witnesses in Johannesburg?**

1.4 AIM AND OBJECTIVES

The aim of this study was:

To explore the religious factors influencing the health-seeking behaviours of the Jehovah's Witnesses in Johannesburg.

The objectives were as follows:

- To conceptualise and contextualise the religious factors influencing health-seeking behaviour from a health belief perspective.
- To explore and describe the religious factors influencing health-seeking behaviour of the Jehovah's Witnesses in Johannesburg.
- To make suggestions to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour for different religious groups.

1.5 OVERVIEW OF RESEARCH METHODOLOGY

The research approach that was used for this study was the qualitative research approach since verbal data (interviews) was collected in a semi-structured manner. Barbour (2011) states that qualitative research helps the reader to understand how the participants understand concepts of daily living and what kind of trade-offs they might make to themselves. This research approach was suitable for this study since an exploration into the Jehovah's Witnesses' world was conducted in order to understand how they experienced medical related issues and how this influenced their health-seeking behaviour. According to Barbour (2011) focusing on the context of people's everyday lives, qualitative research allows the reader and the researcher to access embedded processes. Thus, because the researcher took a step into the living

world of the participants, a qualitative approach was most suitable since their experiences, culture, norms and values were analysed and was best done by interacting with the participants in the form of a conversation.

Applied research was used, which involves asking questions in order to acquire data so that a situation or problem can be improved (Jansen, *et al.* 2016:3). Thus, questions were asked to identify what factors inhibit health-seeking behaviour among Jehovah's witnesses and how this can be dealt with in practice. This is the most appropriate type of research since it has a direct effect on practice. The research should inform practice and emancipate current practices so that crisis situations with regards to the medical treatment of Jehovah's Witnesses can be dealt with sufficiently. Rich data in the form of interviews that provide detailed information were obtained. It helped to break ineffective dynamics and replace them with beneficial habits. Ineffective dynamics refer to aspects such as stigma by medical professionals, members from other religions and people in general. Beneficial habits refer to what can be done to treat a Jehovah's Witness patient without infringing on their cultural belief system (Ebersöhn, *et al.* 2016:146).

The research design of this study was initially planned in the form of a case study, since the aim was to gain knowledge of the factors inhibiting health-seeking behaviour so that the knowledge that was obtained could be utilised to inform theory about this phenomenon. Due to the challenge with recruiting and sampling, only 4 participants could be sampled and thus the research design had to be adapted to phenomenology, aiming to collect richer data. The phenomenological design was the most appropriate design since the researcher aimed to have an in-depth understanding toward the cultural and spiritual factors that influences the health-seeking behaviour of a Jehovah's Witness.

The study population consisted of Jehovah's witnesses from Sandton in the Johannesburg (GP) area. The population continued to grow until the point of data saturation. Volunteer sampling was used to sample the participant for the pilot study, who was then included in the main study, due to challenges to recruit more participants. Purposive sampling was used to sample the other three participants.

The selection criteria included: a confessed Jehovah's Witness, an adult (18+ years), able to converse in either Afrikaans or English and residing in Gauteng Province.

Face-to-Face semi-structured interviews were used to collect data, which involved setting up a 'line of enquiry' before the interview took place. Questions were asked followed by clarification and probing (Niewenhuis, 2016:93). "Attention should be paid by the researcher to identify new lines of inquiry that are related to the phenomenon". A limitation of this collection method was that the conversation could have gotten diverted during the interview. The data collection instrument that was utilised was in the form of a semi-structured interview schedule and a digital recorder during the interview. This schedule was useful to identify emerging lines of enquiry and the correct coding of the content of the interview. Recording what was said during the interview was beneficial to keep track of what the exact words of the participants were, which would in turn prevent the researcher from failing to recall what had been said during the interview. All Covid-19 regulations were adhered to by wearing masks, hand sanitiser was used and social distance maintained during interviews. After the semi-structured interviews were conducted the interviews were transcribed and the data was analysed by means of a thematic analysis, aiming to identify themes and patterns in the collected data.

For the data analysis process, Braun and Clarke's (2006) six steps were utilised. The first step in **analysing the data** after data has been collected is to become familiar with the data. The researcher listened and re-listened to the interviews with the participants. Notes and early impressions were made to help the researcher structure ideas (Maguire & Delahunt, 2017:3355). The second step the researcher took was to **code the data**. A theoretical thematic analysis was done. Each segment of data that was relevant or interesting to the research question was coded (Maguire & Delahunt, 2017:3355). The third step in the thematic analysis process was to **develop themes**. The themes were based on an overlapping between codes and general themes. Some codes were grouped together that formed a theme that linked to the research question (Maguire & Delahunt, 2017:3356). In the fourth step the **themes were reviewed, modified and developed**. The fifth step defined themes where the aim is to **identify the essence** of what each theme is about (Maguire & Delahunt, 2017:3358). The last step was to write up the outcome of the data in the form of a mini-dissertation

submitted for examination and available in the library, University of Pretoria (Maguire & Delahunt, 2017:33512).

Trustworthiness was ensured by representing the perspective of the participants as closely as possible. Regular debriefing sessions with the participants and data verification by the researcher's supervisor ensured credibility. To ensure that the research is transferable the researcher used thick descriptions and did not make generalised claims.

The researcher believes that research should be conducted without any bias and should be completely objective when research is conducted. A journal was kept to document any decisions, adjustments and changes made during the research process, as well as the analysis process which ensured that the research is dependable and a clear understanding as to why and how the researcher came to certain conclusions.

The pilot study was conducted with two members of the population and took place in Johannesburg, with the goal of identifying any issues and aspects that were unclear within the study and interview questions. These two participants were included in the main study due to challenges to find Jehovah's Witnesses willing to partake. The ethical considerations were adhered to and are discussed in chapter 3.

1.6 CONTENTS OF RESEARCH REPORT

Chapter one introduced the topic and the proposed research journey. The overview of the research study was discussed. It provided a short orientation towards the religious aspects of the Jehovah's Witnesses, issues and concerns and implications regarding this specific religious group's perception about the administering of certain medical treatments. The outline of the study was also presented in terms of the problem statement, purpose, research questions and objectives and significance of the study. The researcher's assumptions and conceptual terms were discussed and defined.

Chapter two provided the reader with an in-depth knowledge about the Jehovah's Witness group in the form of a detailed literature review. The literature review aimed

to define, summarise, evaluate and explain the literature and provided a theoretical basis for the research.

Chapter three described the research methods and ethical aspects in this study. This chapter included information about the validity of the research, the type of research that was conducted, populations and samples – who were the participants and how many participants involved and the type of sampling that was used in the study. The ethical aspects were also discussed in this chapter. Furthermore, the chapter provided the reader with information regarding the findings of the research. The findings section typically provides the reader with information regarding the data analysis method. It also informed the reader of the crystallisation of the data, as well as the interpretations made by the researcher.

The last chapter presented a discussion of how the aim and objectives and research question was addressed the key study findings, limitations of the study, recommendations for future research and conclusions.

The next chapter focusses on the literature review.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter an introduction to all the literature that is reviewed for the purpose of this study is provided. A literature review aims to contribute a clear understanding to the nature of the problem that has been identified. The main focus of this study was to review the spiritual factors influencing the health-seeking behaviour of the Jehovah's Witnesses. A variety of literature was reviewed and retrieved through the following databases; Tuks Online library, Google Scholar, Google, and Ebsco Host. Hard copies of books were also used. The Harvard referencing style was used. Only English sites not older than 10 years were used by the researcher. However, some older articles were used because they were relevant to the current study. Not too much literature exists on the spiritual factors influencing health-seeking behaviour of the Jehovah's Witness religion, thus some of the sources are somewhat outdated due to difficulty finding newer sources.

2.2 THE 'PROFILE' OF A JEHOVAH'S WITNESS

According to Liedgren (2018:32) the first traces of the religion could be dated back to the late nineteenth century. The Watch Tower Bible and Tract Society were first established by Charles Taze Russell and the official "Jehovah's Witness" name was adopted in 1931. The Jehovah's Witness religion is said to be influenced by the Adventist tradition and they believe in the true accuracy of the Bible. The author states that Jehovah's Witnesses believe their faith is the true form of Christianity and sees other Christian denominations as inferior for adopting 'pagan' beliefs and practices. Jehovah's Witnesses believes that the introduction of Priesthood was based on pagan beliefs and practices and that the word of God should be shared to the world by lay ministerial servants. However, they have office bearers who are predominantly males and have elders and ministerial servants. The celebration of Christmas, birthdays, Easter and other celebrations are also labelled as 'paganism' and is therefore cast out from their belief system.

The Jehovah's Witness Organization has summarized around fifteen basic beliefs which they strive to follow in their day-to-day life. They believe in God who is also named Jehovah. The Bible serves as the Jehovah's Witnesses guideline to live by. Jehovah's Witnesses believe in both the "Old" and "New" testaments which include 66 books (Org, 2015).

Jesus Christ and his teachings form the basis of the Jehovah's Witnesses belief and they honour him as the Son of God; however, they believe that there is no theological foundation for the Trinity doctrine and thus do not believe that he is the Almighty God. Jehovah's Witnesses believe that the Kingdom of God replaces any human Governments. Governmental laws are respected if it is not against the law of God. Peace is one of their main beliefs and thus they do not contribute in war (Org, 2015).

It is a common belief that only 144 000 Jehovah's Witnesses will be resurrected to live in the Kingdom of God (Heaven). Jehovah's Witnesses who are not part of the 144 000 resurrected souls will simply 'pass out of existence' and not suffer in hell for eternity (Org, 2015). The direction of the whole Jehovah's Witness group rely on the Governing Body that is an intimate group of mature Christians based at their World headquarters. Furthermore, they are organized into different congregations that are managed by a body of elders who are unsalaried. Tithing is not common practice for the Jehovah's Witness community and anonymous donors sponsor any activities (Org, 2015).

Jehovah's Witnesses do not participate in any political matters and prefer not to be associated with secular groups, as Jehovah's Witnesses are 'not part of the world' according to Matthew 22:39 (What do Jehovah's...2015).

Children are socialised from a young age not to socialise with secular peers or peers from other denominations. Children are not full members until they are baptised (13-16 years of age), but are still expected to follow the standards that the Society believes in. They are expected to attend two congregational meetings per week and perform house-to-house witnessing accompanied by an adult (Liedgren, 2018:32-33). It appears that much work is put into teaching the children the 'truth' before entering the school environment. For instance, Liedgren (2018:33) stated that they are prepared beforehand that they will be taught about evolution and the severe error with the theory. They are also taught to evangelise from this early age. The author found that

these children might experience feelings of not being included in the fellowship if they do not follow the instructions of their seniors. Adolescence on the other hand is known as a stage for the development of critical and analytical skills. Adolescents typically focus on the formation of their identity and tend to prefer the company of their peers above that of their parents. It is important to note that the belief that Jehovah's witnesses should not socialise with non-Jehovah's Witness adolescents, can interfere with the basic need to belong. This means that the adolescent's psychological needs might be impaired which will have a ripple effect in the later stage of the transition into adulthood (Liedgren, 2018:34).

Jehovah's Witnesses believe that true happiness can only be found through Jehovah and only he can help them with their problems (Friedson, 2015:694). Many Jehovah's Witnesses believe that psychological distress is as a result of not being committed enough to the faith and that psychological health is within one's own control. Friedson (2015:696) stated that Jehovah's Witnesses might be reluctant to receive therapeutic intervention because they fear that the therapist might not understand their devotion to their faith. Friedson (2015:695) believed that members from a fundamentalist religious group are sceptical about receiving therapeutic interventions from an 'outside' member and often question the therapeutic intervention's level of efficacy.

Jehovah's Witnesses have strong beliefs that fraternizing with members from outside the religion might impact badly on their relation with Jehovah. That being said they are also limited in terms of choosing study directions. They are discouraged from pursuing careers in fields that contradict or threaten their doctrine. These fields include fields like psychology, psychiatry, philosophy and science (Friedson, 2015:695).

In light of the above-mentioned values held by the Jehovah's Witnesses, their religion was labelled as a fundamentalist religion or even sectorial, characterised by its rules and non-mainstream views of religion (Chryssides, 2019:1). Friedson (2015:697) explained that fundamentalism has a specific set of traits including the inability to tolerate uncertainty in life, simplicity and an extremist homogeneity and the inability to tolerate differing viewpoints.

Jehovah's Witnesses are said to disagree with mainstream Christian religions about a vast variety of issues including premarital sex, smoking and blood transfusions (Chryssides, 2019:11). This group consists of members from various different

language backgrounds and ethnicities from all over the world, all serving and honouring Jehovah, the God of the Bible and the creator of all things. Much of a Jehovah's Witness member's time is dedicated to helping people learn about the Bible and God's kingdom through witnessing – hence, the name Jehovah's Witness (Org, 2015).

Any act that is taken by an individual that has a health-related problem or illness and seeking an appropriate medicine is defined as health-seeking behaviour (Turnbul, et al. 2010:1244). Health-seeking behaviour is determined by community norms, household behaviour and individual behaviour and involves thorough decision-making influenced by the factors mentioned previously (Oberoi et al. (2016:463). Turnbull, et al. (2010:1244) described religion as “the belief in the existence of a god or gods and the activities that are connected with the worship of them”. A person who is religious aims to live their life in a way that is connected with a specific religion. Religions often provide a set of values that the members of that religion have to abide by and live according to God's will. These values often influence various aspects of a person's life, such as their health and health-seeking behaviour.

2.3 INFLUENCE OF SPIRITUALITY/RELIGION ON HEALTH

Rumun (2014:37) stated that there are four prominent areas that are influenced by spirituality and health, namely, social support, health behavior, psychological influences and 'psi' influences. Rumun (2014:37) explained that the 'psi' influences are all the mystical laws that are not yet understood by science but will most probably become understood at some point. These 'psi' influences are also believed by Rumun (2014:37) to oversee certain “energies” that scientists have not yet been able to identify and understand. According to Rumun (2014:36) social support is support experienced by members of the same religion and the intricate web of social interactions that 'help' and 'protect' its members. Health behaviour is described as behaviour that is influenced by the religion/spirituality through certain prescriptions such as specified diets or their views on medical intervention (Rumun, 2014:37). According to Prakash, Awenshak, Richa & Aniruddh (2013:187) people's psychological state is influenced by their religion. Religion provides much needed guidelines which help individuals devise a course for their lives and also aid in dealing

with stresses, strains and uncertainties of life and as mentioned before health is indirectly influenced by all of these pathways.

The link between spirituality/religion and health is gaining increasing recognition within contemporary western medicine and a patient's spiritual and religious beliefs and practices should be recognized and valued by medical professionals. Religion comprises the institutionalization of customary practice and shared beliefs (Rumun, 2014:38). In most cases a community's cultural life has some form of religion integrated into their everyday life and this includes traditional practices and beliefs regarding illness, death and healthy living. Rumun (2014:38) explained that there is a difference between spirituality and religion since spirituality is perceived as more adjustable, wide-ranging and personalized.

According to Rumun (2014:39) spiritual and religious needs are understood as a combination of factors. Support and support networks, decision making, commitment to treatment regimens, complementary health practices and general wellbeing are all important factors that can influence a patient's health. In order to understand the patient's religious and spiritual needs the medical professional should understand and respect the patient's desire to honour their belief and practices. These should be supported by the medical team while the patient is in hospital.

In medical settings medical practitioners should inquire in a sensitive manner whether or not patients have spiritual beliefs that they value. If a patient indicates that they have specific spiritual or religious beliefs that they value, the medical practitioner should determine the factors that give support, purpose and meaning to the patient. Since the focus of medical intervention is on preserving and taking full advantage of the health of a patient, any religious conflicts should be resolved since this might influence the progression of illness in a negative way and may even have a negative influence on medical outcomes (Rumun, 2014:40).

2.3.1 Spirituality and medical intervention

According to Turnbull et al. (2010:1435) spirituality refers to the way a person is concerned with religion or the human spirit and for Jehovah's Witnesses spirituality concerns many issues that might affect their quality of life and even mortality. Many people from different religions who have been diagnosed with a

medical condition might turn to seek spiritual help for healing or rather cope with the disease in ways acceptable to their religion.

According to Njoro (2015:28) many individuals may understand the concept of spirituality in different ways based on their personal culture and belief. Unfortunately, spirituality is often also misunderstood causing patients to abandon medical intervention in favour of spiritual beliefs.

Zaidi (2018:609) stated that spirituality is an aspect that medical professionals often omit from their treatment plan despite the potential benefits of integrating a patient's religion and spirituality. Incorporating spirituality in the treatment plan improves empathy, trust and understanding behaviours that members of a specific religion might have.

It is important to understand and acknowledge moral underpinnings that drive certain health-seeking behaviour in order to achieve a more holistic medical practice (Zaidi, 2018:609). Medical professionals who recognise the role of religion and spirituality in medicine approach their patients with more empathy and trust.

In many cases a bleak and judgmental picture is painted of Jehovah's Witnesses by members from non-Jehovah's witness circles. However, even though Jehovah's witnesses refrain from taking blood transfusions, they believe in respect and love for the sacredness of life, value good health and act sensibly in safeguarding their own and their children's well-being (Bodnaruk, et al., 2004:106). Jehovah's witnesses believe that a positive outlook and support from their community will aid in the healing of a sick patient (Bodnaruk, et al., 2004:106).

2.4 JEHOVAH'S WITNESSES AND THE BLOOD BAN

One of the most defining characteristics of Jehovah's Witnesses is their rejection of blood transfusions (Caine & Zybrands, 2014:11).

One of the characteristics of Jehovah's Witnesses is that they would never accept blood transfusions due to it being prohibited by their faith. The Jehovah's Witness religion is a religious group with strict rules and regulations which could lead to dire consequences if they are not adhered to. Not only does the Jehovah's Witness doctrine prohibit blood transfusions, it also prohibits Jehovah's Witnesses to salute to any national flag, they are not allowed to vote, perform military service and may not signify allegiance to any government (Nwadinigwe, Okwesili, Nzekwe, Ogbu & Lekwa, 2014:65).

Jehovah's Witnesses believe that since humans are made by God, human life is the result of a Divine creation (Sarteschi, 2008:500). The perception of blood transfusions among the Jehovah's witnesses often results in conflict between the witnesses and medical professionals (Wong, 2012:129). When a medical practitioner is confronted with a dying patient their first instinct is to save their patient's life by administering whichever treatment is required in order to do so. In fact, medical practitioners are bound by an ethical law to preserve a patients' life.

The 'blood ban' was promulgated in 1945 by the Watchtower, the Jehovah's Witness governing body (Wong, 2012:129). The Divine law is applicable to all mankind since it originated long before the Hebrew nation and no Israelite was permitted to consume blood (Sarteschi, 2008:500). Christians see the blood of God as sacred because it is seen as the power of redemption, atonement, sanctification and purification. Jehovah's Witnesses believe that blood transfusions violate the Divine law and according to Doyle (2002:417) "orthodox Jehovah's Witnesses will not accept white and packed red blood cells, plasmas, autologous or homologous whole blood" because of the three Biblical passages concerning blood and see blood transfusion synonymous to 'eating' blood.

The first biblical passage is Genesis 9:3-4 which states that;

"...but you shall not eat flesh with its life, that is, its blood..." (Bible, 1995).

The second passage is found in the book of Leviticus 17:10-16. This passage states that:

“If any one of the house of Israel or of the strangers who sojourn among them eats any blood, I will set my face against that person who eats blood and will cut him off from among his people. For the life of the flesh is in the blood, and I have given it for you at the altar to make atonement for your souls, for it is the blood that makes the Atonement by life. Therefore, I have said to the people of Israel, no person among you shall eat blood, neither shall any stranger who sojourns among you eat blood. Any one also of the people of Israel who takes in hunting any beast or bird that may be eaten shall pour out its blood and cover it with earth. For the life of every creature is its blood: its blood is its life. Therefore, I have said to the people of Israel, you shall not eat the blood of any creature, for the life of every creature is its blood. Whoever eats it shall be cut off. And every person who eats what dies of itself or what is torn by beasts shall wash his clothes and bathe his flesh, he shall bear his iniquity” (Bible, 1995).

The third passage is found in Acts 15:28-29 and states;

“...you must abstain from what has been sacrificed to idols and from blood, and from what has been strangled and sexual immorality. If you keep yourselves from these, you will do well...” (Bible, 1995).

The Jehovah’s witnesses believe that should these passages from the Bible be infringed, a Jehovah’s Witness will be shunned from their family and community and will not receive passage to eternal life (Wong, 2012:128). However, this perception towards the refusal of blood leads to a higher mortality rate among Jehovah’s witnesses. Kitchens (1993:117-119) found in a study of 1404 surgeries that 1.4% of the patients died due to a lack of blood. Thus, for every 100 ‘bloodless’ surgeries on Jehovah’s witnesses one death can be attributed to the refusal of blood. Jehovah’s witnesses who agree to receive a blood transfusion are seen to remain unrepentant due to deliberately disobeying the biblical law and the norms of their community.

Since the Doctrine provides exact specifications about blood in the Holy Scriptures, there is no mention about the transplant of human tissue such as organs (Sareschi, 2008:499). Thus, Jehovah’s witnesses are autonomous towards their interpretation of

these passages and generalisation of witnesses by medical professionals should therefore be avoided. Some witnesses might accept “derivatives of cellular components or extracorporeal blood management methods whereas others might simply refuse them” (Wong, 2012:107). It is a matter of personal preference and decision.

Contemporary Jehovah’s witnesses are more accepting towards modern medical care which includes basic medical care such as vaccinations and even more advanced medical care such as tissue, bone and marrow transplants (Doyle, 2012:417). A common misconception exists that a child will be abandoned by their family and religious community in the case when a Jehovah’s Witness child is administered a blood transfusion without the parent’s knowledge (Bodnaruk, et al., 2004). This is untrue as (in the case of a serious life-threatening injury) the parent’s conscience is not violated. The parent will in truth ‘feel relieved’ that the decision was not up to them.

2.5 BLOOD TRANSFUSIONS AND BLOODLESS SURGERIES

Jehovah’s Witnesses are known for their refusal of whole and major blood components (Gohel, Mulbulia, Poskitt & Whyman, 2011:429). Due to technological advances certain fractions of blood components may be considered by some Jehovah’s Witnesses. The Jehovah’s Witness personal preference regarding blood products should be clarified and respected. Gohel et al. (2011:429) was of the opinion that an adult Jehovah’s Witness’ views regarding blood transfusions should be valued and that a tailored treatment plan should be devised. A tailored treatment plan would take the patients’ needs and wishes into consideration and is tailor made for each patient.

A ‘bloodless’ surgery basically consists of a number of measures taken that helps to reduce the need for blood transfusions and in many cases has been found more beneficial regarding the outcome of the surgery (Gohel, et al., 2011:430). Bloodless surgeries take three paramount principles into account in order to be effective. These consists of Pre, Intra and Post-operative measures.

2.5.1 Pre-operative measures

The pre-operative measures that medical professionals take is by starting with a thorough medical history and examination. This helps to determine the biological reserve and also helps to identify cardiorespiratory disease and helps to determine whether the patient takes medications that will add to blood loss. According to Gohel et al. (2011:430) blood tests should rather be minimised. A thorough investigation for pre-operative anaemia should be conducted and should be treated by iron, folate and vitamin B12 supplements. Medical professionals should discuss the case with a multidisciplinary team to ensure that suitable apparatus and knowledge is available before preparing a patient for a bloodless surgery.

2.5.2 Intra-operative measures

The aim of intra-operative measures is to increase oxygen delivery, decreasing oxygen consumption and to help reduce blood loss during the surgery. Gohel et al. (2011:430) suggested that normothermia should be maintained and to prevent major blood loss, major invasive surgeries should be performed in stages. In blood conservation techniques, medical professionals consider minimally invasive alternatives to major surgeries.

According to Gohel et al. (2011:341) bleeding may be reduced by controlled hypotension but it is unknown where the safe limit is. Controlled hypotension has associated risks, for instance in patients who suffer from cerebrovascular, hepatic, renal or cardiovascular disease might be at a higher risk for organ damage (Gohel, et al., 2011:341).

A process called Acute Normovolaemic Haemodilution enables surgeons to remove whole blood from a patient that has been under anaesthesia. This is especially beneficial for Jehovah's Witness patients as they are allowed to take fractions of blood but not whole blood (Gohel, et al., 2011:341). This technique relies on adequate physiological compensation for the acute blood loss, primarily by an increase in cardiac output, with fewer red blood cells being lost during surgery. In some cases it may happen that a Jehovah's Witness patient might prefer that any removed blood stay in a closed circuit within their body and this is usually done by altering intravenous

lines. Cell salvage or drain collection systems are used in order to salvage blood from surgeries. They are effective techniques and aid in lowering the incidence of infections and malignancy. Gohel et al. (2011:341) also suggested that it might be helpful to salvage blood from swabs.

2.5.3 Post-operative measures

After a bloodless surgery has been performed, blood reducing techniques focus on reducing blood loss, avoiding sepsis and providing adequate supplements such as vitamin B12, folate and iron. Collecting post-operative blood from surgical drains may only be achieved after certain procedures. The quick recognition and treatment of respiratory complications, chest physiotherapy and the supply of oxygen should be included in post-operative care (Gohel, et al., 2011:341). Gohel et al. (2011:341) stated that in order to optimise oxygen delivery, the above-mentioned post-operative care along with adequate intravascular volume and good analgesia are needed.

These different measures of bloodless surgeries make it possible for Jehovah's Witnesses to receive much needed operations while still remaining within the boundaries of their religious doctrine. A Jehovah's Witness' health-seeking behaviour should, in essence, not be threatened by the opinions of medical professions refusing to treat a Jehovah's Witness patient as there are medically and religiously accepted measures of assisting a Jehovah's Witness patient.

2.6 CULTURAL PRACTICE, KNOWLEDGE AND BELIEFS ABOUT BLOOD TRANSFUSIONS

People's attitudes and beliefs toward health behaviour are often influenced by their cultural beliefs. According to Baumeister and Bushman (2014:47) culture consists of an information-based system that includes the sharing of ideas and people from the same culture often have the same way of doing things. Culture is something that is learned from a young age and influences the way people think about things, their decision making processes and their actions (Baumeister & Bushman, 2014:46).

The decision whether or not to receive medical intervention will thus be based on advice from family, friends and peers which will usually be based on their spiritual beliefs and their attitudes regarding the intervention.

2.6.1. Impact of the Watchtower on the health care behaviours of Jehovah's Witnesses

The governing body of the Jehovah's Witnesses, The Watchtower, has long implemented the ban against blood transfusions. The blood transfusion policy requires that blood transfusions are prohibited for all Jehovah's Witnesses including children and in some cases even domesticated animals (The Watchtower, 2000).

The Watchtower provided Jehovah's Witnesses with cards stating the following to prevent blood being administered while a Jehovah's Witness is unconscious:

"I direct that no blood transfusions be administered to me, even though others deem such necessary to preserve my life or health. I will accept non-blood expanders. This is in accord with my rights as a patient and my beliefs as one of Jehovah's Witnesses. I hereby release the doctors and hospital of any damages attributed to my refusal. This document is valid even if I am unconscious, and it is binding upon my heirs or legal representatives" (Watchman Fellowship, 2000).

In the early 2000's the Watchtower released an official publication stating that fractions of blood may be received but the transfusion of whole blood was still strictly prohibited (Watchman Fellowship, 2000). Immunoglobulins and albumin are what is known as blood fractions and is only used in a tiny quantity when taken from plasma. Plasma is mostly water and the cellular components from blood are separated from the plasma.

Before the early 2000's accepting a blood transfusion from fractions of blood would have been cause for disfellowshipping. However, Jehovah's Witnesses can now decide for themselves after careful and prayerful

meditation whether they would like a transfusion of these fractions. This change in doctrine was based on the fact that when the foetus is in the womb, it receives fractions from its mother (an external source). Consequently the Society concluded that it is therefore acceptable for adult Jehovah's Witnesses to receive fractions from blood cells (Watchman Fellowship, 2000).

2.7 PSYCHOSOCIAL IMPACT OF MEDICAL INTERVENTION ON FAMILY

Religion has the potential to be a source of resilience and support or to have detrimental effects on emotional and psychological well-being (Friedson, 2015:694). A Jehovah's Witness who has to choose between seeking the necessary medical treatment or possibly dying for their religion, experiences significant emotional pain. Zieman (2018) stated that Jehovah's Witnesses experience inner turmoil, due to the fact that they might possibly die if they refuse treatment or might be shamed and shunned by their religious community if they accept the blood transfusion. Jehovah's Witnesses who agree to a blood transfusion risk losing their relationship with Jehovah and will possibly be damned from heaven for abandoning their beliefs. Abandoning beliefs is especially difficult for a Jehovah's Witness as they have already sacrificed a normal life to be a member of a strict, high-control group (Zieman, 2018). This big life altering decision places a Jehovah's Witness patient in a full-blown existential dilemma.

Jehovah's Witness patients who have to make a decision whether to prolong their life at that particular moment have to go against their belief of how to ensure eternal life. Thus, it is quite normal for a Jehovah's Witness to feel confused and conflicted while feeling physically weak. Zieman (2018) stated that Jehovah's Witnesses in this position feel emotionally distraught and often fail to think rationally and might rely on 'programmed beliefs and well-rehearsed rationale rather than facing inner chaos.'

In most cases, rendering therapeutic services to Jehovah's Witnesses might be problematic due to the fact that their doctrine, discourages associations with people from outside the religion (Friedson, 2015:693). A Jehovah's Witness who experiences psychological distress may hesitate to obtain help from a therapist as a result.

2.8 MEDICO-LEGAL ISSUES

According to Bodnaruk, et al. (2004:109) the Canadian Charter of Rights indicates that a parent may raise their child according to their preferred beliefs in choosing medical treatments.

The South African Constitution states in Section 15 that “everyone has the right to freedom of conscience, religion, thought, belief and opinion” and in Section 31 that “persons belonging to a religious community may not be denied the right to practice their religion and maintain religious organs of civil society” (The Bill of Rights of the Constitution of the Republic of South Africa, 1996). In light of the refusal of blood transfusion among Jehovah’s Witness, a contradiction arises between the United Nations national declaration of human rights that states in Article 3 that ‘everyone has the right to life, liberty and security of a person’. The right to practice one’s belief or religion (and possibly dying as a result) and the right to life seems contradictory.

Gyamfi, Gyamfi & Berkowitz (2009:173) stated another interesting medico-legal and ethical aspect pertaining to Jehovah’s witnesses in the case of a pregnant Jehovah’s Witness. Would it be fair to administer the patient with a blood transfusion against their own will and send them to eternal damnation or would it be worse to let them die if they need a blood transfusion (Gyamfi, et al., 2009)? In this case the medical team needs to consider patient autonomy. The South African constitution states that a patient who is fully and competently autonomous must be respected in their choices of medical intervention. A patient who understands the diagnosis made by the medical professional as well as the outcome thereof has the right to refuse a lifesaving blood transfusion (Gyamfi, et al., 2009).

In some cases a Jehovah’s Witness is unconscious and therefore unable to communicate their preference for medical treatment. Usually, a health care surrogate is assigned to assist in such situations (Gyamfi, et al., 2009). According to the National Health Act a person who has been appointed by the patient (at a time of being competent) may consent to or refuse a blood transfusion on behalf of a patient. A Jehovah’s Witness patient who has given an advanced directive regarding the refusal of blood transfusions should be respected. In cases where no-one has been mandated

by the patient, the patient's spouse/partner, parent, grandparent, adult child or sibling may consent to the refusal of a blood transfusion.

If the person gives consent to a blood transfusion regardless of the patient's wish a court order should be obtained before administering the blood transfusion. In emergency situations the patient's wishes are usually respected and the blood transfusion is not administered, but usually the family is counselled to confirm what the patient would want (Caine & Zybrands, 2014:12).

Jehovah's Witness children fall under the protection of the Children's Act, Act 38 of 2005, regarding best interests of a child. According to Caine and Zybrands (2014:12) a treatment or surgery cannot be performed without the consent of the parent or guardian of the child. A practitioner treating a Jehovah's Witness child may ignore the religious or other beliefs of the parents and in terms of the Children's Act administer the lifesaving blood transfusion, unless the parent can prove that a medically accepted alternative is available. If the medical practitioner does not agree with this alternative the decision is made by court if there is no emergency. If there is an emergency the best interests of the child prevail.

The Children's Act 38 of 2005 makes provision for when a child is mature enough and has the mental capacity to understand the benefits, risks, social and other implications of treatment to consent to their own medical treatment without parental assistance. However, when a surgical operation is concerned, the assistance from a parent is usually required before consent may be given. The question that arises is whether or not blood transfusions fall into the category of 'treatment' or 'surgical operation'. If it is seen as treatment the child may consent to the transfusion, but if it is seen as a surgical operation the parent must also provide consent for the procedure (Caine & Zybrands, 2014:12).

Interestingly enough a parent of a child who is younger than 12 may not refuse a blood transfusion for purely religious reasons, unless they can prove that there is a medically accepted alternative choice. In the case where the child is older than 12, a refusal must be accepted, unless it is deemed to be unreasonable. Should a disagreement between the child and parent arise (the child consents but the parent doesn't) the

department of Social Development is contacted and the minister may consent to the transfusion. The choice of a child is unfortunately absolute and may be overruled either by ministerial consent or an order by the High Court (Caine & Zybrands, 2014:12).

Jehovah's Witness families are often confronted with medico-legal issues due to different sections in legislation and the medical professions. The effect of these could influence a Jehovah's Witness family's decision to seek medical help due to the fact that their wishes might not be respected by medical professionals.

2.9 SUMMARY

This chapter has provided a review of the literature regarding the influence of the religious and cultural aspects of Jehovah's Witnesses on health-seeking behaviour. The next chapter will be a discussion of the research methods used in the research process.

The Jehovah's Witnesses are particularly known for their devotion to the blood ban. The blood ban was promulgated by the governing body of the Jehovah's Witnesses – the Watchtower. This ban is based on three scriptures in the Bible found in the books of Genesis 9:3-4, Leviticus 17:10-16, and Acts 15:28-29. The blood ban prohibits Jehovah's Witnesses from receiving blood transfusions as blood transfusions are synonymous with 'eating' blood which will result in shunning from friends and family should blood transfusions be accepted.

As medicine evolved, some blood products are now accepted by Jehovah's witnesses based on individual Jehovah's Witness' personal preference. There are various medicolegal issues regarding the Jehovah's Witnesses' beliefs regarding their refusal for blood transfusions. However, it is necessary that medical professionals respect Jehovah's Witnesses preferences (within reasonable limits). It is now possible for medical professionals to do bloodless surgeries on Jehovah's Witnesses which is beneficial to all patients. The next chapter focusses on the research methodology and findings.

CHAPTER THREE: RESEARCH METHODS AND FINDINGS

3.1 INTRODUCTION

In chapter three the research methodology that was used for this study is discussed. This includes how the study was designed, the setting of the study, the population of the study, the study sample, sampling methods and the inclusion criteria. The methods of data collection, data analysis and the measures to ensure trustworthiness and ethical considerations are also discussed. The research findings are presented using a thematic analysis of the themes and sub-themes generated from the data, corroborated with direct quotes from the participant interviews and substantiated with literature. The theoretical framework underpinning this study was based on two theories i.e., the Social Learning Theory and the Health Belief Model.

3.2 AIM AND OBJECTIVES OF THE STUDY

The aim for this study was:

To explore the religious factors influencing the health-seeking behaviours of the Jehovah's Witnesses in Johannesburg.

The aim of the study is achieved through the objectives of the study which were as follows:

- To conceptualise and contextualise the religious factors influencing health-seeking behaviour from a health belief perspective.
- To explore and describe the religious factors influencing health-seeking behaviour of the Jehovah's Witnesses in Johannesburg.
- To make suggestions to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour for different religious groups.

3.3 RESEARCH APPROACH

Polit and Beck (2012) explained that in cases where the research is about the nature of a little-understood phenomenon, it is best to use a qualitative approach. A qualitative

exploratory descriptive approach was employed for this study with the purpose of exploring and describing the health-seeking behaviour of Jehovah's Witnesses.

The research approach that was used for this study was the qualitative research approach since data was collected using semi-structured interviews. Barbour (2011) stated that qualitative research helps the reader to understand how the participants understand concepts of daily living and what kind of trade-offs they might make to themselves.

Maree, Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Nieuwenhuis, Pietersen, and Plano Clark (2017:53) explained that qualitative research focuses on linguistic rather than numerical data, as qualitative studies focus on understanding meaning, rather than statistical forms of data-analysis. The qualitative research approach was deemed suitable for this study, since an exploration into the Jehovah's Witnesses' world was conducted to understand how they experience medical related issues that influence their health-seeking behaviour. Thus, because the researcher took a step into the living world of the participants, a qualitative approach was most suitable since their experiences, culture, norms and values were analysed and were best done by interacting with the participants in the form of a conversation. This allowed for more in depth answers from the participants and also provided the researcher with the opportunity for further exploration. According to Barbour (2011), focusing on the context of people's everyday lives, qualitative research allowed the reader and the researcher to access embedded processes. In order to enhance the understanding of their lives, open exploratory research questions were asked and the emphasis was on understanding phenomena in their own right (Nieuwenhuis, et al., 2017:53).

Qualitative research is a gradual and systematic process of enquiry and is usually linked to areas of human behaviour and to find meaning in an uncommon phenomenon. Botma, Greeff, Mulaudzi, and Wright (2010:200) defines qualitative research as a thorough exploration and explanation of a certain phenomenon. In order to understand a participant's feelings, meaning and behaviour, interviewing techniques are used. The researcher sought to explore and gain professional insight into the health-seeking behaviour of Jehovah's Witnesses.

3.4 TYPE OF RESEARCH

Applied research was used, which involves asking questions in order to acquire data, so that a situation or problem can be improved (Jansen, et al., 2016:3). Thus, questions were asked to identify what factors inhibit health-seeking behaviour among Jehovah's witnesses and how this can be dealt with in practice. This was deemed the most appropriate type of research, since it has a direct effect on practice, because it informed practice and aimed to emancipate current practices so that crisis situations with regards to the medical treatment of Jehovah's Witnesses can be dealt with sufficiently. Rich data in the form of interviews that provided detailed information was obtained by means of a thorough exploration into what the participants were saying. Rich data, according to Ebersöhn, Eloff and Ferreira, (2016:146), breaks ineffective dynamics and replaces them with beneficial habits. Ineffective dynamics refers to aspects such as stigma by medical professionals, members from other religions and people in general. Beneficial habits refer to what can be done to treat a Jehovah's Witness patient without infringing on their cultural belief system (Ebersöhn, et al., 2016:146).

3.5 RESEARCH DESIGN

The research design provided a plan for obtaining answers to the questions being asked. Polit and Beck (2012) explain that a research design indicates the type of study, where the study will take place, how the data was collected and how it was analysed. The research design planned for this study was the case study design, since the aim was to gain knowledge of the factors inhibiting health-seeking behaviour so that the knowledge obtained can be utilised to inform theory about this phenomenon (Maree, 2017:36). This design was deemed the most appropriate design, since the researcher aimed to have an in-depth understanding of the cultural and spiritual factors that influence the health-seeking behaviour of a Jehovah's Witness. Fouché and Schurink (2011:321) explained that a case study design involves an exploration of a bounded system over a period of time through detailed and in-depth data collection that involves multiple sources of information. In the context of this study, the instrumental case study was to involve exploring the Jehovah's Witnesses' cultural and spiritual factors that influence their health-seeking behaviour over a period of time and the use of

multiple sources of information (i.e. the different participants), so that in-depth data could be collected and eventually analysed. Due to the challenge with recruiting and sampling, only 4 participants could be sampled and thus the research design had to be adapted to phenomenology and then collect richer data. Phenomenology is defined by de Vos, *et al.* (2011:316) as a study that describes the meaning of the lived experiences of a phenomenon or concept for several individuals. The phenomenological design was the most appropriate design since the researcher aimed to a more in-depth understanding of the spiritual factors that influences the health-seeking behaviour of a Jehovah's Witness.

3.6 RESEARCH METHODS

In this section the research methods are discussed.

3.6.1 Study population and sampling

3.6.1.1 Study population

A study population is a small portion of an actual population that is selected for inclusion in a study that fulfils the criteria as set by the researcher (Strydom, 2011:223). The study population in this study consisted of people practising the Jehovah's Witness religion, who reside in Johannesburg, Gauteng.

3.6.1.2 Sampling method and sample

For this study, non-probability sampling was used, which is a sampling method used when the population is too large and it is nearly impossible to gain access to the whole population (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014:137). Due to the fact that the entire Jehovah's Witness population of Gauteng was rather large for research purposes and due to the sensitivity of this specific topic, a sample was taken from an available population through those who recommended other participants.

The snowball sampling technique was used to identify the first participant. Du Plooy-Cilliers *et al.* (2014:143) defined snowball sampling as the use of referrals to increase a sample size. Suggestions of others who fit the population parameters are provided by participants in the study. The first participant was a friend of an acquaintance of the researcher. Unfortunately, this potential participant, once contacted, was unwilling to

talk to the researcher. She referred the researcher to one of the elders of her specific congregation, who deemed that the information provided on their Church's website regarding their religion was sufficient, and were not willing as a church to help recruit participants. The sampling technique was then changed to purposive sampling. Purposive sampling is described by Strydom (2011:232) as the composition of elements that contain the most characteristic, representative or typical attributes of the population that serve the purpose of the study best. Another acquaintance of the researcher provided a contact number of another Jehovah's Witness, who was willing to have an interview with the researcher (participant 1, pilot study). This participant was then included in the main study and the other three participants were recruited via contacts of the researcher. These persons were contacted telephonically by the researcher after the acquaintance had informed them of the study and that the researcher would contact them. The sample also needed to meet specific population parameters or inclusion criteria, but also had to be selected using the researcher's own judgement. Purposive sampling was thus used, which Maree and Pietersen (2017:198) referred to as a method that is used in special situations with a specific purpose in mind. In this case the researcher targeted willing Jehovah's Witnesses, who met the inclusion criteria, to state their opinions about health-seeking behaviour according to their religion. The inclusion criteria were as follows:

- confessed Jehovah's Witness,
- adult (18+ years),
- able to converse in either Afrikaans or English, and
- Johannesburg resident.

If they met the inclusion criteria and were willing to partake in the study and sign the informed consent letter, they were included in the study. The researcher's attempt to find more participants was in vain and unfortunately there were only four participants in the study.

3.6.2 Methods of data collection

Semi-structured interviews were used to collect data. A semi-structured interview involves setting up a 'line of enquiry' before the interview takes place. Questions are asked followed by clarification and probing (Niewenhuis, 2016:93). "Attention should be paid by the researcher to identify new lines of inquiry that are related to the

phenomenon” (Niewenhuis, 2016:93). Du Plooy-Cilliers et al., (2014:188) describe semi-structured interviews as conversational and allow for a great degree of freedom during the interview. This type of interview makes use of predetermined questions and themes, however the interviewee is allowed to answer freely. A limitation of this collection method is that the conversation can get diverted during the interview. The researcher should then direct the conversation back to the relevant questions at hand. The data collection instrument utilised was in the form of an interview schedule and a voice recorder was used during the interview with the permission of the participants. The interview schedule was tested during the pilot study, as discussed later in this chapter. The interview schedule worked well and was useful to identify emerging lines of enquiry and to correctly code the content of the interview. Recording of the interview was done with the permission of the participant. This was beneficial to keep track of what the exact words of the participants were, which prevented the researcher from failing to recall what had been said during the interview.

3.6.3 Methods of data analysis

After the semi-structured interviews were conducted, the data was transcribed and analysed by means of a thematic analysis. A thematic analysis aims to identify themes and patterns in the collected data (Maguire & Delahunt, 2017:3356).

For the data analysis process, Braun and Clarke’s (2006) six steps were utilised:

- The first step in analysing the data after data had been collected was to **become familiar with the data**. Braun and Clarke (2012:60) state that this phase involves completely submerging yourself in the data. The researcher listened and re-listened to the interviews of the participants and transcribed them verbatim. Notes and early impressions were made to help the researcher structure ideas (Maguire & Delahunt, 2017:3355).
- The second step the researcher used was to **code the data**. A theoretical thematic analysis was done. Each segment of data that was relevant or interesting to the research question was coded (Maguire & Delahunt, 2017:3355). Braun and Clarke (2019:61) explain that codes are used to identify and provide a label for a feature of the data that is potentially relevant to the research question. These codes provide a concise summary of a portion of data or can describe the content of the data. Braun

and Clarke (2012:61) believe that codes can go beyond what the participant meant and can provide an interpretation of the data content.

- The third step in the thematic analysis process is **to develop themes**. The themes are based on an overlapping between codes and general themes. Some codes were grouped together that formed a theme that linked to the research question (Maguire & Delahunt, 2017:3356). The researcher listened to the recordings various times and thought about what the participants were saying that was similar over a short period of time. Then, the researcher made notes about things that were said that were similar and kept all the ideas (themes) in a list format for further review later on.
- In the fourth step the **themes were reviewed, modified and developed**. Themes were reviewed and divided into sub-themes according to the transcripts, in order to continue to the fifth step where themes were defined (Braun & Clarke, 2012:63). As Braun and Clarke (2012:63) stated “essentially, you are starting to analyse your codes, and consider how different codes may combine to form an overarching theme”. The researcher made a list of all the themes that came out of the data gathered and chose to eliminate some of the themes that were interesting, but not linked to the research question. The themes were grouped into main themes and sub-themes. The sub-themes were then shuffled again into more fitting major themes that the researcher thought would be better suited.
- The fifth step **defined themes** where the aim was to identify the essence of what each theme was about (Maguire & Delahunt, 2017:3358). Braun and Clarke (2012:63) stated that at this point the analysis will start to shift from codes to themes. Themes enable the researcher to capture important aspects about the data that relate to the research question and represent some level of patterned response within the data. Developing themes is an active process. Braun and Clarke (2012:64) refer to the generation of themes involving a collapse or clustering of codes that share features that are similar so that they reflect and describe a coherent and meaningful pattern in the data. An in-depth study was done in exploring the meaning of these themes to understand the meaning behind it. Thereafter, the themes were supported by the literature study on Jehovah’s Witnesses from Chapter two, to either support or not support the findings.
- The last step was to **write up the outcome of the data**. This was in the form of a mini-dissertation submitted for examination and is available in the library at the

University of Pretoria (Maguire & Delahunt, 2017:33512). The data was analysed and compared again to the research questions in order to determine what the outcome of the data was. The outcome of the data is discussed later on in this chapter and recommendations made in chapter four.

3.6.4 Data quality

Trustworthiness is defined by Turnbull, Lea, Parkinson, Phillips, Francis, Webb, Bull and Ashby (2010:1602) as something that can be relied upon to be good, honest and sincere. To ensure **trustworthiness**, the researcher aimed to represent the perspective of the participants as closely as possible. To ensure trustworthiness of a study, the researcher had to ensure that the research is credible, transferable, dependable and confirmable (Maree, 2017:124).

Credibility is defined by Turnbull et al. (2010:344) as the quality of the research that makes people believe or trust the research. The researcher continuously asked participants to verify and clarify the data gathered in earlier interviews to ensure that the researcher has understood the information gathered correctly. Du Plooy-Cilliers et al., (2014:258) explained that research becomes more credible when the researcher and participants spend a vast amount of time together, in order to understand the participant better and to gain insight in their lives. The strategy that was utilised in this study was member checks, explained by Schurink, Fouché & De Vos (2011:421) as a process where the researcher verifies data and findings with those participants who were originally involved. Thick descriptions were also used to describe data to ensure a holistic view of information gathered.

Transferability is defined by Schurink, Fouché & De Vos (2011:420) as the extent to which the findings of the research can be transferred from a specific situation or case to another. The researcher abstained from making generalised claims in order to ensure that the research was transferable. The researcher aimed to make assumptions transferable to such an extent that it could be applied in different situations, but still come to the same conclusions. Palaganas, et al. (2017:426) explained that reflexivity is a process where researchers acknowledge any changes brought forward in themselves as a result of the research and how the research was affected in the process. Through reflexivity the researcher had an awareness of how

subjectivity can influence the research and results in a process of constant introspection. Before the research process began, the researcher was aware of her values, had a good understanding of her own social background, location and assumptions and how they might have affected her research. The researcher believed that research needed to be conducted without any bias from the researcher's side and be completely objective. As mentioned above, thick descriptions were used to make findings transferable to other situations.

Bias

Bias is the desire to reach a particular outcome or result. This influences the research in terms of where and how data is collected and how the data will be interpreted (Louw, 2014:271). The researcher believes that research should be conducted without any bias from the researcher's side and objectivity should be strived for. The researcher kept a reflexivity journal to track findings and events during the research, so that if the researcher found any possible bias in the journal, it could be addressed.

Dependability was defined by de Schurink, Fouché & De Vos (2011:420) as the extent to which the research was conducted in a logical manner, how well it was documented and how it was audited. Dependability was ensured by keeping a journal of any decisions and adjustments/changes made during the research process, so that others will be able to follow the researcher's reasoning. The analysis process was documented to enable the reader to understand why and how the researcher reached certain conclusions. The researcher met with a colleague who served as a peer debriefer, and had various conversations regarding the research with this colleague. A journal was also kept regarding any decisions and changes made in the research process. The peer debriefer acted as a soundboard to ensure that both were on the same page.

Confirmability was defined by Schurink, Fouché & De Vos (2011:420) (2011:420) as the way the traditional concept of objectivity is captured. Thus, confirmability is the degree to which the findings of this study can be confirmed by a peer debriefer. In the discussion held between both the peer debriefer and researcher, the research was discussed and the peer debriefer provided the researcher with some insight regarding

whether or not the research is confirmable, not only in the research population but also in other settings.

3.6.5 Pilot study

In order to increase the validity and reliability of a study, a pilot study is used in qualitative research (Fouche & Bartley, 2014: 257). A pilot study is a procedure for testing and validating an instrument by administering it to a small group of participants from the intended test population (Strydom, 2014:237). A small segment of the actual population is tested by means of drawing a sample. The pilot study was conducted with one member of the population, due to extreme difficulties in getting willing participants and the data collected being rich. The participant from the pilot study had to be included in the main study due to a lack of willing participants. The pilot study took place in Johannesburg, Sandton area, with the goal of identifying any issues and aspects that were unclear in the interview schedule and to test the voice recorder and duration of the interview.

3.7 ETHICAL CONSIDERATIONS

Research shapes the way researchers, students and other stakeholders think. Thus, a researcher must conduct research with utmost caution to not cause any form of harm to the participants and to provide the truest form of the research. Strydom (2011:113-128) provided a clear set of ethical considerations that should be respected when research with human participants is conducted.

- **Privacy, anonymity and confidentiality**

Every individual has the right to privacy, anonymity and confidentiality. According to Strydom (2011:119) privacy implies the element of personal privacy and confidentiality means that information is handled in a confidential way. Anonymous information given by participants ensures their privacy, but because these participants were seen face-to-face, anonymity could not be ensured, and protection of identity was ensured by using pseudonyms for each participant. In this research study, the participants were asked to provide information, but no means of identification was required for research purposes in order to ensure privacy and confidentiality.

- **Informed consent**

Informed consent means that participants are formally informed of any research being done and they should be given an opportunity to consent to participate (Fouche & Bartle, 2014:264). The researcher believed that the necessary information should be provided to the participants, so that they could decide whether they wanted to consent to participating in the study and what the study entailed. Informing a participant about the research study, includes providing information about the purpose of the research, the duration thereof, procedures, the participants' right to withdraw from the study, research benefits and whom to contact for questions about the research and participant's rights (Stangor, 2015:45). Written consent was given by the participants by signing an informed consent form at the beginning of the research process. Strydom (2014:117) explained that there must be an emphasis on accurate and complete information so that the participants will understand the details of the investigation and make an informed decision on whether or not to participate. Furthermore, the researcher communicated to participants that the information given was important, why it was important and lastly, the purpose of the interview was disclosed (Strydom, 2014:117).

- **Voluntary participation**

Participants should have a choice whether they would like to participate and not be forced to participate in any kind of research (Strydom, 2011:116). The researcher ensured voluntary participation by giving the participants a short overview of what the study entailed and provided the opportunity for participants to withdraw, if they felt that they did not want to participate. Stangor (2015:47) mentioned that in an ideal situation a participant has the opportunity to learn about the research and then chooses to participate or not.

- **Debriefing**

Stangor (2015:54) refers to debriefing happening directly after the research study and is designed to explain the procedures and purpose of the research and to remove any harmful after effects of the research. The researcher incorporated a debriefing session after the interviews, to ensure that none of the participants are affected by the research, since for some people religion is a sensitive topic. A counsellor was involved on a referral basis for participants that might have needed debriefing afterwards, but there was no need for debriefing, as all the participants indicated that they were fine and did not need counselling.

- **Avoidance of harm**

The basic rule of research is to bring no harm to the participants of the study (Strydom, 2011:115). It is the researcher's ethical obligation to protect participants against any sort of harm, be it physical or emotional in nature. Strydom (2011:115) stated that respondents should be thoroughly informed about the potential impact of the research investigation beforehand and should be provided with the opportunity to withdraw from the investigation should they wish to. Thus, in order for the researcher to have avoided harm against the participants, be it physical or emotional, the researcher had a firm scientific background to extract sensitive and personal information from the participants. The researcher constructed an assessment for the possible risks that could arise from the study, which also made provision for unforeseen circumstances that might arise from the study. The researcher informed the participants about the potential impact of the study and provided them with the opportunity to withdraw from the process.

- **Compensation**

To compensate means to provide participants with a reimbursement for the costs incurred such as travelling, taking time off work and the time spent on the research project (Strydom, 2014:116). This could have been problematic as participants would not have been motivated to participate in the study for the 'right reasons'. Thus no compensation was offered. The researcher tried not to cause discomfort to the participants and communicated clearly to them that the interviews for the collection of data would take place without any form of incentive or compensation.

- **Deception**

To falsify data means to fabricate and change data in order to save time (Louw, 2014: 270). Obtaining and analysing data from participants was a lengthy process and the researcher thus ensured that there was enough time between the collection of the data and the analysis thereof. Regarding the nature of the research (interviews), the researcher does not believe in dishonesty and thus did not change any data in this study or report.

3.8 EMPIRICAL FINDINGS

The Empirical findings of the study are presented in the following section. Any relating themes and sub-themes that emerged from the data analysis process are presented

and discussed, supported by literature to make the findings more meaningful, as well as verbatim quotes from the participants to support the themes.

Empirical data was collected in the form of face-to-face interviews in order to gather extensive viewpoints from different members of the Jehovah’s Witness religion regarding the spiritual factors that influence their health-seeking behaviour. Four interviews with four participants were conducted, recorded and transcribed. The transcripts were analysed by the researcher by coding and identifying themes and sub-themes from the data collected.

3.8.1 Biographical findings

The biographical data of the participants is presented in the table below. This is followed by a thematic analysis of the research, which is supported by verbatim quotes from the interviews and literature authentication.

A summarized profile of the demographic profile of the sample is presented to add richness to the context of this study. This summary is presented in table 3.1 below.

Table 3.1 Summary of the demographic data

Participant pseudonym	Age	Gender	Marital status	Living arrangements
P1	45	Male	Married	Partner only
P2	49	Male	Single	Parents and siblings
P3	60	Female	Married	Partner and children
P4	52	Female	Married	Partner and children

A total of four participants, two females and two males were interviewed. The sample was comprised of adults in the Johannesburg area. One of the participants was retired and three were employed. All participants were confessed Jehovah’s Witnesses.

In the following section, the above biographical information of the participants is presented in more detail. Figure 3.1 below illustrates the age group of the participants.

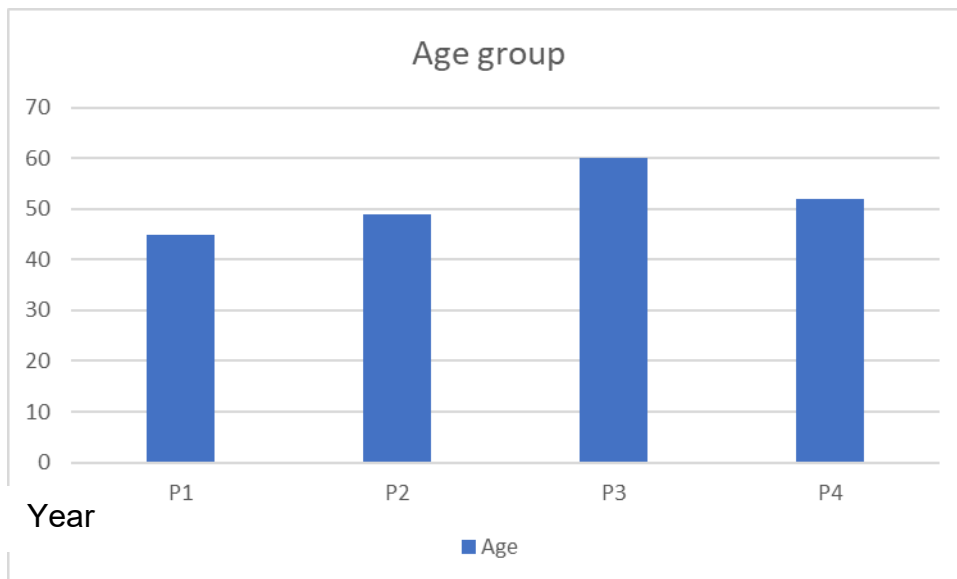


Figure 3.1: Age (n=4)

The above histogram shows the distribution of the ages of the participants. The total number of Jehovah’s Witnesses who participated in the interviews was 4. Of the total number, 2 (50%) of the participant’s ages ranged between 40 and 49, while the remaining 2 (50%) were between the ages of 50 and 60 years.

The following figure represents the gender of participants who were part of the interviews:

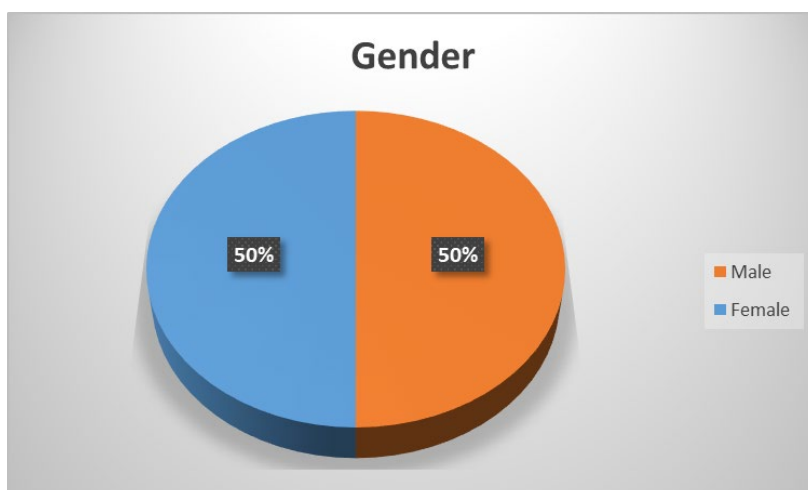


Figure 3.2: Gender (n=4)

There was an equal representation of males and females in the interviews, with a total of 2 males (50%) and 2 females (50%) taking part in the study.

The next figure represents the marital status of the participants that took part in the study.

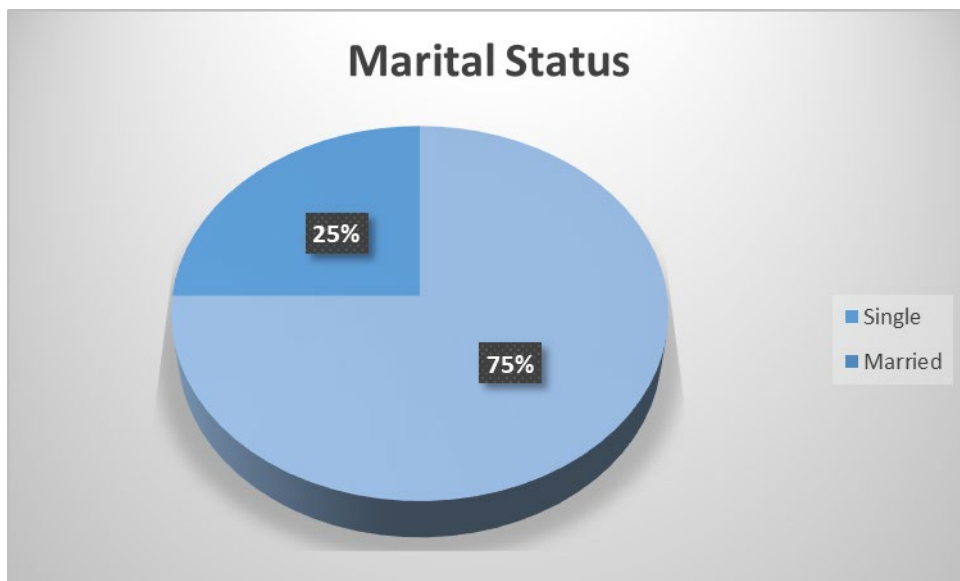


Figure 3.3: Marital Status (n=4)

The above chart shows that 1 participant (25%) was single and the other 3 (75%) were married.

The next figure represents the living arrangements of the participants.

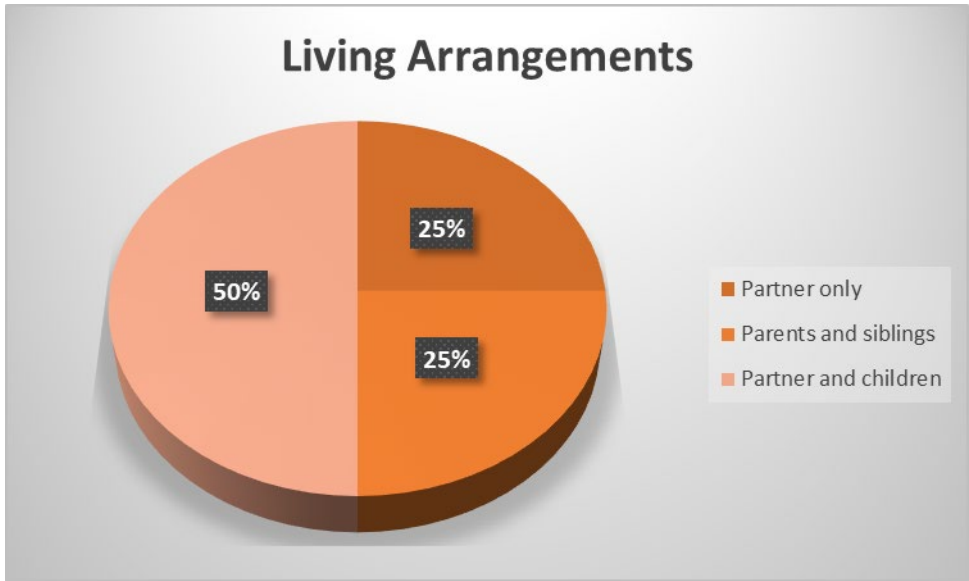


Figure 3.4: Living arrangements (n = 4)

Two participants (50%) indicated that they live with their partner and children and 1 participant (25%) lived with their partner. The last participant (25%) indicated that he/she was single, but live with his/her parents and siblings.

Subsequently, the thematic analysis of the themes and sub-themes are discussed.

3.8.2 Thematic Analysis

The themes and sub-themes that emerged from the interviews are discussed and analysed thematically in this section. Findings from the research interviews are corroborated with the participants' direct quotes, as well as information from literature.

The table below presents the themes and sub-themes that emerged from the data analysis.

Table 3.2: Themes and sub-themes

	THEME	SUB-THEME
1.	Biblical guidelines	

2.	Medical intervention	2.1 Careful decision-making regarding health care 2.2 General appreciation for medical profession and intervention
3.	Promotion of healthy lifestyle to promote life	
4.	Community support	4.1 Varying opinions regarding health 4.2 Support system regarding health issues

3.8.2.1 Theme 1: Biblical guidelines

This theme focused on specific scriptures in the Bible that provide the guidelines to which Jehovah’s Witnesses dedicate their lives to. The following quotes of participants support this theme:

P1 “...actually when why we were studying the Bible the Jehovah’s Witnesses, we were actually shown scriptures in the Bible including scriptures like Genesis Chapter 9 verse 4 where God indicated that uh human beings must not eat blood.”

P3 “...main scripture there is in Genesis where it says that you must eat vegetation and then again in Acts 15 to 59. In Genesis 9:3-4 is the first instance in the Bible when man is given the authority to eat animals but not the blood. The blood belongs to Jehovah. When you eat the animal, you have to pour out the blood.”

P1 “Another scripture that comes to mind is Leviticus Chapter 17 verse 14, where God explains that the life of an animal is in its blood and therefore out of respect for Christ, we must not eat blood.”

P3 “...know the scripture in Leviticus 17:13 to 16 that early sacrificial use of blood as sacrifice to Jehovah. It also shows that the sacrifices that were involved in that time consisted of blood and was used in a sacrificial way.”

P1 “...you would see in the book of Acts Chapter 15 verse 29 where Christians are urged to abstain from blood and from things that are strangled. I mean why, why would Christians be encouraged to abstain from things that are strangled because they still contain their blood...”

P2 “We Jehovah’s Witnesses believe in the Bible and everything we do; the Bible guides us.”

P2 “Jehovah’s Witnesses do not accept treatment that conflicts with the Bible principles. For example, we do not take blood because the Bible prohibits taking blood to sustain the body.”

P1 “Taking another person’s blood is absolutely denied by the Bible”.

P1 “...Spirituality is paramount for us. We consider the whole Bible to be the word of God and is beneficial for teaching, improving, disciplining and righteousness so that we can be fit and acceptable to our God as well.”

P4 “...in my family spirituality is the one thing that keeps us close together and we praise God for that.”

P1 “...expected to live according to God’s requirements as found in the Bible so we can prove that this is not just some religious trick and this is why we are able to quote from the Bible.”

P1 “...science is in harmony with God’s word. God’s word created the brain which is now used to come up with this various treatment regimens with various medication and so on.”

P1 “as long as the medical treatment that is required does not violate God’s requirements and the only requirement that God has as far as medical treatment is concerned is not to take blood. That’s all.”

P3 “...we feel that it is a command from Jehovah and it is in the Bible and that is why we are very proud to say that according to the Bible we cannot take the blood of any source...”

P3 “it’s a very passionate and personal thing based on scripture.”

P4. “I chose to be a Jehovah’s Witness and I would rather live by God’s will than succumb to the whims of man.”

P4 “.....all we do is stated from the Bible and the direct commands from God.”

From the interviews it became clear that the different books in the Bible gave different directions, but are all in line with each other, for instance the book of Genesis indicates that humans should not eat blood, but should eat vegetation instead. The book of Acts states that Christians are urged to not eat any blood from an animal or anything that was strangled. Leviticus emphasises that blood is life and therefore out of respect for

Christ blood from an external source cannot be taken by a Jehovah's Witness. Spirituality is of utmost importance and is viewed as something that keeps a Jehovah's Witness family together. The whole Bible is considered the basic rules of life that all Jehovah's Witness strive to live by.

Christians see the blood of God as sacred because it is seen as the power of redemption, atonement, sanctification and purification. Jehovah's Witnesses believe that blood transfusions violate the Divine law and according to Doyle (2002:417) "orthodox Jehovah's Witnesses will not accept white and packed red blood cells, plasmas, autologous or homologous whole blood" because of the three Biblical passages concerning blood. They see blood transfusions as synonymous to 'eating' blood (The Holy Bible New Living Translation, Genesis 9, Acts 15 and Leviticus 17).

Religions often provide a set of values that the members of that religion have to abide by and live according to God's will. These values often influence various aspects of a person's life, such as their health and health-seeking behaviour. Jehovah's Witnesses believe that since humans are made by God, human life is the result of Divine Creation (Sarteschi, 2008:500). The Divine Law is applicable to all mankind, since it originated long before the Hebrew nation and no Israelite was permitted to consume blood (Sarteschi, 2008:500). Taking into consideration what was said in the above paragraphs, the Social Belief Theory clearly comes into play in that personality is shaped through learning. In other words, the social learning theory is a theory that emphasises the importance of different roles played by vicarious, symbolic and self-regulatory processes of the human being (Abraham & Sheeran, 2015:31).

It can thus be deduced that Jehovah's Witnesses' behaviour is changed and adapted by influences from this group and learnt from this group.

3.8.2.2 Theme 2: Medical intervention

Theme two focuses on the health-seeking behaviour and medical intervention of Jehovah's Witnesses. The sub-themes that were generated from this theme were: careful decision-making regarding health care; and general appreciation for the medical profession and intervention.

Sub-theme 2.1 Careful decision-making regarding health care

This sub-theme reflects on careful decision-making regarding health care. The quotes below support this sub-theme:

P1 "... if we fall sick then we contact our, our Doctor you know or Primary Health care Provider you know and then take decisions where, as far as the treatments are concerned."

P1 "And to say if we fall sick we must contact our primary health care provider and then based on the treatment options that are proposed then we choose what kind of treatment we will take guided by Bible principles,"

P1 "we do refuse blood but if there is an alternative form of treatment available for any condition that we are undergoing then we do accept that."

P2 "...in the Bible there is a verse that Jesus said persons in health do not need a physician but the ailing does. He thereby implies that scripture says that getting help from medical professions is accepted."

P4 "...we seek immediate help if someone falls ill. It is only when it comes to blood transfusions that we do not accept the treatment. "

P2 "A Jehovah's Witness will not rush into making medical decisions."

P2 "...Witnesses has to slow down and investigate treatments offered to them."

P1 "...as long as the treatment regime that is advised doesn't include whole blood or blood components then I am for it".

P1 "...when it comes to the issue of blood uhm we really see it as one of those critical things that someone should not force us with."

P1 "...that really is all otherwise any normal treatment the first thing we do when we need treatment is we go to the doctor. Not the church or the congregation. No. We go to the doctor and we take it from there."

P4 "...if we don't agree with a doctor's diagnosis and course of treatment, we would rather seek a second opinion."

P4 "most of the times that we had to do with doctors they were able to treat us in accordance to our beliefs."

From the quotes from the interviews it is clear that Jehovah's Witnesses seek help from a medical practitioner when they become ill. Generally, Jehovah's Witnesses are accepting towards the majority of medical interventions but the refusal of blood transfusions remains non-negotiable. A second opinion would be sought if they do not

agree with a diagnosis or course of treatment, but they do not want to be forced to receive a certain medical intervention that is against their beliefs.

Bodnaruk et al. (2004:106) emphasised that Jehovah's witnesses believe in respect and love for the sanctity of life, value good health and act responsibly in safeguarding their own and their children's well-being. Doyle (2012:417) stated that contemporary Jehovah's witnesses are more accepting towards modern medical care which includes basic medical care, such as vaccinations and even more advanced medical care such as tissue, bone and marrow transplants. Gohel et al. (2011:429) are of the opinion that a competent Jehovah's Witness adult's refusal of blood, must be respected and that medical professionals should devise a tailored treatment plan. A tailored treatment plan would include a treatment plan that is specifically compiled for the patient based on their individual needs. Different measures of bloodless surgeries make it possible for Jehovah's Witnesses to receive much needed operations, while still remaining within the boundaries of their religious doctrine. A Jehovah's Witness' health-seeking behaviour should, in essence, not be threatened by the opinions of medical professionals refusing to treat a Jehovah's Witness patient, as there are medically and religiously accepted measures of assisting a Jehovah's Witness patient (Gohel, et al., 2011:341). A patient's religious and spiritual needs are understood by the patient's wishes about the way their beliefs and practices are acknowledged and supported while they are in hospital.

Sub-theme 2.2 General appreciation for medical profession and intervention

This sub-theme focuses on the general appreciation of the medical profession and the intervention that they can offer to Jehovah's Witnesses. The quotes below support this sub-theme:

P1 "...we do appreciate the fact that Doctors they actually help scientists you know they help come up with various treatments and medications to tackle a range of diseases."

P1 "we really appreciate the work that they do."

P2 "...Jehovah's Witnesses are certainly grateful for all the work that all the medical professionals do."

P3 "I could not count the doctors that had been supportive. There are many at the hospitals, doctors, nurses that are dedicated to working with us."

P3 "...because we are very grateful for doctors who are willing to work with and treat Jehovah's Witnesses."

P1 "medical professionals have been trained, they have practiced and they know how to deal with certain diseases that might confront us so why not make use of that services. For me it doesn't mean that you are not faithful if you seek medical treatment. "

P4 "we have a specific medical practitioner because this doctor is open-minded and does not judge us based on our beliefs. We appreciate that."

The quotes above indicate that Jehovah's Witnesses have an appreciation for medical professionals for the work that they do. Most doctors are supportive and willing to treat Jehovah's Witnesses. There exists an appreciation for science and medicine that is able to develop treatments and medications for various diseases.

When exploring further into theme two, the second theoretical model comes to mind. The Health Belief Model's main argument is that belief provides a link between behaviour and socialization and that there are individual characteristics responsible for shaping behaviour (Baumeister & Bushman, 2014:B10).

Thus, Jehovah's Witness patients are socialised that some behaviours (or in this case health-seeking behaviour) are more admirable than others and that those who are prohibited should be avoided at all costs.

3.8.2.3 Theme 3: Promotion of healthy lifestyle and outlook on health

This theme looked at the general outlook of medical intervention and health in general of a Jehovah's Witness. Each individual Jehovah's Witness is autonomous regarding health and lifestyle.

This theme is supported by the following quotes:

P1 "no our religion actually encourages us to stay healthy because uh, uh we are taught that our God is a God of love."

P1 "He wants us to be healthy because when one is healthy then you can be happy and enjoy life uhm so so we are encouraged you know to do what we can do to stay healthy including like I indicated you know eating healthy uhm exercising eh resting you know and we are

concerned not only with our physical health but also our mental health and also spiritual health.”

P1 “...that God is the life giver and He knows what is best. This is now where our faith comes in. Uhm so we’d rather be obedient to Him than try to save our lives at all costs.”

P2 “Thus we Jehovah’s Witnesses gladly accept medicine and medical treatment as we want to maintain good health and prolong life.”

P1 “My view does not influence my decision to seek medical help. ...we seek medical help as a family provided that the Doctor is open- minded, we would consider various treatment alternatives. “

P1 “...it’s like rape. If the doctors or authorities are going to insist the use of blood transfusions, I see it as being raped. All I can do is make my intentions clear to them but if they force me to receive blood it is on them. My God will see that I did what I could do, the rest is in His hands.”

P1 “receiving blood without our consent would be devastating.”

P1 “we would like to be understood based on our beliefs and we be respected as such so that we don’t want unnecessary pressure when it comes to the administration of treatment.”

P1 “...so nothing is wrong with seeking medical treatment if one is sick”

P3 “...we will use any medical help that is available to help us to preserve our lives to live longer and to be healthy.”

P4 “...we believe to stay as healthy as possible and do everything from our side to prevent any dramatic decisions that needs to be made especially regarding blood transfusions.”

It is clear from the quotes above that Jehovah’s Witnesses are generally encouraged to live healthy lives. God wants them to be healthy in order to be happy and able to serve as a witness. God gives life and knows what is best and thus we are obedient to Him (Bodnaruk et al., 2004:106). The Jehovah’s Witnesses religion does not influence their health-seeking behaviour. Forcing a blood transfusion has been compared to being raped. Forcing a Jehovah’s Witness to have a blood transfusion will have a deep psychological impact on patients.

Jehovah’s Witnesses believe that true happiness and health can only be found through Jehovah and only he can help them with their problems (Friedson, 2015:694). Prakash et al. (2013:187) stated that people’s psychological state is influenced by their religion.

Religion provides much needed guidelines which helps individuals devise a course for their lives and also aids in dealing with stresses, strains and uncertainties of life (Prakash et al., 2013:187). Health is indirectly influenced by all of these pathways. Jehovah's Witnesses' spirituality concerns many issues that might affect their quality of life and even mortality. Many people from different religions who have been diagnosed with a medical condition might turn to seek spiritual help for healing or rather to cope with the disease in ways acceptable to their religion. This links to the Health Belief Model's main argument, that belief provides a link between behaviour and socialization and individual characteristics are responsible for shaping behaviour. The participants have been socialised to rather seek for spiritual help for healing and their decision to do this is due to the characteristics mentioned above that are responsible for shaping their behaviour.

3.8.2.4 Theme 4: Community support

This theme focuses on the community support that Jehovah's Witnesses receive and have access to. The sub-themes generated from this theme include: Varying opinions regarding health; and Support system regarding health issues.

Sub-theme 4.1: Varying opinions regarding health

This sub-theme explores the varying opinions regarding health that Jehovah's Witnesses might have. The quotes below support this theme:

P2 "there are many opinions regarding matters of health among the Jehovah's Witness community. What may benefit one person might not benefit another person. "

P2 "... Witnesses have their own judgment regarding the taking of medication and receiving medical treatment."

P2. "...individuals therefore should investigate any proposed treatment to ensure that it does not conflict with his or her Biblical regulations."

P1. "We only have this limitation of the receiving of blood. It is actually a personal thing because it is between you and your God. You're expected to live according to God's requirements."

P3 "...but the majority of us would go to the doctor if we get sick; if someone gets a blood transfusion it's a very emotional situation."

These quotes show that Jehovah's Witnesses are autonomous regarding health and health interventions. Own judgment is made as long as it is in line with their religious regulations. Health matters are seen as something personal between the Jehovah's Witness and God (Sarteschi, 2008:500). Sarteschi (2008:499) further stated that since the Doctrine provides exact specifications about blood in the Holy Scriptures, there is no mention about the transplant of human tissue such as organs. Thus, Jehovah's witnesses are autonomous towards their interpretation of these guidelines. Wong (2012:107) confirmed that some witnesses might accept "derivatives of cellular components or extracorporeal blood management methods whereas others might simply refuse them." It is a matter of personal preference and decision.

Sub-theme 4.2: Support system regarding health issues

This sub-theme explores the importance of a proper support system regarding health issues. The following quotes reflect this sub-theme:

P1. "It would be sympathy for you from everyone because it would be like I've indicated like you have been raped. If someone is raped you cannot blame that person."

P1. "...because in an instance where you were forced with this blood transfusion you are the victim so it would not make sense that you are blamed or shunned, no."

P1 "trying to console you and explain to you look it is not your fault and that your conscience should still be clean because this was done against you."

P1 "...when you are sick then obviously you are vulnerable and then the brothers and sisters in the congregation will pay you a visit and share encouraging thoughts and scriptures to uplift your spirit and to get you going. So yes, support comes from the brothers and sisters."

P1 "...this liaison committee (experienced brothers) who can be able to explain our views with the healthcare professional and also advise them on alternatives to blood transfusions and most of the time the healthcare professionals they do see what the hospital committees are saying and therefore will proceed with alternative treatment."

P3 “there are information boards compiled by physicians who are Jehovah’s Witnesses. It’s very well researched because if information is given incorrectly, decisions are made with the incorrect information.”

P3 “...if a Jehovah’s witness commits a sin, the elders in the congregation will try to help get their life back on track.”

P4 “...I am part of a group of elders that visits patients in hospital to help them through their hard time. We pray for them and comfort them. We also reach out to the family of the patient to ensure that they are taken care of spiritually.”

P4 “We are a special community and take care of our own people because other people do not understand our ways. Thus, we prefer to see our brothers and sisters ourselves because we know what the true faith says.”

The quotes above reflect that support from the community is beneficial to the health of a Jehovah’s Witness patient. Members from the church visit their fellow church members in hospital or at home and would pray for them for better health and healing. A liaison committee exists to inform medical settings about the guidelines that Jehovah’s Witnesses live by. Often, the Jehovah’s Witness religion is misunderstood and therefore there are specific community members that assist Jehovah’s Witness patients in hospital (Liedgren, 2018:32).

Jehovah’s witnesses believe that a positive outlook and support from their community will aid in the healing of a sick patient (Bodnaruk et al., 2004:106). Much of a Jehovah’s Witness member’s time is dedicated to helping people learn about the Bible and God’s kingdom through witnessing (Org, 2015). As stated by Rumun (2014:36) social support is support experienced by members of the same religion and the intricate web of social interactions that ‘help’ and ‘protect’ its members. Health behaviour is described as behaviour that is influenced by the religion/spirituality through certain prescriptions such as specified diets or their views of medical intervention (Rumun, 2014:37). Jehovah’s Witnesses are socialized regarding what can and cannot be allowed in the scope of their faith – especially regarding health-related issues. Baumeister and Bushman (2014:B10) explained that the Health Belief Model explores the reasons why people engage in healthy and unhealthy behaviours and that a certain belief will

determine whether or not we perform a specific action such as seeking the relevant medical assistance when needed.

3.9 SUMMARY

This chapter discussed the research methodology used as well as the empirical findings of the study. Four themes and sub-themes were generated, namely; biblical guidelines, medical intervention, promotion of a healthy lifestyle, and community support. The literature reviewed supported some of the findings more accurately than others. The narratives of the Jehovah's Witnesses recorded during the interviews, supported the themes and provided an idea of how spirituality influences their health-seeking behaviour.

The following chapter summarises this study and provides the conclusions and recommendations.

CHAPTER FOUR: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The final chapter describes the process utilized for achieving the goal and objectives of this research project and how it answered the research question. The main findings of this study will be highlighted and conclusions will be drawn from the study. Then recommendations will be made that will be put forward for future research and social work practice.

4.2 SUMMARY

The aim and objectives of the study and how they were met are discussed in the following section. Stangor (2015:8-9) suggested that the researcher has to be completely objective and free from personal bias about the data to ensure that the conclusions drawn can be replicated to other scenarios and to ensure that a true account of the realities of participants is presented.

4.2.1 Aim and objectives of the study

The aim of the study was to explore the religious factors influencing the health-seeking behaviours of the Jehovah's Witnesses in Johannesburg.

The aim was achieved through the attainment of the following objectives, which will be discussed:

- **Objective 1: To conceptualize and contextualize the religious factors influencing health-seeking behaviour from a Health Belief Model.**

An in-depth literature review of the factors that influence health-seeking behaviour among Jehovah's Witnesses was conducted which evolved into the first objective. The theoretical framework provided the context in which factors influencing health-seeking behaviour among Jehovah's Witnesses can be understood by means of the Health Belief Model. The Health Belief Model argues that certain beliefs can make behaviours less or more attractive, particularly when experiencing a health problem. The literature review provided insight into factors that influence health-seeking behaviour among Jehovah's Witnesses. These included: the 'profile' of a Jehovah's Witness; religion

and health-seeking behaviour; influence of spirituality/religion on health; Jehovah's witnesses and the blood ban; blood transfusions and bloodless surgeries; cultural practice, knowledge and beliefs about blood transfusions; psychosocial impact of medical intervention on family; and medico-legal issues.

There exists a correlation between health-related behaviour patterns and differentiations between individuals who undertake and do not undertake preventative measures.

- **Objective 2: To explore and describe the religious factors influencing health-seeking behaviour of the Jehovah's Witnesses in Johannesburg.**

The qualitative data collection, semi-structures interviews, an interview schedule, and recordings of the interviews were used to explore the cultural and spiritual factors influencing health-seeking behaviour of the Jehovah's Witnesses in Johannesburg. The literature study was also used to explore and describe this and substantiate the research findings. Four themes and sub-themes were generated. The themes included: Biblical guidelines and scriptures; Medical intervention; Promotion of healthy lifestyle and outlook on life; and Community support. These are depicted with their sub-themes in Table 4.1 below.

- **Objective 3: To make suggestions to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour in diverse cultures.**

The key findings, conclusions and recommendations helped to achieve the third objective. These suggestions and recommendations are outlined under each theme later in this chapter. These aim to improve social work services in health care by taking into consideration the factors that influence health-seeking behaviour amongst Jehovah's Witnesses.

4.2.2 Research Question

The research question of this study was: **What are the religious factors influencing health-seeking behaviours of the Jehovah's Witnesses in Johannesburg.**

Through conducting a qualitative research study, the question above was answered. Members from the Jehovah's Witness religion were interviewed at their homes in

Sandton, Johannesburg. Only four Jehovah’s Witnesses agreed to be interviewed in order to collect data that was analysed, generating themes and sub-themes as discussed in chapter 3. Four themes and sub-themes were identified to answer this research question, as shown in Table 4.1 below:

Table 4.1: Themes and sub-themes

	THEME	SUB-THEME
2.	Biblical guidelines and scriptures	
2.	Medical intervention	2.1 Careful decision-making regarding health care 2.2 General appreciation for medical profession and intervention
3.	Promotion of healthy lifestyle and outlook on life	
4.	Community support	4.1 Varying opinions regarding health 4.2 Support system regarding health issues

4.2.3 Limitations of the Study

The research yielded some interesting aspects but there are some limitations that will be discussed below:

- The researcher experienced many challenges to recruit participants for this study, as they would merely refer the researcher to the doctrine of the church on the church’s website.
- This research was thus restricted to four participants aged 45 to 65 of age, from Johannesburg, Gauteng.
- Therefore, these results are not representative of all Jehovah’s Witnesses in Johannesburg, Gauteng, nor South Africa.
- Jehovah’s Witnesses are eager to talk about their religion, but less eager to engage in a discussion regarding personal experiences.
- Even though the data was collected face-to-face, it appeared that the participants were hiding some of their true feelings regarding blood

transfusions, if it were to impact them on a personal level. Thus to gather thick data was in a way challenging.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The key findings, conclusions and recommendations are presented in three categories, namely, key findings and conclusions regarding the appropriateness and value of the research methodology, literature review, as well as the empirical study.

4.3.1 Key findings and conclusions regarding the appropriateness of the research methodology

The study was qualitative in nature, as it explored their personal experiences and their world, in order to understand the spiritual factors that influence the health-seeking behaviour of Jehovah's Witnesses in Johannesburg, Gauteng.

The study adopted applied research, as it was designed to ask questions in order to acquire data so that a situation or problem can be improved, namely understanding and exploring the spiritual factors that influence the health-seeking behaviour of Jehovah's Witnesses, so as to come up with recommendations for social workers to improve service delivery to Jehovah's Witnesses within the health social work field.

Initially, the research design chosen for this study was an instrumental case study design, as it was assumed that recruiting of participants would not be an issue. Unfortunately, many obstacles and challenges in recruiting participants were experienced, as many potential participants seemed to find the topic too sensitive, and would merely refer the researcher to the doctrine of the church on the church's website and not be willing to participate in the study. As the nature of the qualitative approach is more flexible, the researcher had to make adjustments to the research design. Thus, the research design had to be adapted to the phenomenological design, as it was better suited for such a low number of participants, a sensitive topic and required in-depth exploration to understand their lived experiences.

After many attempts to recruit Jehovah's Witnesses in Johannesburg, Gauteng, firstly through the church and then through acquaintances, using firstly snowball and then purposive sampling, only four participants (of which the first one was from the pilot study) were willing to partake in the study and sign the informed consent form. Thus the one from the pilot study was included in the main study and another three more

were recruited and selected. The selection criteria included the following: participants were confessed Jehovah's Witnesses; adults over 18 years; able to converse in either Afrikaans or English; and residing in Johannesburg. The pilot study yielded one participant, who had to be included in the main study, due to the difficulty in recruiting participants.

Semi-structured interviews, an interview schedule and voice recordings of the interviews were used with their permission to collect data, which was found to be appropriate. Extensive and prolonged engagement with these four participants assisted in gathering reasonably rich data, meaningful relationships and developing patterns.

The method chosen for analysing the data was deemed appropriate as it included the organisation and preparation of data for the analysis process; the collection of data and the preliminary analysis thereof; the managing of the data; the reading and writing of memos; the generation and coding of data; testing, developing understanding and searching for alternatives; the interpretation and development of typologies and lastly; the presentation of data.

Trustworthiness was ensured by representing the perspectives of the participants as closely as possible. The researcher had to ensure that the research was credible, transferable, dependable and confirmable. Trustworthiness was strived for as far as possible, but was difficult based on four participants. The researcher spent a vast amount of time with the participants, allowing for the collection of rich data and to enable the researcher to develop a deeper understanding of the experiences of the participants in order to ensure credibility. Reflexivity enabled the researcher to be aware of her values, her own social background, her religion and how this might have affected her research. The researcher strived to be as objective as possible when the research was conducted. A journal was kept of any decisions and adjustments/changes made during the research process, so that others would be able to follow the researcher's reasoning, and also to pick up on any biases. Discussions were held between the peer debriefer and researcher, providing the researcher with some insight regarding whether or not the research was confirmable, not only in the research population but also in other settings.

Ethical considerations were adhered to, namely: informed consent, voluntary participation, no deception, confidentiality, privacy and protection of identity by using pseudonyms, and no compensation. All participants were debriefed after the interview and no harm was experienced, with no need for referral to counselling. All research methodology was thus found to be appropriate.

4.3.2 Key findings and conclusions regarding the literature review

The study was underpinned by the Social Learning Theory which was suitable, since it attempted to explain the effect that the environment has on the behaviour of a person and *vice versa*. It focuses on emphasising the important roles played by vicarious, symbolic and self-regulatory processes of the human being. Thus, these processes influence the way one views the causes of human behaviour, because human kind is not driven by inner forces, nor buffered helplessly by environmental factors. The researcher was of the opinion that the Social Learning Theory addresses how the environment influences the health-seeking behaviour of Jehovah's Witnesses which will determine a Jehovah's Witness' behaviour regarding looking for appropriate healthcare.

Another theory utilized for this study was the Health Belief Model. The Health Belief Model's main argument is that belief provides a link between behaviour and socialization and that they are individual characteristics responsible for shaping behaviour. Beliefs can be acquired through primary socialisation and are modifiable and differ between individuals who come from the same background. The researcher was of the opinion that the Health Belief Model links health-seeking behaviour with socialisation. The socialisation of Jehovah's witnesses in terms of what is acceptable when it comes to their faith influences how and if they will seek medical help. This will also determine the type of medical help sought.

Minimal differences were noted between the literature review findings and the findings of the actual study. The literature review stated that Jehovah's Witnesses are a small religious community with certain Biblical values that they follow in their day-to-day life. One of the major limitations of their religion is that blood transfusions are absolutely banned and might have severe repercussions during medical intervention, should blood transfusions be needed and be administered against their will. The only difference noted was that studies presented within the literature review claimed that Jehovah's Witnesses would be shunned from their faith should a blood transfusion be

administered – be it willing or unwilling. The participants, however, indicated that they would get empathy from their fellow brothers and sisters rather than be shunned if a blood transfusion was administered unwillingly. Another key finding was that Jehovah's Witnesses may experience severe emotional ambiguity if medical professionals should proceed to administer blood transfusions without their knowledge or against their will. A combination of emotional, social and legal issues can arise after an involuntary blood transfusion is administered to a Jehovah's Witness. A key finding regarding the health-seeking behaviour was that the Jehovah's Witnesses do not hesitate to seek medical help for common diseases, but are cautious with certain procedures that might involve a loss of blood, resulting in blood transfusions.

4.3.3 Key findings, conclusions and recommendations regarding the empirical study
The discussion of the key findings, conclusions and recommendations will be discussed per theme.

4.3.3.1 Theme 1: Biblical guidelines

This theme focused on the biblical guidelines followed by the Jehovah's Witnesses.

Key findings

Christians see the blood of God as sacred because it is seen as the power of redemption, atonement, sanctification and purification. Jehovah's Witnesses believe that blood transfusions violate the Divine law. All the Jehovah's Witnesses interviewed emphasised that they live strictly according to scriptures found in the Bible.

Conclusions

The researcher therefore concludes that guidelines are provided by the scriptures, which form the basis of the Jehovah's Witnesses' belief system and should therefore be respected as such by all medical professionals.

Recommendations

- In order for Social Workers to render appropriate services to Jehovah's Witnesses it is important to have knowledge about this religious genre.
- Social Workers need to render services appropriately, as well as when they are serving as advocates for their patients within the multidisciplinary team.

- It is important to be able to confidently state reasons as to why a medical intervention should be amended as to not infringe on your patient's belief system.
- Social workers can challenge the processes that produce unfair outcomes by promoting equality and patients' rights.
- Therefore, it is important that social work is committed to promoting social justice in the workplace.

4.3.3.2 Theme 2: Medical intervention

Theme two focused on the Medical intervention for Jehovah's Witnesses. Two sub-themes emerged, focusing on careful decision-making regarding health care, and general appreciation for the medical profession and intervention.

Key findings

Jehovah's Witnesses are prudent when it comes to medical interventions. They do not simply take a diagnosis at face value and would prefer to obtain different opinions from medical practitioners if they do not agree with the treatment option suggested. According to the participants they do not hesitate to seek medical help for common ailments, but when it comes to medical procedures that might infringe on their religious beliefs, they are much more prudent and would rather live according to God's will. They are against the notion that medical professionals might administer the lifesaving treatment against their will and have compared it to being raped. Generally, they appreciate the work that medical professionals do, provided that the medical professionals respect their religious limitations when it comes to health care.

Conclusions

Jehovah's Witnesses take medical intervention seriously, but are not as prudent when it comes to general health care. Medical professionals should take utmost care when deciding to administer blood to an unwilling or unknowing Jehovah's Witness patient, as they will experience severe emotional anguish after the procedure, which might even lead to legal actions against the medical professional.

Recommendations

- Social workers in Health Care and other medical professionals should aim to avoid medicalisation of Jehovah's Witnesses in terms of seeing their religious views subordinated to the medical intervention proposed for "effective treatment".
- Medical professionals should avoid using the power given to them when it comes to decision making regarding their patients, especially when their patients are Jehovah's Witnesses.
- Medical professionals and allied professions should take the Jehovah's Witness patient's autonomy into account when rendering services to these patients. Religious patients should be fully in control of their medical needs and preferences.
- Stereotyping and stigmatization should be avoided at all costs.

4.3.3.3 Theme 3: Promotion of healthy lifestyle to promote life

This theme focuses on the promotion of a healthy lifestyle and outlook on life.

Key findings

The participants emphasised that they are encouraged to live a healthy lifestyle. Among the Jehovah's Witnesses it is believed that a healthy lifestyle will have a positive impact on all spheres of their life – physical, mental and spiritual.

Conclusions

Interestingly the Jehovah's Witnesses aim to prevent life threatening situations caused by disease and illness by living healthy and active lives. They aim to stimulate themselves emotionally, physically and spiritually in order to live a good life and doing their best to live according to God's will. They also have different views on what type of medical intervention would be acceptable to them, as long as it is based on God's will.

Recommendations

- Medical professionals should see religions as multi-faceted and recognise the plurality of religions, especially in a country such as South Africa, where each religion should be viewed as unique in terms of their views regarding healthcare.

- Social Workers should act as a soundboard and activist for religious patients within the multidisciplinary team that might not be as sensitised to religious patients and their views.
- A recommendation regarding a patient's paperwork on admission, could include that they disclose their religion early on as well as any preferences they might have, in order to avoid any misunderstandings when medical procedures are being done.
- Faith and community resources could be included in the medical plan to help smooth out the medical intervention and after care.

4.3.3.4 Theme 4 Community support

This theme focuses on the community support that Jehovah's Witnesses receive and have access to. Two sub-themes, varying opinions regarding health and support systems regarding health issues emerged.

Key findings

Even though the Jehovah's Witnesses 'seclude' themselves from the general community, they do value community support from fellow Jehovah's Witnesses. It is noted that brothers and sisters from the congregation would provide spiritual support when a Jehovah's Witness falls ill. Contrary to what some literature suggests, the participants emphasised that they would not necessarily 'be shunned' when medical procedures that are prohibited are administered against their will. On the contrary, the community would provide them with comfort and empathy for what has been done against the religious belief of their fellow brother or sister.

It has been noted that the Jehovah's Witnesses have various opinions regarding health. It is understood that each individual has the right to determine their own stance regarding certain medical interventions as long as it does not infringe on God's will. They take responsibility for their choices and are respected for that.

Conclusions

Jehovah's Witnesses move within 'regular circles' and are not a separate community on its own. However, due to the fact that they have a very particular value system that might not always be accepted by secular people, they rely on the community support from their church elders and fellow brothers and sisters. They will often visit each other

if someone in a Jehovah's Witness family falls ill or is going through a trauma. They have the support of their hospital liaison committee that consists of knowledgeable elders who will lobby on their behalf at hospitals, regarding what is acceptable for Jehovah's witnesses.

Recommendations

- Medical and allied professions should comprehend the influence of religion and spirituality in human lives. Thus, these professionals could consider utilizing their patient's spiritual community for support and healing on a religious level.
- Social workers should promote social and economic justice for those who are oppressed or victimised by discrimination, by advocating for the patient within the multidisciplinary team setting.
- Medical and allied professions could compile a database of elders within the Jehovah's Witness hospital liaison committee, who could assist in difficult medical cases as well as emotional and spiritual support.

4.4 RECOMMENDATIONS

The recommendations for practice and future research are put forth in this section.

4.4.1 Recommendations for practice

Social Workers, social workers specialised in healthcare, counsellors, policy makers, allied healthcare professionals, and other healthcare professionals should take note of the recommendations, specifically with regards to Jehovah's Witness patients.

- The wishes of Jehovah's Witnesses should be respected with regards to their medical views and limitations.
- Professionals who render medical or social services to Jehovah's Witness patients should have a basic knowledge of the religion and should have an understanding for their religious views. Professionals should also have knowledge of the emotional and social consequences, should their wishes be disregarded.
- Professionals working with Jehovah's Witnesses, should encourage their Jehovah's Witness community to support the patient. A list of the names of elders within the Jehovah's Witness community and hospital liaison committee could be helpful when a Jehovah's Witness is admitted to hospital.

4.4.2 Recommendations for future research

Recommendations for future topics are put forth in the following section:

The researcher recommends that future researchers focus on the following topics:

- Experiences of Jehovah's Witnesses who no longer form part of the religion.
- Experiences of Jehovah's Witness parents who have lost a child due to a loss of blood.
- Experiences of health care professionals who have lost patients due to their religious beliefs and refusal of blood transfusion.
- Experiences of social workers who work within a medical team where Jehovah's Witnesses might be the patients.
- The mourning process of Jehovah's Witness families who have lost a family member due to their religious belief and refusal of blood transfusion.

4.5 CONCLUDING REMARK

Jehovah's Witnesses are fully informed of the consequences of their belief system and the impact it might have on their health. It is important to take their beliefs into account when treating Jehovah's Witness patients and ensuring that their right to religious practice is respected. Despite the fact that their beliefs might not be completely understood by members from different faiths and the secular community, it is important to respect their decisions regarding health care. Adequate support of the Jehovah's Witness family, as well as the medical team should be provided by the social worker in health care. This research will benefit health professionals by providing more knowledge about the health-seeking behaviour of Jehovah's Witnesses and in eliminating the myths surrounding the health-seeking behaviour of Jehovah's Witnesses.

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Appendix 1: Ethics Approval



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo



28 July 2020

Dear Miss E du Toit

Project Title: The religious factors influencing the health-seeking behaviour of the Jehovah's Witnesses' in Johannesburg (Gauteng Province).
Researcher: Miss E du Toit
Supervisor(s): Dr CL Carbonatto
Department: Social Work and Criminology
Reference number: 18211195 (HUM033/0320)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 28 July 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotheo

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govender; Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Nkomo; Dr C Putterill; Prof D Reyburn; Prof M Soke; Prof E Tjebk; Prof V Thebe; Ms B Tsehe; Ms D Mokalapa

Appendix 2: Letter of informed consent



Date:

Name: Elrie du Toit

Email: elriedutoit@hotmail.co.za

Cellphone No: 0832754815

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to participate in a study of the cultural and spiritual factors influencing health-seeking behaviour amongst Jehovah's Witnesses in Sandton, Johannesburg. This letter of informed consent gives a brief explanation of the purpose and procedure of the research and the rights of the participant. Please go through the form before you make an informed decision regarding your participation.

Title of the study

The cultural and spiritual factors influencing the health-seeking behaviour amongst Jehovah's Witnesses in Sandton Johannesburg.

Purpose of the study

The purpose of the study is to explore and understand the cultural and spiritual factors that influence the health-seeking behaviours amongst Jehovah's Witnesses in Sandton, Johannesburg.

Procedures

You have been informed of the study and provided your contact details for researcher to contact you to partake in the study. The researcher will conduct a face-to-face interview with

you in order to collect data on Jehovah's Witnesses. Once you sign this letter, you agree to partake in the study. The researcher will arrange to conduct an individual interview with you when and where it suits you best. The interview will be voice recorded, with your permission, to ensure that all the information you are sharing is captured for research purposes. A semi-structured interview schedule will be used during the interview to guide the interviewing process. Please note that the recording will only be used for the purpose of data capturing for research analysis and will be kept confidential.

Risks and discomforts

Please note that the researcher does not intend to put you under any risk or discomfort with the information you will share. There is a possibility of emotional harm related to the sharing and exploration of your culture and religion. The researcher will debrief you after the interview is concluded and should you experience a need for counselling, you will be referred to a professional counsellor..... You are free to not answer any question that will make you feel uncomfortable during the interview.

Benefits

You will not receive any form of remuneration/ compensation/ incentives for participating in this study. The study aims to improve the understanding of the cultural and spiritual factors that influence the health-seeking behaviours amongst Jehovah's Witnesses, so that professionals can provide appropriate services.

Participants' rights

Your participation in the study is entirely voluntary and you may withdraw from participation at any time and without negative consequences to you or your family members. Should you wish to withdraw from the study, all data gathered in respect of your interview will be destroyed.

Confidentiality

The information shared during the interview will be kept confidential and will be used for research purposes only. The researcher will protect your identify by giving you a false name/ alphabet letter or number prior to the interview to refer to you during interview. The only people who will have access to the data, will be the researcher and the supervisor.

Data usage and storage

Please note that the data collected might be used in the future for further research purposes, a journal publication or conference paper. The data collected will be stored in the Department of Social Work and Criminology, University of Pretoria for the period of 15 years as required.

Access to the researcher

You may contact the researcher using the contact details provided above for the duration of the study, should there be any questions or uncertainties regarding the study and your participation. It must be clearly stated, that the role of the researcher is to do research and not to provide counseling or therapeutic services.

Please sign Section B on the next page if you agree to participate voluntarily in the study.

Yours sincerely,

.....
Elrie Du Toit
Researcher

SECTION B: INFORMED CONSENT OF PARTICIPANT

I (Full Name of participant) hereby declare that I have read and understood the above information. I was given adequate time to consider my participation in the study. I was also given the opportunity to ask questions and all of them were answered to my satisfaction. I hereby give consent to participate voluntarily in this study.

Participant: -----

Signature: -----

Date: -----

I.....(Full Name of researcher) hereby declare that I have explained the information in Section A: Research Information to the participant and he/she indicated understanding the contents and was satisfied with the answers to provided.

Researcher: Elrie Du Toit

Signature: -----

Date: -----

Appendix 3: Interview Schedule

Interview Schedule

The cultural and spiritual factors influencing the health-seeking behaviour amongst Jehovah's Witnesses in Sandton Johannesburg

Researcher: Elrie Du Toit

Biographic details

- Tell me your age
- Qualification
- Employment status

Religious background

- When did you become a Jehovah's Witness?
- Tell me about this religion
- What does being a Jehovah's Witness mean to you?

Health and Blood ban

- What would you say is important for professionals to know when a Jehovah's Witness visits a medical practitioner?
- When did you first become aware of the 'blood ban'?
- While growing up, did you feel any different from other children keeping the blood ban in mind?
- What does the blood ban mean to you?
- How do you think this will influence your decision to seek / receive medical help when needed?

Refusal of medical treatment incidents

- Were you or a family member ever faced with the choice to receive medical intervention which you could not allow due to your belief? Please elaborate?
- What was your feelings regarding that incident?
- How did this affect you, your family and fellow Jehovah's Witnesses?
- How would you feel about receiving blood while being unconscious?
- What would be the consequences if you accept medical treatment for a close family member?
- A doctor's primary role is to save lives at all costs, even if that means to override the family's wishes and administer blood. What is your perception of this as a Jehovah's Witness?
- What is your view about bloodless surgeries?

Community views on Jehovah's Witnesses

- Did you ever or do you know someone who has experienced judgment or stigma from fellow Jehovah's Witnesses for accepting medical intervention?
- Did you ever or do you know someone who has been subjected to stigma from medical personnel due to the fact that you are a Jehovah's Witness?
- What is your experience regarding media and the Jehovah's Witness religion?

Recommendations for professionals

- Anything that you would like to tell health professionals out there of importance in dealing with people from your religion.

Appendix 4: Letter from editor

29th April 2021

Dr C L Carbonatto
Senior Lecturer: Social Work
Department of Social Work & Criminology
Faculty of Humanities
University of Pretoria

Dear Dr Carbonatto

Re: Confirmation of Proofreading

I hereby confirm that I performed the proofreading of the thesis titled: **“The cultural and spiritual factors influencing the health-seeking behaviour of the Jehovah’s Witnesses in Johannesburg (Gauteng Province)”** written by Elrie du Toit for her MA Social Work in Health Care.

Yours truly



Ms RA Basson (MA Research Psychology)
Email: renedabasson@gmail.com
Contact no: 0769332281

