THE SPIRITUAL FACTORS INFLUENCING HEALTH-SEEKING BEHAVIOUR OF THE SEVENTH-DAY ADVENTIST GROUP MEMBERS IN TSHWANE GAUTENG PROVINCE

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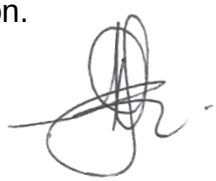
SIGNATURE:  DATE: 10 December 2021

DEDICATION

I specially dedicate this work to:

My loving self, Mpho Kgabo Makgopa

My loving husband Dr Katlego Makgopa, for modelling that being educated is possible no matter your background.

Furthermore, I dedicate this work to my children, little billionaires Gabriella (Hlogi) and Nathan (Itu).

Lastly to my parents Phuti and Kwena Moshidi for always believing in me and my abilities.

"Husbands, love your wives, as Christ love the church and gave himself up for her" (Ephesians 5:25)

"Behold, children are a heritage from the Lord, The fruit of the womb is a reward." (Psalms 173:3)

"Honour your father and mother, as the Lord your God commanded you, that your days may be long, and that it may go well with you in the land that the Lord your God is giving you." (Deuteronomy 5:6)

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ABSTRACT

TITLE: The spiritual factors influencing health seeking behaviour among the Seventh Day Adventist group members in Tshwane Gauteng Province

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DEGREE: Master of Social Work-Health Care

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The development of spiritual factors influencing health seeking behaviour has had an increasing recognition within the contemporary western medicine, making the approach of spirituality through health seeking behaviour go beyond the state of complete physical, mental and social well-being. The influence of spiritual factors is often readily available and accessible to potential patients, which can make other treatments, such as the bio-western medicine be disregarded due to the long distances and the encountering of longer waiting times to access health care. However, the value of spirituality in an individual and community's life can be effective but with limited effectiveness of therapeutic modalities such a prayer. Even though, some people will rather resort to spiritual health seeking behaviour as their first choice in different cultures and it is, therefore, believed for its potency. This has then allowed for a gap for social workers to increase their knowledge of understanding of their patient's spiritual beliefs as an aspect of their lives that can be integrated in providing the suitable treatment.

The conducted study explored and described the spiritual factors influencing the health seeking behaviour among the Seventh Day Adventist group members in Tshwane municipality in the Gauteng Province of South Africa. The conducted study followed a qualitative approach which was used and directed the research study. A case study design was selected and used in this qualitative study to explore the spiritual factors influencing health seeking behaviour among the Seventh Day Adventist group members in Tshwane. The research study used the purposive and snowballing

sampling technique and semi-structured interview guide with open-ended questions, through telephonic online interviews that were used to collect data for the study due to the Covid-19 regulations. Ten interviews were conducted with Seventh Day Adventist group members in the Tshwane municipality in Gauteng, whereby all ten participants were from the Seventh Day Adventist. The researcher reported on all ten participants who participated in the conducted study, which did not include the pilot study that was done prior the actual study.

The findings indicated that participants of the Seventh Day Adventist members have knowledge and understanding of health seeking behaviour, through having familiar spiritual practices, engaging in preventative practices to keep healthy, understanding the value of spirituality both in their personal and community life. The findings also indicated that the influence of spirituality in their family home, when seeking health care, focusing on the accessibility and affordability of the health care services that were affordable and possible for most of the participants without struggle. Lastly, the findings also displayed the importance of the social worker's involvement in understanding the patient's spirituality to make valuable assessment to meet their needs and treatment.

The study concludes that the Seventh Day Adventist members do understand health care seeking behaviour in terms of their spiritual factors influencing them. It can also be concluded that the lack of the use of referrals to social workers for psychosocial services can have a negative impact on the members to be advocated for their spirituality during a time of ill health.

Recommendations in the conducted study include that the social worker must be competent enough to understand the spirituality of patients in order to provide adequate psychosocial services from a holistic point of view and also realise the need to incorporate a social worker in the medical health care system to fulfil the patient's spiritual needs.

Key Words

Seventh Day Adventist, health seeking behaviour, spiritual, behaviour, influence

List of acronyms/abbreviations

SDA- Seventh Day Adventist

NHI- National Health Insurance

PHC- Primary Health Care

HBM- Health belief model

TABLE OF CONTENTS

CHAPTER ONE

GENERAL INTRODUCTION AND STUDY BACKGROUND

1.1 INTRODUCTION

Health-seeking behaviour is best seen as a procedure during which the beliefs and actions of the people in the direct social environment of the sick person initiate treatment and subsequently evaluate the professed outcome of the therapeutic actions (Oberländer & Elverdan, 2000; 1354). Behaviour (Barker, 2014:38), refers to any action or reply by an individual, including apparent activity, measurable physiological and cognitive changes and emotions. 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). Shaikh and Hatcher (2005:50) add that health-seeking behaviours are influenced by various individual and collective factors, including demographic, socio-economic, political and cultural factors. “Culture is another important factor, which refers to the customs, habits, skills, technology, arts, values, ideology, science and religious and political behaviour of a group of people in specific time period” (Barker, 2014:103). Nayak, Sharada and George (2012:61), emphasize that every society has its own traditional beliefs and practices related to health care in which some practices are effective, whereas others may be harmful or ineffective.

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). Thus, there is a growing need for health professionals to understand their patient’s spiritual belief practices and this needs to be integrated into the community’s spiritual life (Rumun, 2014:39). This study focuses on the spiritual factors influencing health-seeking behaviour of the Seventh-day Adventist group members in the Tshwane municipality in the Gauteng province of South Africa.

1.2 CONCEPTUALISATION OF THE KEY CONCEPTS:

The following are key concepts are conceptualised in the study:

1.2.1 Spiritual

Spirituality refers to “devotion to the immaterial part of humanity and nature, rather than worldly things such as possessions; an orientation to people’s religious, moral or emotional nature” (Barker, 2014:409). For this study, spiritual refers to the orientation of people’s religious and moral nature.

1.2.2 Behaviour

Behaviour refers to “any action or response by an individual, including observable activity, measurable physiological changes, cognitive and emotions” (Barker, 2014:38). In the context of the present study, behaviour refers to the action of an individual including the cognitive and emotional changes.

1.2.3 Seventh-day Adventist

In Collins English dictionary (2019) “Seventh-day Adventist refers to a branch of the Adventists which constituted itself as a separate body after the expected Second Coming of Christ failed to be realized in 1844. They are strongly Protestant, believe that Christ’s coming is imminent, and observe Saturday instead of Sunday as their Sabbath”. For the conducted study, the Seventh-day Adventist refers to an ethnic group that have their belief system regarding health seeking behaviour.

1.2.4 Health-seeking behaviour

Health seeking behaviour has been defined as any action or inaction embark on by individuals who perceive themselves to have a problem or to be ill for purpose of finding an suitable remedy (Olenja, 2003:61). In context for the conducted study, health seeking behaviour refers to the action or activity undertaken by an individual as a member of the Seventh-day Adventist group.

1.2.5 Influence

The South African Concise Oxford Dictionary (2007:529) defines influence as the capacity to influence the character or behaviour of someone or something or the effect itself. For this, influence refers to the effect on the behaviour of an individual which is a member of the Seventh-day Adventist group.

1.3 THEORETICAL FRAMEWORK

The researcher chose the health belief model as an appropriate theoretical framework in the conducted study. The researcher viewed the health belief model to be appropriate in the conducted study to explore the spiritual factors influencing the health seeking behaviour of members of the Seventh Day Adventist congregation. The theoretical framework is discussed broadly in the context of the conducted study.

1.3.1 The Health Belief Model

The researcher has observed that it is prominent that human beings have detailed personal beliefs attached to their experiences of life. The societies, as organized and functioning human communities, have undoubtedly evolved ethical systems, ethical values, principles, rules intended to guide social and moral behaviour (Kwame, 2010:1). This is evident in explaining health behaviours and choices undertaken by individuals in their specific life settings (Matthews, 2010:46). However, Brieger (2006:48) indicates that it is very common for human beings to strive for security in the aspects of human life including health security. This need for health security arises from individuals perceiving themselves to be vulnerable to contracting a certain disease, thus resulting in an individual's being motivated to act against contacting the perceived disease.

The health belief model is a "cognitive model which suggests that behaviour is determined by a number of beliefs about threats to an individual's well-being and the effectiveness outcomes of particular actions or behaviours" (Sharma & Romas, 2012). Therefore, for the context of this study, the health belief model will assist the researcher to understand how the Seventh-day Adventist's behaviour for health seeking is influenced by spiritual factors.

The health belief model also aims at explaining and predicting preventative health-related behaviours associated with belief patterns (Brieger, 2006:48). It is therefore of importance to note the integration of the Health Belief Model be applied in conducting this study as it explains health behaviour as influenced by spiritual factors (Jones & Bartlett, 2014:32).

The Health Belief Model has four main components which include perceived susceptibility, perceived seriousness, perceived benefits of acting and perceived

barriers to taking action (Jones & Bartlett, 2014:14). In addition, Brieger (2006:48) indicates three more components of the Health Belief Model which is for the improvement and enhancement of the model, namely cues to taking action, motivating factors and self-efficacy. The components of the Health Belief Model are discussed below.

- **Perceived susceptibility**

Perceived susceptibility clarifies the possibility of one contracting the disease at various degrees (Jones & Bartlett, 2014:32). The experience of a condition that would adversely affect the health of an individual results in the individual's own perception by making a judgement about the risk of contracting a disease. Therefore, the perception of increased susceptibility is therefore beneficial as it encourages healthier behaviours.

- **Perceived seriousness**

"Perceived seriousness or severity of a condition explains the beliefs a person holds concerning the effects a given condition can have on their lives. It is usually based on medical knowledge and information about the condition or on personal beliefs about the condition" (Lizewski, 2010:456). Within the context of the proposed study, an individual member of the Seventh-day Adventist group would explore the influence or impact that spiritual factors have on their health seeking behaviour. It, therefore, makes sense that individuals would explore the perceived seriousness of their health seeking behaviour through spiritual factors so that they can evaluate the level of impact on their lifestyle and the changes that might occur.

- **Perceived benefits of taking action**

The perceived benefits of taking action is motivated by the belief that the new behaviour will offset the growth and appearance of the disease. The positive benefits of the behaviour are therefore influenced by the individual's personal beliefs and overall health motivation rather than factual evidence (Jones & Bartlett, 2014:33).

- **Perceived barriers to taking action**

Perceived barriers to taking action can be defined as the negative value aspects of an action to be taken. This step is very important in deciding to take action as the

perceived barriers will determine whether change will occur or not (Jones & Bartlett, 2014:26). Fear of change is prominently a challenge for many people. People get adapted to detailed ways of life and when situations arise where change is probable, the feeling of fear is clearly witnessed. The researcher argues that individual members of the Seventh-day Adventist group seeking for health behaviours through factors of spiritual influence, can notably experience feelings of fear and anxiety as known life circumstance, such as contracting a disease would change in a drastic way.

- **Cues to taking action**

Cues to take actions identified by Brieger (2006:52) as an event, people or things that persuade people to change their behaviour. The magnitude of the cues to take action motivates the degree of probability of the action being taken (Jones & Bartlett, 2014:34). Within the context of the study, there are individuals of the Seventh-day Adventist group seeking the influence of spiritual factors to influence their health seeking behaviour which can be motivated to take action regarding their health aspects. This is the case mainly because of their personal experience with the impact of spiritual factors affecting the individuals in health seeking behaviour that motivates them to seek adequate knowledge and information by taking positive actions to manage and control any disease they have contracted or are treating.

- **Motivating factors**

The identified modified factors of perception about health seeking behaviour include, amongst others, culture, educational level, motivation, skill and past and present experiences. Perception of a health seeking behaviour is often evaluated primarily by past experiences and personal spiritual beliefs (Brieger, 2006:52). Experiences from the past of a health seeking behaviour within an individual's setting of life will determine the level of the susceptibility and seriousness within that specific individual's life.

- **Self-efficacy**

Self-efficacy can be described as the confidence in one's ability to perform a health behaviour (Rabkin & Ramien, 2001:212). Brieger (2006:54) magnifies further that people commonly try new things when they believe that they can perform such things. The researcher will evaluate the process of perceived susceptibility and seriousness

of an illness as well as the benefits of taking action and barriers to take action so that the individuals of the Seventh-day Adventist group will be able to make their choice and take action about having the capability to perform tasks of health seeking behaviour by the influence of spiritual factors. The Health Belief Model will substantiate to be an effective model in predicting health behaviours and motivating positive health behaviour change.

1.4 PROBLEM STATEMENT AND RATIONALE

The spiritual factors influencing health-seeking behaviours differ from one another. Social workers in health care need to understand the spiritual context of their service users 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 spiritual factors influencing health-seeking behaviours. Thus, the purpose of the conducted study will contribute to raising spiritual awareness amongst social workers and promote better health care services.

The equity of access to health care through various health-seeking behaviour is a central objective of many health care systems in many countries around the world.

However, even though South Africa after 1994, had changed on health care polices to reduce inequality in access to the health care, the outcomes are still not met, hence, only few studies were conducted about factors influencing health seeking behaviour in order to monitor and evaluate the effects of the policy changes and to determine whether new polices have improved access of individuals with lower status and to provide holistic services and look at the spiritual factors that influence people's perceptions (Whitehead and Dahlgren, 2006).

Therefore there is a growing acknowledgement that health care seeking behaviour and local knowledge be taken seriously in programmes and interventions to promote health in a variety of contexts (Runganga, Sundby & Aggleton, 2001:317).The present study will cover a sufficient sample size in order to help explain the spiritual factors influencing health seeking behaviour and for the study to provide insight on how to improve the health care system by rendering competent and incorporated quality health care services. In addition, the Nation Health Insurance (NHI) in South Africa is a policy which, in its perception, wants universal access of health care for all. However,

for its access and sustainability, it is very important to also understand what the spiritual factors influencing health seeking behaviour of the patients are, so that its goal can be achieved. Therefore, the conducted study aims to fill the gap of the spiritual factors influencing health-seeking behaviour among the Seventh-day Adventist group members in Tshwane municipality in Gauteng Province, South Africa.

1.5 RESEARCH QUESTION

The research study was guided by the following research question "What are the Spiritual factors influencing health- seeking behaviour among Seventh Day Adventist group members in Tshwane, Gauteng?". The research question is derived from the research topic, making the theoretical assumptions in the framework clearer (Welman, Kruger & Mitchell, 2005:52). The research question, therefore, assisted in understanding the spiritual factors influencing health-seeking behaviour among Seventh Day Adventists group members.

The research question forced the researcher to reflect on the central themes of the research study, while at the same time providing a clear platform and guidance to conduct the study, (Bryman 2012:10). The research question was emphasized with a question mark to indicate the values of its questioning and assisted the research to remain aligned to the purpose of the study.

The research question in context of this study is as follows: **What are the spiritual factors influencing health-seeking behaviours among the Seventh-day Adventist group members in the Tshwane Municipality in the Gauteng province of South Africa?**

1.6 GOAL AND OBJECTIVES

The main goal for the present study was to explore the spiritual factors influencing health-seeking behaviours of the Seventh-day Adventist group members in the Tshwane Municipality in the Gauteng Province of South Africa.

The objectives are stipulated as follows:

- To conceptualise and contextualise spiritual factors influencing health-seeking behaviour from a health belief perspective.

- To explore and describe spiritual factors influencing health-seeking behaviour of the Seventh-day Adventist group members in Tshwane municipality in Gauteng province.
- To suggest effective ways to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour amongst the Seventh-day Adventist group members in Tshwane municipality in the Gauteng province.

1.7 RESEARCH DESIGN AND METHODOLOGY

A comprehensive outline of the research methodology is provided in the third chapter under the research design and methodology section. This section gave a brief overview of the research design and methodology undertaken for the completion of the study, whereby a qualitative research approach was selectively followed to undertake the research. The reason for choosing a qualitative approach was that the conducted study aimed at exploring the spiritual factors influencing the health seeking behaviour among the Seventh Day Adventist group in Tshwane. An applied research approach was selected in the study to explore the spiritual factors influencing the health seeking behaviour of members the Seventh Day Adventist church. Looking at an appropriate research design for the conducted study, a case study was used to gain understanding of the spiritual factors influencing health seeking behaviour among the Seventh-day Adventist group members. The population for this study were members of the Seventh Day Adventist group in the Tshwane municipality area in the Gauteng province. The researcher used the purposive and snow balling sampling method with specific selection criteria to identify members of the Seventh Day Adventist in which the participants were obtained. The recruitment process was done through referrals of other members of the Seventh Day Adventist and was done on voluntary basis. In the conducted study, the researcher used the semi-structured interview schedule as the common method of data collection in a qualitative study. The researcher develops on the methodology and research methods used in Chapter in Chapter 3.

1.8 LIMITATION OF THE STUDY

The limitations of the present study included the following:

- Interviews with participants were disrupted due to Covid-19 strict regulations resulting in the interviews conducted telephonically, which had network challenges.

1.9 SUMMARY

In summary, this chapter has given a general overview of the current research. The introduction of Chapter One which sets out the background of the present study. It also included the theoretical framework. This was followed by the rationale and problem formulation, the highlighted goals and objectives of the present study and research design and methodology as well as how this mini dissertation is structured in terms of the outlines of the chapter.

1.10 OUTLINE OF THE RESEARCH REPORT

The research report for the conducted study is outlined as follows:

Chapter One: General introduction and study background

This chapter summaries the context of the conducted study by means of a general introduction and study background, theoretical framework, problem statement and the goals and objectives of the research and research design and methodology. Chapter one will outline the introduction and general orientation of the study.

Chapter Two: Literature review

This chapter focused on the literature review of the whole research report, the key focus areas of the study, as well as the contextualisation of spirituality and health seeking behaviour across the globe. The literature in this chapter looked at the following sub-headings.

- Health seeking behaviour among the Seventh Day Adventist
- Factors that influence health care seeking behaviour
- Economic factors
- Understanding of spirituality in the healthcare sector
- The impact of spirituality on health seeking behaviour people

- Social work education on spirituality to prepare social workers in the field place
- Effective ways for social workers role in the healthcare sector

Chapter Three: Research methodology and empirical findings

This chapter outlined the research methodology that guided the study followed by research findings and an interpretation thereof.

This chapter also involves how the population was sampled, data collected, data analysed, and data quality were produced in the study thought trustworthiness and credibility. In the second part of this chapter, empirical findings focused on themes and sub-themes regarding the spiritual factors influencing the health seeking behaviour of the Seventh Day Adventist which were sourced from the transcribed interviews.

Chapter Four: Key findings, conclusion and recommendations

This chapter outlined on the key findings and conclusions of the conducted study. Recommendations were made on how to improve social worker services in in health care sector incorporating the understanding of spirituality of the lives of the patients as well as recommendations for the future research.

The next chapter will focus on the literature review pertaining to the spiritual factors influencing the health seeking behaviour among the Seventh Day Adventist.

CHAPTER TWO
LITERATURE REVIEW:
ON SEVENTH DAY ADVENTIST AND THEIR SEEKING BEHAVIOURS

2.1 INTRODUCTION

The focus of this chapter is to explore the factors that influence health seeking behaviour in general and among the Seventh Day Adventist in particular. Although similar studies have been conducted that focus on the health seeking behaviour, in this study the exploration is on what are the spiritual factors that drive people to seek health care and how does these factors influence them. The researcher was able to fill the knowledge gap.

To give a perspective to the study, the present chapter reviews relevant topics about health seeking behaviour and spirituality among the Seventh Day Adventist group. Firstly, the chapter explores health seeking behaviour among the Seventh Day Adventist and how their beliefs work for them. The chapter also reviews the factors that influence health seeking behaviour. The topic on understanding spirituality in the health care sector is also explored, with focus on the role it has on people. The impact of spirituality on health seeking behaviour on people is also discussed. The chapter also explores the social work education on spirituality and the social work interventions that are inclusive of spirituality.

2.2 HEALTH SEEKING BEHAVIOUR AMONG THE SEVENTH DAY ADVENTIST

According to DuBose and Walters (2002:2) the ultimate beliefs concerning health care is that the church's view on health reflects on a theology that holds that all things must be understood with reference to the Bible in that one should have a sound body and mind to render the most effective services.

The church's commitment to matters pertaining to health and health care remains strong states (DuBose and Walters, 2002:2). When it comes to health seeking

behaviour the Adventist favour rational, scientific approaches to health care over pseudoscientific ones because Adventist accept the concept that there are natural remedies that may be beneficial for the treatment of disease, and this is seen among Adventist in the home situation.

As developing countries begin to meet the public health goals it is of importance that polices are put in place states (Oberoi, Chaudhary, Patnaik & Singh, and 2016:463). This is because the nature of care seeking is not homogenous depending on the cognitive and non-cognitive factors influenced by sociocultural and economic factors. Thou there is much progress in the developing countries, there is still meagre resources and weak healthcare systems that create different but equal cost-effective solutions that come up against human behaviour (Oberoi et al, 2016:463).

Oberoi et al. (2016:463) state that the health belief model proposes that a person performs a particular health behaviour influenced by two major factors, which the first is the perceived threat of how someone who believes the disease is severe if it would be developed and the second factor is the perceived effectiveness of the preventive behaviour, this therefore helps in that the health messages reveal to people that there is a real threat to their health and also influence them that a particular behaviour can reduce their risk.

2.3 FACTORS THAT INFLUENCE HEALTH CARE SEEKING BEHAVIOUR

A variety of factors affecting heath care seeking behaviour lead to a cause of poor utilization of primary health care services, these factors include poor socio-ecomomic status, lack of physical accessibility, spiritual beliefs and perceptions, low literacy and large family size (Shaik & Hatcher, 2004:50).

2.3.1 IDENTIFIED SPIRITUAL FACTORS CONTRIBUTING TO HEALTH SEEKING BEHAVIOUR

Adventism is a 19th century denomination with roots in both Methodist and Baptist denominations. Perhaps the most notable emphasis in Adventism is its focus on healthy lifestyles and behaviours (Land, 2014:65). “Disease prevention is also emphasized through advocating temperate lifestyles, which includes the avoidance of

tobacco, alcohol, and meat further allows, Adventism to suggest vegetarianism, regular exercise, and an adherence to Saturday as a Sabbath rest day" (Jaja, 2013:18). The healthy lifestyle emphasis held in Adventism permeates the writings of Ellen White, a historical leader of the Seventh-day Adventist Church. She states,

> "True religion brings man into harmony with the laws of God, physical, mental, and moral. Faith in God's love and overruling providence lightens the burdens of anxiety and care. Religion tends directly to promote health, to lengthen life, and to heighten our enjoyment of all its blessings".

Studies examining health among Adventists have often concluded that healthy lifestyle practices are responsible for lowered disease incidence and longevity among Adventists (McBride, Bailey, Landless, Baltazar, Trim and Stele, 2021:13).

However, studies have found church attendance predicts mortality among Adventists even after lifestyle practices are considered (Bruce, Martins, Duru, Beech, Sims, Harawa, Vargas, Kermah, Nicholas, Brown and Norris, 2017:2). In his review, Levin (1994:1477) noted when religious behaviours, attitudes, or experiences are examined, individuals higher in religiosity experience better health and less morbidity and mortality, particularly among behaviourally strict religions or denominations such as Mormons, Seventh-day Adventists, or Orthodox Jews. In addition Levin (1994:1477) indicate that though the Adventist church is demonstrative of conservative Protestantism, it holds unique emphases and doctrines that make it quite distinct from many Judeo-Christian groups. Among the most prominent Adventist doctrines with relevance for mental health include beliefs about the practice of Sabbath and doctrine regarding end time events, or eschatology.

2.3.2 THE INFLUENCE OF SPIRITUAL FACTORS ON HEALTH SEEKING BEHAVIOUR

The notion of Sabbath as a consecrated day set aside for spiritual rest is not a concept unique to Adventism Bass (2005:29). Seventh-day Adventists (SDA's), however, are well known for the religious significance they attach to keeping the seventh day consecrated. The notion of Sabbath is closely intertwined with Adventist eschatology, as observing the Sabbath serves as the "identifying mark of God's people at the end of time" Howson, Langton and West (2014:19). SDA's believe Sabbath observance

represents the "seal of God" and a sign of existing relationship between God and His people. Sabbath emphasizes God's closeness and companionship with humankind; it demonstrates His desire to hold personal relationships (Howson, Langton & West, 2014:32). For the Adventist, Sabbath is viewed as a gift that provides the opportunity to experience true rest and freedom all other obligations (Rittenour, 2013:3). This provides an opportunity to separate oneself from the tedious stressors of life and draw closer to the Sacred, which in terms of mental health, Sabbath observance is likely to be most effective when included into a fundamentally motivated belief system striving for rest and well-being (Diddams, Surdyk, & Daniels, 2004:8). Research has demonstrated that the regular observance of Sabbath may promote positive mental health, though the salutary effects of Sabbath-keeping on mental health remain unknown, increased social support and the promotion of positive coping strategies may mediate the relationship between Sabbath belief and mental health (Diddams, et al., 2004:8).

Having accomplished the first suggestion of Betancourt and Lopez (1993:629) by identifying two key elements of SDA belief theoretically related to psychological adjustment, attention will be given to the task of integrating Adventist Sabbath and eschatology beliefs into a broader theoretical framework. Based on the second guideline provided by Betancourt and Lopez (1993:629), the relationships between Adventist beliefs and health seeking behaviour will be examined within the context of a religious coping framework. In particular, the work of Pargament (2007:118) provides a theoretical context for exploring the influence of tradition-sensitive measures of religious belief and practice. His work provides a conceptual model of the relationship between Adventist beliefs and how they functionally relate to coping styles and mental health outcomes.

According to Pargament's (2007:119) theory, individuals interpret potentially stressful situations via a general orienting system of beliefs, practices, attitudes, and worldviews (Pargament, Koening & Perez, 2000:35). In response to stressful circumstances, individuals are inclined to utilize the most available and accessible means of coping, which are often religious in nature (Pargament, 2007:121). Religious belief and practice entails, to a greater or lesser degree, one of many components within an individual's general orienting system. Systems of personal belief are obtained from a

variety of sources, such as religious education or personal experience, and serve as a priority orienting organization influencing the selection of religious coping methods (Maynard, Gorsuch & Bjorck, 2001:69). The general orienting system may contain both helpful resources and troublesome burdens that prove either beneficial or detrimental to the coping process (Pargament et al, 2000:48). When adversity arises, people frequently utilize both religious and nonreligious elements of the general orienting system to create appraisals of the stressor, desired outcome, and coping methods to be utilized (Pargament et al., 2000:48).

Situation-specific coping responses are thought to mediate the relationship between the general orienting system and mental health outcomes of negative situations (Pargament et al., 2000:49). Religious beliefs influence the selection of religious coping behaviour in response to a situation, which in turn influences mental health. Few studies have quantitatively examined by Pargament's (2007:124) show that the model of coping while accounting for the role of tradition-sensitive beliefs and practices serves as part of a general orienting system. If his model is correct, one would expect the relationship between Adventist belief and psychological adjustment to be at least partially mediated by religious coping and social support. It is possible, however, that particularly strong or salient belief systems may exert a unique effect on mental health above and beyond the effects of religious coping.

Given importance attributed to Sabbath and eschatology by Seventh-day Adventists, one might expect religious coping and social support to serve as partial mediators of the belief-adjustment relationship. The present study will seek to integrate the suggestions of Betancourt and Lopez (1993:629) by examining the role of tradition-sensitive beliefs on religious coping responses and mental health among a cohort of Seventh-day Adventists. Having established the potential importance of examining religious beliefs in a contextually sensitive manner, religious coping and social support constructs will be explored considering their respective contributions to mental health.

2.3.3 GUIDANCE REGARDING SPIRITUAL HEALTH CARE RELATED ISSUES

According to Han (2002:05), who stresses cultural explanations and factors, medical pluralism has been reproduced and sustained by three factors. It is important to note that his explanation, like that of others, assumes that the world is constructed around western medicine, and that anything which is not Western scientific medicine is

alternative or complementary. Ironically, he also assumes that the presence of other health systems alongside Western scientific medicine is what constitutes medical pluralism. He therefore believes that medical pluralism is made possible by the following factors:

- Patients may consult non-orthodox healers because they do not always agree with unfavourable comments made about them by orthodox medical doctors.
- Non-orthodox healers may be more easily accessible geographically and financially.
- People may be forced to take up any health service available in the hope that they may find relief.

The knowledge that people transmit within a society is firstly, socially constructed, and secondly, reproduced states (Galbin, 2014:83). This means that people might choose a traditional health system over a scientific health system because they have a better understanding of the former (Che, Gerge, Ijinu, Pushpangadan & Andrae-Marobela, 2017:17). Massive urbanization has resulted in the younger generation utilizing the scientific health system because they understand it better than any traditional one (Che et al., 2017:19). It is more commercial, dominant and better marketed than its counterparts. Han (2002:05) writes, "Following critical realism, I argue that patient health-seeking behaviour is enabled and constrained by medical systems in the social context, but the action, in tum, reproduces or transforms the medical systems". It is also important to note that it is not only knowledge that determines one's choices; there are factors like accessibility, affordability and others as well.

Han (2002:07) offers a definition of medical pluralism not dissimilar to that of other researchers: Medical pluralism could generally mean one or two things. The first meaning refers to the co-existence of various health care systems such as orthodox medicine, chiropractic, acupuncture, herbal medicine, osteopathy, bone setting and so on. Consumers have a right to choose from a pool of various types of therapies, each of which is unique. The second kind of meaning refers to pluralism within a particular system. For example, with orthodox medicine, a client has a choice to go to private or public hospital or to a doctor practicing in a village, or town or a distant city or overseas".

Similarly, Minocha (1980:217) states that the concept of medical pluralism can be understood in two ways, and like Han argues that "it may mean the co-existence of multiple systems of medicine including what are called folk systems, popular systems, traditional professionalized systems which presents multiple choices to individuals". Secondly, and most importantly, it may mean that "an individual has not only a choice between consulting an Ayurvedic practitioner or one practicing modem medicine but within modem medicine, he has a choice to go to a hospital (of a particular type) or to a doctor in private practice or a government dispensary, or a doctor practicing in a village, in a nearby or a distant city". This mini dissertation will focus primarily on the coexistence of multiple strategies in one social context.

Two aspects of Han's definition should be noted: firstly, his article is rooted in a Chinese context, and some health care systems mentioned in the quote might be alien to us. Secondly, however, there are similarities between the Chinese and African contexts. Han's definition is not incompatible with that of Pearce (2001:270), who argues that in a context of medical pluralism "lay people freely use and integrate aspects of competing knowledge bases in their attempt to handle health matters".

In Africa some health care systems operate in a private domain or are responses to private or personal issues; Bozeman (2015:48) would call them 'closed intellectual systems of African traditional thought'. In these cases, freedom is limited. Below, a critical examination of the prevailing health care systems will be done and an attempt made to unpack the concept of medical pluralism.

2.3.4 SPIRITUALITY AND SOCIO-DEMOGRAPHIC FACTORS

The ability to psychologically adapt to and cope with a variety of environmental difficulties comprises the primary mechanism by which religion is thought to influence mental health (Davis, 2006:12). In addition, individual coping strategies are among the most important means of explaining variations in the relationship between unhealthy environments and negative mental health outcomes (Davis, 2006:12). In the words of Taylor, Repetti, and Seeman (1997:420), "Individuals who find beneficial ways of coping with stress, such as taking direct action or finding meaning in their experience, may be able to better endure the potential adverse effects of stressful circumstances."

When presented with troubling circumstances that tax personal resources, individuals utilize the most available and accessible means of coping, which are often religious in nature Pargament (2007:138). The methods of coping most available and accessible to an individual are largely a product of one's apriori orienting system of beliefs, experiences, and attitudes (Pargament & Brandt, 1998).

Religious and nonreligious coping are often employed together in response to stress; however, research demonstrates religious coping is its own subtype of coping, predicting variance in outcomes to life stressors (above and beyond the effects of nonreligious coping (Pargament, 2007:139). If religious coping predicts outcomes beyond the effects of secular coping, what does religion add to the coping process? Pargament (2007:140) concludes religion adds a distinctive component to the coping process by addressing the problem of human insufficiency, finiteness, and limitation. When faced with existential threats that cannot be answered by conventional means of coping, religion often takes a primary position in the preservation of ultimate meaning and control.

In response to life stressors, a variety of coping orientations and methods may be employed to preserve a sense of significance and personal meaning (Rodríguez-Galán & Falcón, 2018:253). Religious coping theory broadly categorizes coping methods into either helpful or harmful religious expressions in which beneficial coping strategies offer comfort and self-efficacy by emphasizing a loving conceptualization of God and a perspective of the world as orderly and fair (Rodriguez et al., 2018:253). In contrast, detrimental coping strategies often result in isolation and feelings of helplessness, particularly when a punishing appraisal of God is endorsed (Pargament et al., 2000:530). An individual's appraisal of a stressful event may either shield against harmful effects by adding support or a sense of control, or an appraisal may exacerbate stress by increasing negative emotion toward God and others. A substantial body of literature supports the applicability of the positive-negative model of religious coping by demonstrating consistent relationships with mental health (Tarakeshwar & Pargament, 2001:249).

The beneficial coping strategies encourage a benevolent concept of God, seek out forgiveness, and encourage religious social support (Pargament et al., 2000:531). Positive coping strategies have been associated with a variety of beneficial outcomes

including a reduction in depressive and anxiety symptoms, better quality of life, positive religious outcomes, and better stress-related growth (Tarakeshwar & Pargament, 2001:250). However, Henslee, Coffey. Schumacher, Tracy, Norris and Gelea (2015:2) indicate that significant relationships between positive religious coping and measures of adjustment is needed to clarify the specific predictors of psychological adjustment associated with positive religious coping.

In contrast, detrimental coping approaches include expressions of doubt and anger towards God and a conflict with religious beliefs and values in response to a crisis (Pargament et al, 2000:534). Negative religious coping regularly leads to apathy, self-absorption, and feelings of being punished or abandoned by God and the church (Davis, 2006:14) As a result, individuals endorsing negative coping approaches reportedly experience poor health, reduced quality of life, depression, and increased distress (Thompson & Vardaman, 1997:48). In summary, positive religious coping appears to be predictive of better stress-related growth and religious effect (for example changes in closeness to God/church and spiritual outcome), while negative coping is predictive of anxiety, depression, and general distress.

A significant body of well-established research links religiousness and spirituality to psychological modification across a wide range of diverse samples despite variations in both methodology and measurement (Ellison & Levin, 1998:712). In contrast to the oft applied measures of church attendance and prayer frequency, measures such as religious coping and religious emotional support have established consistent relationships with mental health (Paragment et al, 2000:534).Despite advances in the conceptualization and measurement of religiousness, the role of tradition-sensitive beliefs in promoting mental health is less understood. In particular, the present study seeks to create reliable measures of religious belief and practice in a cohort of Seventh-day Adventist congregants. Given the salience of Sabbath and eschatological beliefs within Adventism, it is hypothesized these tradition-sensitive beliefs will exert a direct effect on mental health above and beyond the effects of coping style and social support. Based on Pargament (2007:147), Adventist beliefs will be partially mediated by coping and social support. Similarly, religious coping and social support will demonstrate the typical positive-negative pattern of association with mental health demonstrated across a number of previous studies (Pargament et al,

2000:536). Finally, the study will explore the relationships between the Adventist belief measures and the well- established constructs of religious coping and social support.

2.4 Economic factors

2.4.1 Physical accessibility, availability and affordability

Medical pluralism is one of the variables that drive people towards an alternative health seeking behaviour. This study explores medical pluralism, one of the more contested concepts in the study of religion and health, in Africa and South Africa in particular (Baer, 2018:2). The research regarding the concept in South Africa, Africa and around the world both in its conceptual and practical aspects, will serve to provide the theoretical framework for our study. Pluralism is one of the key concepts in the postmodernist paradigm, as it has been generally accepted in democratic societies.

The concept of medicine as a practiced activity is also highly contested and paradoxical. On one hand, Digby (2006:6) argues that "'medicine' is an English word which identifies a European cultural and social domain". On the other hand, Astin (1998:1550) states that "medicine ... is a term for a set of social practices by which man seeks to direct and control a specific group of natural phenomena ... which lower vitality and tend towards death." Both these definitions are problematic and limited; therefore, we shall attempt to examine and problematize the concept.

It would seem constructive to abandon the term medical pluralism when we refer to pluralistic choices of health strategies; instead of "scientific medicine," a more appropriate term might be "scientific health strategy," because scientific medicine is one component of a broader health system. According to the definitions above, medicine as a remedy in specific terms is only one of the possible responses to sickness. Other health strategies which transcend that limitation and look at health more comprehensively exist. Lamarche, Pineault. Gauthier, Hamel and Haggerty, (2011:49) indicate that care experience and the use of services is influenced by the availability of healthcare resources

Albert, Nongrum, Webb, Porter and Kharkongor (2015:956) say, "Several studies clearly show people's manifest preference for modem medicine. They want a good curative service and see prevention and promotion as secondary. The health administrators want people to reverse this order". This chapter seeks to explore historical and contemporary understandings and assumptions around the concept of medical pluralism. In that process, we hope to discover and develop new theoretical frameworks through which our idiosyncratic social context can be better studied and understood. Peprah et al. (2018:9) indicate that faith healers are consulted globally for nearly all kinds of ailments including social and psychological issues but mostly refer cases to formal healthcare providers in emergency situations.

The concept medical pluralism is contextual, and it manifests itself differently at different times in different places. Medical pluralism is probably now a worldwide phenomenon, given that the context in which people live today is always pluralistic to a certain degree (Eves & Kelly-Hanku, 2020:116). How medical pluralism manifests itself does not only differ from country to country but can also differ within the same country between rural and urban populations. Therefore, it is crucial, before we unpack the concept, that we should first describe the context of this investigation and its theoretical hypothesis. Not only will it help communities to recognize which type of medical pluralism is operating within the context of this study but will also enable the researcher to make assessments and reveal trends to facilitate projections of future conditions.

The South African township context is particularly interesting for various reasons. Firstly, townships have a different lifestyle and culture, to which migrants from rural areas to the townships are forced to adapt (Semenya & Potgieter, 2014:10). Secondly, township culture can be said to be hybrid in that it blends both western and African elements in higher levels than its rural counterparts. In this pluralistic context, there is both competitive and complementary pluralistic knowledge about health systems. It is, for instance, commonly assumed that people in rural areas prefer traditional medicine over western medicine because it is easily available and accessible. But Minocha (1980:221) states, "people may rely on traditional practitioners when modern medicine is not available to them easily and adequately. This does not warrant the conclusion that they prefer traditional to modern medicine as some scholars and politicians claim".

Thus, research in an urban context where modem medicine is more accessible is likely to make options of accessibility and preference stand out more clearly.

2.5 Understanding of spirituality in the healthcare sector

Western scientific medicine was brought to Africa through colonialism and African people were forced to conform to medical traditions they were not familiar with before colonisation. Given this historical expedition, western medicine and traditional medicine have been generally perceived as distinctive and contrasting. Good (1987:81) states that "prior to the 1970's, anthropological analyses of western medicine and physicians, picture biomedicine in terms of idealized contrast to traditional healing systems and traditional healers". This suggests that, since 1970, the understanding and knowledge about medicine and healing has changed.

African indigenous health knowledge is resilient and persistent, and thus has not been destroyed. It became apparent to people that western science failed to provide all the answers to contemporary health questions: "there has been a question about the level of effectiveness of modem medicine in alleviating the disease patterns in advanced capitalist society" (Abdullahi, 2011:116). Western medicine has been perceived as the dominant system throughout the world. This view is superficial, in that it fails to view the matter comprehensively. In some instances, the dominance of the western health system is measured only by its legalization, institutionalization, and its physical presence. There is danger in pursuing this view because legalization or physical presence are not equivalent to medical usage.

2.6 The impact and value of spirituality on health seeking behaviour people in the community

The concept of medical pluralism is not a social construct: rather it presents social reality. People are informed by their experience and knowledge which, in tum, determines how they interpret and respond to their health problems. For example, Pierce and Hicks (2001:268) argue that "in south-western Nigeria the population can choose from a number of medical traditions to interpret their health problems. These include biomedicine, indigenous medicine and Islamic and faith healing". This practice

is common in Africa, and this research will show that South Africa is likely to be marked by high levels of medical pluralism.

It seems scholars share one understanding about which contexts can be defined as medically pluralistic. Kelner and Wellman (2014:150), like Pierce and Hicks (2001:268), observes that " ...in the Third World, the range of choice is usually very considerable, although the actual choice will vary according to culture and location. The first strategy available to the patient is to delay receiving treatment, giving the body a chance to heal itself. If treatment is to be obtained, the patient may choose between lay treatment (often self-administered) and professional therapy and between Western scientific, traditional and spiritual (faith healing) therapies. They also seem to agree that medical pluralistic contexts are prevalent in Africa. Once people are exposed to different sets of medical knowledge, they develop plurality in their understanding and conception of health and illness.

The premise of this study is that people accumulate information and knowledge which governs their activities when they are faced with health issues. Pierce and Hicks (2001:269) believe that in their attempt to respond and handle health matters, lay people freely use and integrate aspects of competing knowledge. Pierce and Hicks (2001:269) also states that: "At an intermediate level, the presence of various types of medical systems influences people's behaviour. Here we find both the serial and simultaneous use of competing systems. Aspects of faith healing and biomedicine can be used by one individual, while biomedicine and indigenous approaches are combined by others”.

Health behaviour, practice and choice of therapy are heavily influenced by medical knowledge, and the presence of competing knowledge around health matters is a complex issue. Pierce and Hicks (2001:271) provide a framework through which we may explore how health knowledge is generated, and how it influences people's health behaviour and practices. He rightly argues that "when confronted with a health problem, individuals and groups make use of and integrate societal and cultural factors (macro) with features drawn from the medical sector itself (intermediate) as well as the physical and psychological dimensions of their own experience (micro) to represent reality to themselves and others".

Marks and Palkovitz (2007:4) observe that most people have spiritual guides in their life and for the most part these are family members because these are the people they grew up with. Consequently, they have the most impact when it comes to spirituality. This is further confirmed by So (2018:63) who makes the argument that people invariably have spiritual anchors despite their religious affiliations or the absence of them. In addition, supported by Scott (2020) who states that the importance of spirituality in the community is to help find a sense of belonging and support which involves organized religion groups that will serve as an important source of social support.

Spirituality helps us to reflect our own beliefs and values, according to Noblitt, (2014:4) the value of spirituality enables us to understand other social classes, races and cultures that may have been seen before. Zhang, Hui, Shui and Mok, (2014:988) indicate that values are guiding principles in our lives, and this is observed in how the value of spirituality serves as a guide in our lives. In addition, Zhang et al. (2014:989) shares that people with high benevolence value are reported to have high life satisfaction and positive social interaction and this reveals that spiritual oriented values are connected to the well-being. Moreover, Rudlfsson, Berggren and Silva, (2014:65) give evidence that the values of spiritually in a person's life, is who they are, the unique being connected to God, where the values is expressed through the body, thinking , feelings, judgement and activity. Therefore, the value of spirituality gives meaning to life by inspiring and motivating individuals to achieve their optimal being (Rudlfsson et al., 2014:65).

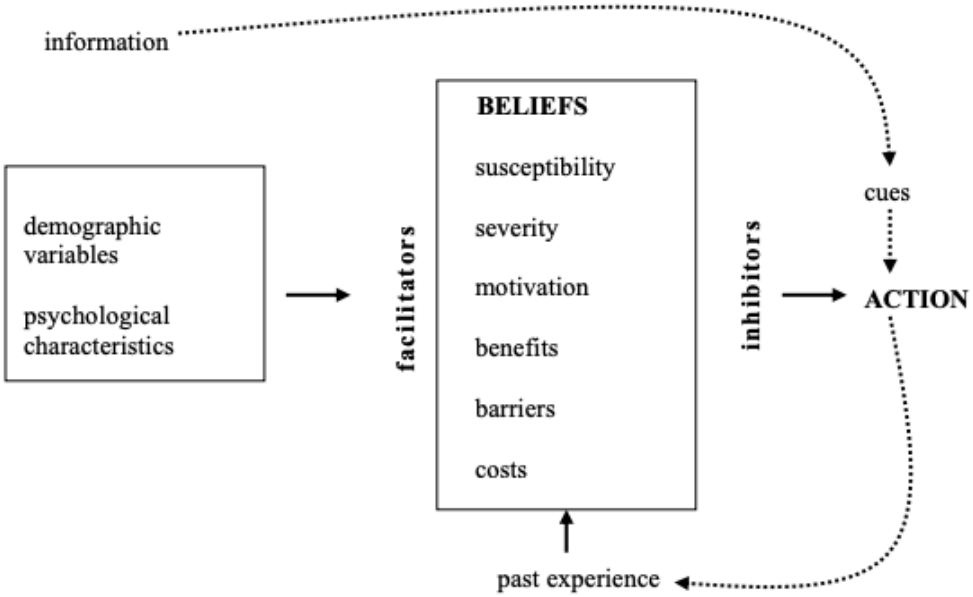
It is, therefore, argued that whilst socio-cultural factors are seen to be secondary by medical practitioners, they provide profound and useful health-healing knowledge for many. In other words, although Western medicine might be eminently predominant, the social reality does not automatically conform to the predominance that it has been given. Its predominance is sometimes overstated and based more on historical expectation than the current course of events. The researcher argues that divergent theory and discourse are subservient to social reality.

2.7 Social work education on spirituality to prepare social workers in the field place and integration of services

This investigation is framed by the view that most, if not all, African societies can be termed medically pluralistic. As Leslie (1980:191) says, "all medical systems can then be conceived of as pluralistic structures in which cosmopolitan medicine is one component in competitive and complementary relationships to numerous 'alternative therapies'". Similarly, Cant and Sharma (2004:89) claim, "all people have some choice of therapeutic strategies, irrespective of where they live. In the Third world, the range of choice is usually very considerable, although the actual choices will vary according to culture and location". This is a social reality that we cannot escape from or disregard.

An issue of interest is whether this pluralism is problematic. It is a fact that, despite the amount of research, experience and effort that has been put into western scientific medicine, it has failed to provide solutions to all health problems. This study assumes that when Africans utilize other health care resources, it is because they are traditionally exposed to variety and equipped with competing, and yet complementary health knowledge. Below is a graph representing the interplay between conventional medicine and faith-based solutions.

Figure 1: Predicting health behaviour with social cognition models



Source: Sheeran and Abraham (1996).

This will constitute the basis of our exploration and clarification of the concept itself. Leslie (1980:193) puts the social reality this way, " ... scientific medicine is composed of rules, categories and metaphors that are particularly effective for discovering and treating diseases, but even if unlimited funds were available to create the best system of scientific medicine planners could design, laymen would probably continue to resort to 'alternative therapies' because a central clinical fact of the way medical systems work is that they are social systems that give meaning and from to the experience of illness." According to this view, choice transcends accessibility and availability.

According to Sinha and Kumar, (2014:395) the spirituality and health is a growing field which research shows that patients connected to their spirituality have better healthcare outcomes. In addition, Sinha and Kumar, (2014:395) indicate that direct relation of patients to their spirituality brings positive health outcomes, positive attitudes and positive values, therefore it is time for the medical community to integrate religious and spiritual factors. Therefore, Bremault-Phillips, Olson, MacLean, Oneschuk, Sinclair, Magnus, Weis, Abbasi, Parmar and Puchalski, (2015:485) is in agreement that the inclusion of spiritual practices provides whole functioning of the

patients outcome, which is seen as an essential component of care because having spiritual issues addressed and integrated into treatments serves as a great opportunity to provide holistic support. However, Bremault et al. (2015:87) argue that the challenges faced with integrating the spiritual practices is time consuming because of the follow up intervention, fiscal constraints, language barrier, lack of knowledge and skills to confidently address spiritual issues, competing priorities seems to be an impediment in the incorporation process.

2.8 Effective ways of social workers role in the health care sector

The Florida State University (2020) states that social workers have an immense impact on communities and that their efforts have the capacity to transform lives at the individual level while also creating a ripple effect at the community-level. Joyce and Sills, (2010:44) in addition indicates that a client needs to realise that the social worker aims at helping with similar goals and is committed to the process even when it is difficult. Therefore, Goldfried and Davila, (2005:425) agree that social workers skills should be embedded in a strong therapeutic alliance, because the relationship can influence the effectiveness of the skills applied.

For the social worker to be effective in the health care sector providing services, Karpetis, (2017:2) indicates that social worker needs to be equipped with communication skills as an element of practice, while incorporating counselling model that prioritises the skills attentive listening, empathy, clarification and goal setting. These skills will allow social workers the confidence to provide holistic services to the patients in the health care sector. Meltzer (2008:120) states that the practitioner should the connection's ability to pick up clients' feelings with time and opportunity to use their intelligence to establish an open and accepting relationship.

2.8 Summary

This study looked at some of the variables which determines the health seeking behaviour and motivations of communities subscribing to the Seventh Day Adventist faith. From the study, it emerged that there are multiple considerations which might convince the members to seek alternative sources of medicine. It also emerged that the faith-based motivations inducing the health seeking behaviour are not limited to the Seventh Day Adventist faith alone but are more perverse across religions and

usually happen when either conventional medicine is absent or does not appear to be working.

The next chapter is the research methodology and empirical findings.

CHAPTER THREE-

RESEARCH METHODOLOGY AND EMPIRICAL STUDY

3.1 INTORUCTION

This chapter outlines the research methodology and research design that directs the study. The choice of research design that directed the study to achieve its objectives is included. The discussions within the chapter include the research paradigm, investigating methods, data collection techniques. The chapter is concluded with ethical consideration and the role of the researcher within the study.

In this section of the study, the research methodology that was used to achieve the research goal is extensively discussed. This is inclusive of specific focus on the research question, the research approach, the type of research and the research design and sub-design. The chapter will then discuss the study population and sampling, data collection method and instrument, the pilot study, the data analysis process of the study and data quality of the study to ensure the trustworthiness of the study and conclude with the ethical consideration applicable to the conducted study

3.2 RESEARCH APPROACH, RESEARCH TYPE AND RESEARCH DESIGN

Rubin and Babbie (2011:357) emphasize that the samples in qualitative research are usually small and often purposively selected and possess the advantages of flexibility, in-depth analysis and potential to observe a variety of aspects of social circumstances. Creswell (2007:35) added that qualitative research is centered on non-statistical methods of enquiry and analysis of social phenomena in which themes and categories arise through data analysis processes. Data is collected by interviews, digital recorders, observations and field notes.

The research methodology is organized and structured under the following headings: the research approach, the type of research, the research design, research methods, and ethical aspects.

3.2.1 Research Approach

The study was qualitative in nature, as is sought to explore the spiritual factors influencing health seeking behaviour among Seventh Day Adventists group members in Tshwane Gauteng. Therefore, for the study the researcher used interpretivism

paradigm, which helped the researcher “to understand how people construct meaning within the multiplicity they have with their world and observe it from inside through their direct experience” (Nieuwenhuis, 2016:60), hence Lietz and Zayas, (2010:190) attest that “qualitative research tends to be interpretivist and seeks to understand a phenomenon in its context in greater depth”.

Therefore, the paradigm assisted the researcher to interpret the meaning of spiritual factors influencing health seeking behaviour among the Seventh-day Adventist group members and to understand how people live in their everyday life.

The relevant research approach for this study is qualitative research in nature as it aims to elicit spiritual factors influencing health-seeking behaviour among the Seventh-day Adventist group members from their own personal accounts (De Vos, Strydrom, Fouché & Delpoort, 2011:74). The qualitative nature of the study has allowed the researcher an opportunity to gain in-depth understanding of the health-seeking behaviours in the context of the spiritual factors influencing the Seventh-day Adventist group members. The suitable research purpose for this study was to be explorative and descriptive focusing primarily on inductive and concerned about finding the answers to “what “questions (Nieuwenhuis, 2016:54-55). This study was concerned about understanding what are the spiritual factors influencing health seeking behaviour among Seventh Day Adventists group members in Tshwane Gauteng.

3.3 Type of research

The research study was based with connotations of applied research. The type of the research that was used to conduct the study is applied research which allowed the researcher an opportunity to explore scientific planning of induced change in a troublesome situation of spiritual factors influencing health-seeking behaviour (Fouché & De Vos,2011:94) as perceived by the Seventh-day Adventist group members in Tshwane Gauteng.

Babbie (2016:25) indicates that applied research aims to solve practical problems or provide answers to useful questions regarding programmes, projects, policies or procedures. The researcher also points out that applied research was suitably applicable for the study as it assisted the researcher in producing information that will

assist resolve the problem of the Spiritual factors influencing health seeking behaviour among Seventh Day Adventists group members.

The study itself will not provide solutions to those problems, but it's a platform of recording the Spiritual factors that influence health seeking behaviour among Seventh Day Adventist group members. This will increase the opportunity of the information dissemination so that Spiritual factors influencing health seeking behaviour among Seventh Day Adventists group members can be publicized. The study also played a role in the establishment of recommendations.

3.4 Research Design

Case study research was used to gain understanding of the spiritual factors influencing health-seeking behaviour (Niewenhuis, 2016:81). The sub-research design that was used for this study is instrumental case study which has provided insight on an issue (Niewenhuis, 2016:82). Therefore, the choice of the case study was to ensure that issues are not explored through one lens but a variety of lenses to allow collection of rich data. To ensure background knowledge and information on the subject matter, the researcher explored literature as supported by Creswell (2018:82) that the case study researcher seeks to enter the field with knowledge of relevant literature before conducting the field research.

The researcher collected in-depth data from Seventh Day Adventists group members in Tshwane Gauteng. The researcher was mainly concerned about the spiritual factors influencing health seeking behaviour among Seventh Day Adventists group members therefore the researcher ensured appropriate data collection through the use of a detailed interview schedule to guide the data collection process.

3.5 Research Methods

3.5.1 Study population and sampling

The research population for the conducted study was be the Seventh-day Adventists group members in Tshwane Gauteng province South Africa. Therefore, for the conducted study, the researcher embarked on "non-probability sampling which is any technique in which samples are selected in some way not suggested by probability theory" (Babbie, 2017:195). Therefore, purposive sampling technique as well as the

snowballing sampling was used to explore and describe the element that characterize the most applicable qualities relevant for the conducted of this study (Strydom, 2011a:302).

The researcher has selected and recruited participants through snowball sample, (Maree & Pietersen, 2016:198) which explains why the method of snowballing was used in cases where the population is difficult to find or where the research interest is in an interconnected group of people and in the case of this study the researcher was looking at the interconnected group members of the Seventh-day Adventist group members in Tshwane Gauteng Province.

The researcher has approached one Seventh Day member who referred me to other members of the Seventh-day Adventist church in Tshwane of whom I sought consent to interview them. The researcher has interview 10 of the participants through the chain referral of others for the conducted study. The researcher has therefore made sure the research questions asked are relevant to the topic. The researcher has used qualitative research to collect information that is complete and accurate. The researcher has aimed at interviewing both males and females and the age group were from 20-60 of age.

The researcher explained the purpose of the research, the ethical aspects and discussed availability of the participants for information collection. The researcher did not have contact with participants before the data collection process.

The judgment of the researcher is a prominent factor; thus, the researcher has created a characteristic criterion selection list which the sampling population has to meet (Strydom, 2005b; 214). The selection criteria list for individuals attending Seventh-day Adventist church was as follows.

- The individuals must be a member of the Seventh-day Adventist group
- The individuals of Seventh-day Adventist group living in Tshwane Gauteng Province

The criteria that were used was to ensure that the goal of the study was achievable through aligning them with the topic and objective of the study, thus exploration of spiritual factors influencing health seeking behaviour among Seventh Day Adventists group members. The researcher reached a point of saturation with 8 participants who

successfully met the criteria to participate in the study, but the researcher still continued to interview all the other 2 participants adding to 10 participants as proposed.

3.6 Data collection

The researcher used a semi-structured, one on one interviews as data collection technique during the study. The study was explorative in nature (Maree, 2019:87), hence the use of the semi-structured interviews allowed the researcher an opportunity to collect rich-in-depth data from participants. The questions posed to participants were open-ended, motivating participants to participate (Greeff, 2011:212).

The researcher also posed questions without diverting the interview into a therapeutic session as the questions evoked emotional consequences to the participants (Greeff, 2011:351,360). Therefore, to counteract the challenge of evoked emotions from the participants, the researcher arranged with a social worker from the Department of Social Development to be on standby to render counselling to participants who need future interventions. However, during the conducting of the interviews, the researcher did not refer any participants for emotional support. In addition, Peel (2020:6) further states that the motive behind using semi-structured interview is to produce different understandings from the participants, not to tell interviewees what to say, but rather to offer pathways to conceptualize issues and to make connections from emerging responses.

Throughout the interviews the researcher took the participants systematically through the informed consent form for them to understand and be familiar with the purpose of the study prior the interview. The participants that gave consent were expected to sign the consent form before the researcher conducted the interview. The researcher used a digital audio recorder to record the interviews with the permission of participants to capture the entire interview process (Greeff, 2011:359).

The recording device assisted the researcher to write the verbatim transcription after the interview (Smith et al., 1995 in Greeff, 2011:359). To begin with the interview the researcher and participants read the semi-structured interview questions together to ensure that the questions were clear to the participants (Greeff, 2011:359). The researcher followed a logical sequence of asking questions focusing on the biographic information of the participants then moved to the open-ended questions that were

appropriate to elicit information on the spiritual factors influencing the group amongst the Seventh Day Adventist (Greeff, 2011:352). The interview schedule was also used as a collection tool this was to produce different understanding from the participants hence the researcher included the biographic questions to gather participant's biographic detail (Peel, 2020:6).

3.7 Data analysis

Data analysis that was suitable for the conducted study was thematic analysis. Thematic analysis is flexible and can be used as a technique that is used within a variety of approaches in qualitative research (Clarke, Braun & Hayfield, 2015:222). The thematic analysis has six phases to follower through to achieve the goal of analysing the information and the researcher adopted the Braun & Clarke's step to analyse the information. The following phases were used by the researcher to analysis data of the findings of the study:

3.7.1 **Phase 1: Familiarisation** quality time spend with the participants assisted with the data received (Clarke, et al 2015:231) the researcher also took time to listen and re-listen to the audio information to transcribe it. The researcher was able to ask questions that assisted the researcher to get depth information for the interview and to make end notes (Clarke et al., 2015:232).

3.7.2 **Phase 2: Coding**, during the interview the researcher was able to build solid foundation for theme development (Clarke et al., 2015:234) because coding helped the researcher facilitate deep engagement with data production. The coding therefore happened in two levels namely semantic and latent. The researcher made sure to do at least two rounds of coding (Clarke et al., 2015:234).

3.7.3 **Phase 3: Searching for themes**, the researcher has categorised the information according to themes. The key themes are to determine whether a potential theme is coherent (Clarke et al., 2015:236). The researcher was able to reflect thoroughly on the information and set boundaries for each theme (Clarke et al., 2015:236).

3.7.4 **Phase 4: Reviewing themes**, the researcher made sure that themes have central organizing concepts, they have evident meaning and good patterns of information (Clarke et al, 2015:238). The researcher made sure the themes

provide a clear guide in capturing the spiritual factors influencing health-seeking behaviour of the Seventh Day Adventist group members in Tshwane, Gauteng.

3.7.5 Phase 5: Defining and naming themes, in this phase the researcher developed and enriched analytic narrative to be able to interpret information (Clarke et al., 2015:240) of which the researcher organized the flow of each theme effectively and provided a road map for the writing up of the findings.

3.7.6 Phase 6: Writing up, the researcher was able to identify key points that made the writing up develop the analysis further (Clarke et al., 2015:241) and the write up included a maximum of six themes (Clarke et al., 2015:241). Therefore, the researcher provided strong evidence of patterning across information from the sampling of information items (Clarke et al., 2015:241).

3.8 Data quality

To attain data quality for this study the researcher ensured the use trustworthiness, defined by Niewenhuis. (2016:123) as the acid test for data analysis and findings. The researcher's study was to find out about the spiritual factors influencing health seeking behaviour among the Seventh-day Adventist group in Tshwane Gauteng to assure trustworthiness.

3.8.1 Credibility

The researcher used **credibility** to increase trustworthiness, by establishing findings that were congruent (Niewenhuis, 2016:123) and that the subject of the study was accurately described. In the context of this study Lietz et al. (2006:451) state that the use of peer debriefing helps increase the trustworthiness of the study because it will involve the process of engaging in a dialog with colleagues outside a research study but has experience with the topic of the study, the peer debriefing was done with a social worker colleague at the Department of Social Development, the social worker assisted with the reviewing of the questions and if they resonated with the researcher and the findings. The researcher was also able to check with the participants telephonically if the findings they shared were accurate and it is what they intended (Shenton, 2004:68).

The researcher used the concept of credibility to ensure that the participants' inputs are reflected in the findings and not displayed as the researcher's pre-assumptions. In

addition, this process enriched the data quality as it was able to minimise bias from the researcher.

Transferability refers to whether the findings of the research can be transferred from a specific situation or case to another (Schurink et al, 2011:420). For this study the researcher involved 10 participants that are members of the Seventh-day Adventist group to enhance trustworthiness of the information, this was done by asking them what their religion is and them confirming they are Seventh-day Adventist. The researcher was also encouraged to produce thick description, which is described as a rich account about the details of the studied phenomenon which provided a database for making judgement about the possible transferability of findings (Bryman, 2016:303)

The researcher was able to ensure data quality through **conformability**, whereby the finding of the study was shaped by participants and not researcher bias (Niewenhuis, 2016:125). The researcher ensured conformability by forwarding the findings of the research to the supervisor to check and evaluate if research procedures were followed and whether the data collected can be linked to the findings and by doing so conformability was increased (Lietz & Zayas, 2010:197). The researcher also ensured to ignore personal values and theoretical inclinations which conducting the research and analysing the findings that had been taken from the data collected (Bryman, 2016:303)

Dependability construct is a concept in qualitative research used in preference to reliability (Niewenhuis, 2016:124). Dependability is demonstrated through the research design and its implementation (Niewenhuis, 2016, 124). For this study, the researcher was able to seek answers from the participants' through asking the same questions in a logical process that allowed the researcher to obtain similar outcomes, therefore dependability was enhanced. The researcher adopted an auditing approach to keep an audit trail to ensure that all completed records are kept safe in all phases throughout the research process from the problem statement, recruitment of participants, interview transcripts, field notes and the process of data analysis an accessible method (Bryman, 2016:303).

3.9 Pilot Study

Pilot study is informal and participants who has similar characteristic as those to be explored are involved in the piloting prior to the study to identify trends that might affect the main study in the future states (Strydom & Delport, 2011:394). The researcher conducted the pilot study prior to the actual research to test feasibility of the study in practice and to test if the proposed design was able to answer the research questions. The researcher managed to identify an individual who is one of the Seventh Day Adventist who met the inclusion criteria of the study and the researcher managed to interview her. By conducting the pilot study, the researcher was able to test the semi-structured interview scheduled and took notes of the shortcomings.

The questions in the interview schedule, for instance, were repeating the same questions about guidance the participants use with regard to their health seeking behaviour and also the challenge of the pilot study not using English to answer was going to cost the researcher time to interpret , this assisted the researcher to take field notes and review the interview schedule . In addition, the pilot study gave the researcher an estimation of the airtime needed to conduct the telephone interviews due to the Covid 19 regulations, which assisted the researcher to plan accordingly for the unforeseen problems during the actual study. The pilot study also assisted to improve the interviewing skills of the researcher (Strydom & Delport, 2011:394). The participants from the pilot study were not included in the actual study.

3.10 Ethical Consideration

It is important that as a researcher “involved in social science research to be aware of the general agreements about what is proper and improper in the conduct of scientific inquiry” (Babbie, 2017:63). The researcher has applied for ethical clearance to conduct the study with the University of Pretoria ethical committee and approval was granted. The main ethical considerations that the researcher embarked on for this study are:

3.10.1 Avoidance of Harm to the participants and Debriefing of participants:

The members of the Seventh Day Adventist may be subjected to emotional and psychological impact during the interview, the researcher had to make sure that the emotional distress evoked during the interviews was addressed. Furthermore, in social

research, researchers explore participants personal life's making them prone to emotional harm, although physical harm cannot be ruled out (Strydom, 2011:115). The researcher conducted a debriefing after the interviews to clarify and rectify and misperceptions that may have risen in the minds of the participants or had any unpleasant experience (Strydom, 2011:122). In addition the researcher made arrangements for a social worker from Department of Social Development to render counselling and other psychosocial interventions to participants that are in need, (Strydom, 2011:115). The researcher did not refer any participants for emotional support as there was no need that arose for that to be done.

3.10.2 Voluntary participation:

The researcher did not force the participant to take part in the research. The participants that were identified were told of the free will and rights to take part in the study as being completely voluntarily and should they at any time want to withdraw from participating, they are at liberty to do so and there will be no negative impact on them. In addition, the researcher informed the participants that there are no incentives or special rewards that will be given (Babbie, 2017:63-64).

3.10.3 Informed Consent:

The researcher compiled a consent form that was emailed to the participants who showed interest in taking part in the study and the researcher explained the consent form thoroughly to the participant through the telephone. After the consent form was explained to the participant and those who gave consent signed the consent form as indication of taking part in the study, the researcher also reminded them that any time they want to withdraw from the study they are free to do so and there will be no negative impact that they will face. The researcher was also able to attain consent from the participants to audio record the interviews for the purpose of transcribing. The participants were informed that the information will be kept confidentially and will be kept for a period of 15 years in the Department of Social Work and Criminology (Babbie, 2017:64-65).

3.10.4 Confidentiality, Anonymity and Privacy:

The researcher ensured that the information from the participants was kept private and only used for the purpose of the study and that the findings of the study was

identified as the false synonyms of P1-P10 for all the ten participant's that were interviewed, this was done to as not use their names to avoid harm (Strydom, 2011:120). The researcher made sure that the information shared is kept confidently and the participants responses are not identified publicly (Babbie, 2017:67). In addition, the recorded audio, consent forms and field note were stored by the researcher where people cannot have access to the data. The transcripts were also saved on the researcher's personal computer and memory stick for back up purposes.

3.10.5 Publication of findings

The researcher has an ethical obligation to be transparent about the findings of the research and to share the investigated proceedings with to the public. In addition, the findings were not manipulated to proof the researcher's point of view but the participant's perception (Strydom, 2011:126). The researcher also made sure the findings are revealed to the participants, the public, the research sponsor Health and Welfare Sector Education and Training Authority and that a mini dissertation will be made public to the University of Pretoria, (Babbie, 2016:476).

3.10.6 Competence of researcher

The researcher was competent in that the researcher obtain ethical clearance from the research committee, and the researcher also holds a bachelor's degree in social work. The researcher was competent in that during the study the researcher was honest and adequately skilled to conduct the interviews and acknowledged the sources in the study, (Babbie 2016:476).

The next section focuses on the empirical findings of the research

3.12 Empirical findings

This section discusses the findings of the research by displaying the biographic information of the members of the Seventh Day Adventist, followed by the themes and sub-themes that emerged from the data that was collected. In addition, verbatim quotations from the members of the Seventh Day Adventist are presented with the support of literature that was reviewed by the researcher.

SECTION A: EMPIRICAL FINDINGS

3.12.1 Biographic information of the members among the Seventh Day Adventist

Table 3.12.2 Biographic information of Seventh Day Adventist participants

Participant	Age	Gender	Marital status	# of children	Religion /church	Home language	Highest qualification
P1	27	female	Single	0	Seventh-day Adventist	isiZulu	Postgraduate qualification in food science
P2	33	female	Married	1	Seventh-day Adventist	Sisiwati	Bachelor's Degree in business management
P3	53	female	Married	2	Seventh-day Adventist	Shona	Master's in Administration
P4	31	female	married	0	Seventh-day Adventist	Shona	Bachelor's degree in medicine
P5	30	Male	Married	1	Seventh-day Adventist	English	Bachelor's degree in graphics
P6	58	Male	married	2	Seventh – day Adventist	Shona	PHD in finance
P7	43	Male	Married	3	Seventh-day Adventist	Tshivenda	Master's degree in Software engineering

P8	30	female	single	0	Seventh-day Adventist	Setswana	Honor's in Educational Policy
P9	45	female	Widowed	3	Seventh-day Adventist	Ndebele	Matric
P10	27	female	Single	0	Seventh day Adventist	Zulu	Honor's degree in psychology

Table 3.12.1 displays an overview of the biographical information of the ten participants that participated in the actual study. The members of the Seventh Day Adventist are identified with P1 which represent participant 1 up to P10 representing participant 10. The variables in the table include participant's age, gender, marital status, number of children, religion, home language and highest qualification. The participant who was the oldest was 53 years old and the participant who were young as there was a tie were 27 years old. The females in this study were dominating as there were 7 participants of females as to males. In addition, six (6) participants indicated that they were married, while three (3) were single and only one (1) participant a widow. Six (6) participants indicated to have children and the other three (3) did not have children. The home language varied from Zulu, to Swati, Setswana, Ndebele, Tshivenda and majority were speaking Shona. All participants had form of education and the highest that was obtained was a doctoral degree. All the participants that form part of the study were all Christians belonging to the Seventh Day Adventist church in the Tshwane Gauteng province. The next section (**3.12.3**) gives more explains about the individual variables of the participants (members of Seventh Day Adventist) as they were the focus of the study.

3.12.3 Age

The graph gives more explains about the ages of the participants, two (2) participants were between the ages of 18-29 years and three (3) participants between the ages of 42-53 years. The majority of four (4) participants were in the age group of 30-41 years and only one (1) participant was between the groups of 54-65 years. All the

participants who took part in the study were all above the age of 18 years as it was included as a criterion of the study. Based on the finding of the study it appears like the youth are more committed to their spirituality and health seeking behaviour.

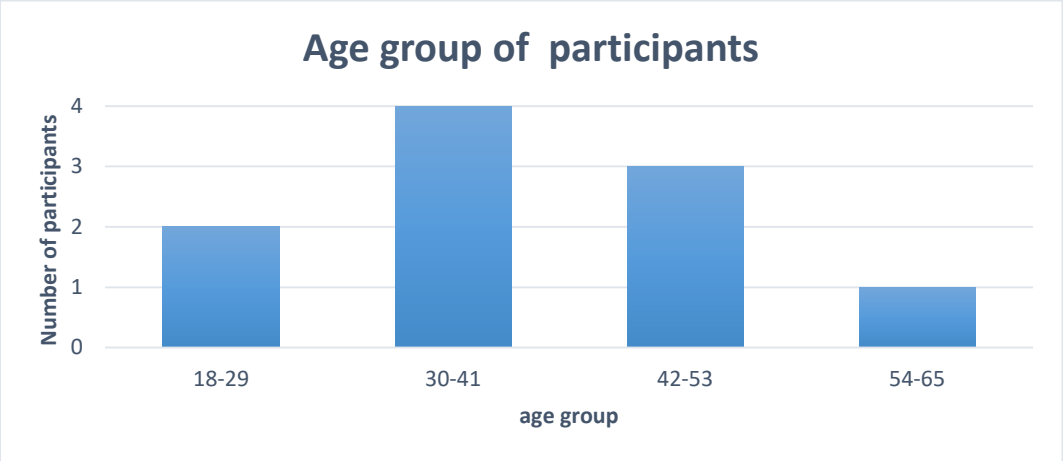


Figure 3.1 Age of participants

3.12.4 Gender

The graph displays that the study was predominantly conducted with seven (7) female participants and only three (3) male participants.

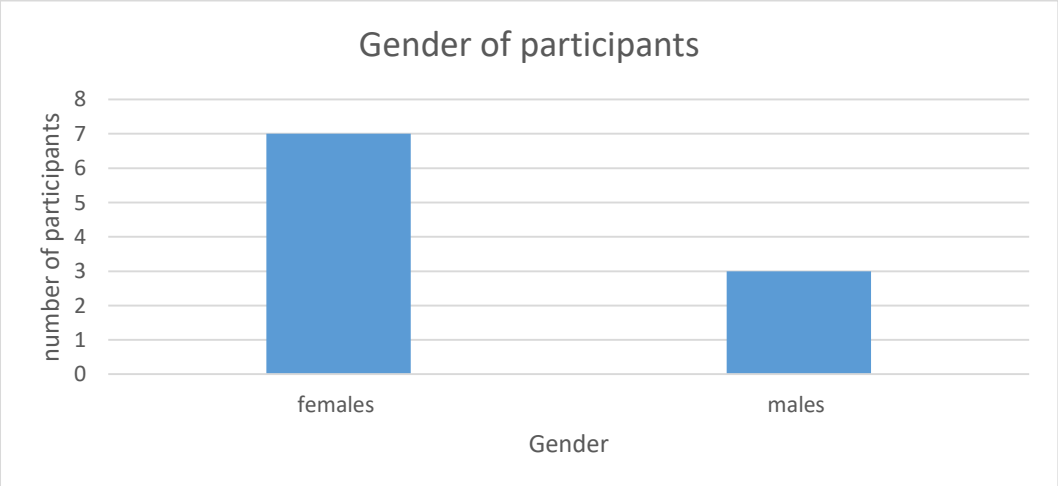


Figure 3.2 Gender of participants

3.12.5 Marital status

The graph shows that majority of the participants which six (6) were married while three (3) were single and lastly one (1) participant was widowed

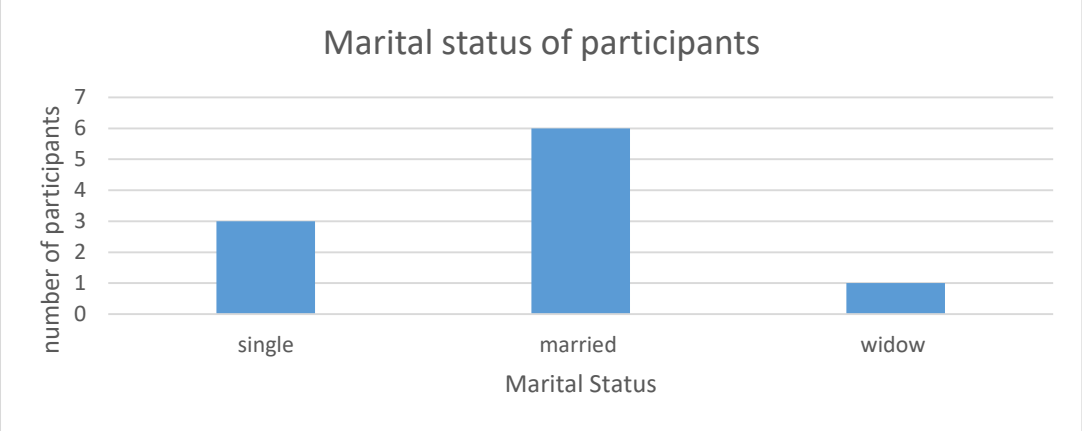


Figure 3.3 Marital status of participants

.

3.12.6 Number of children

The graph illustrate that two (2) participants had two children each, whiles another two (2) participant had three children each and another two (2) participants had one child each. In addition four (4) participants indicated that they did not children.

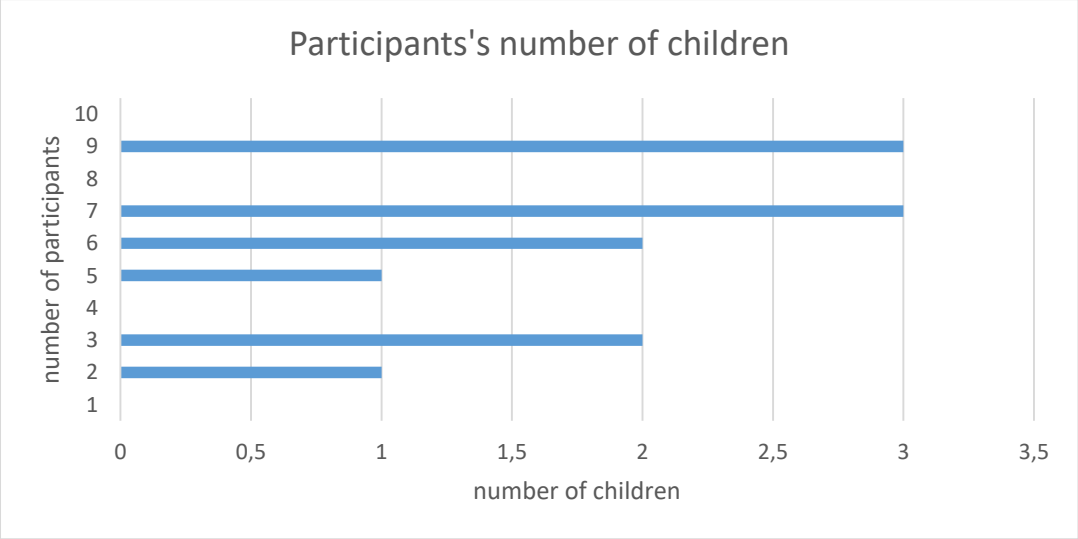


Figure 3.4 Participants of number of children

3.12.7 Religion

The study focuses on the religion of Seventh Day Adventist, for the purpose of the participants that were interviewed, the graph shows that ten (10) participants that took part in the study, were all Seventh Day Adventist members**.**

Figure 3.5 Religion of participants

3.12.8 Language

The graphs shows that there was a general of languages that participants speak but the interview was conducted in English, however most participants were three (3) speaking Shona, two (2) participants speaking isiZulu. In addition one (1) participant speaking Setswana, one (1) participant speaking Siswati, one (1) participants speaking Tshivenda, one (1) participants speaking Ndebele and lastly one (1) participants speaking English. The finding of the study indicates a diversity in language of people seeking healthcare behaviour.

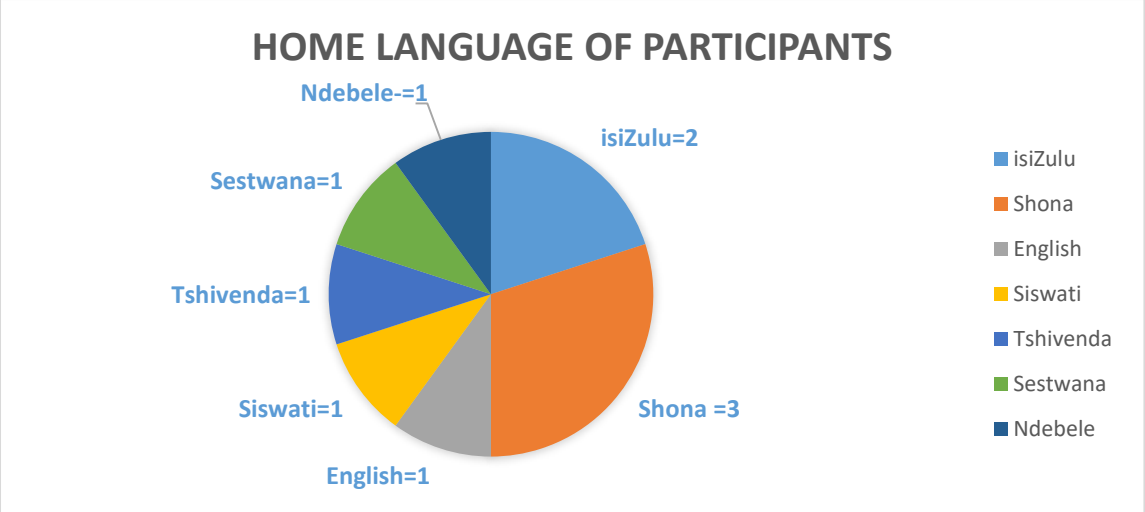


Figure 3.6 Participant's home language

3.12.8 Qualification

The pie chart illustrate that all the participants attended school and have the ability to read and write as it was one of the criteria for participants to be literate. The pie chart indicates that one (1) participants has matric, three (3) participants has bachelor's degree, three (3) participants have honour's degree, three (3) participant have Master's degree and lastly one (1) participant has a doctorate degree. The finding shows that all participants were able to answer the questions according to the ability of their knowledge.

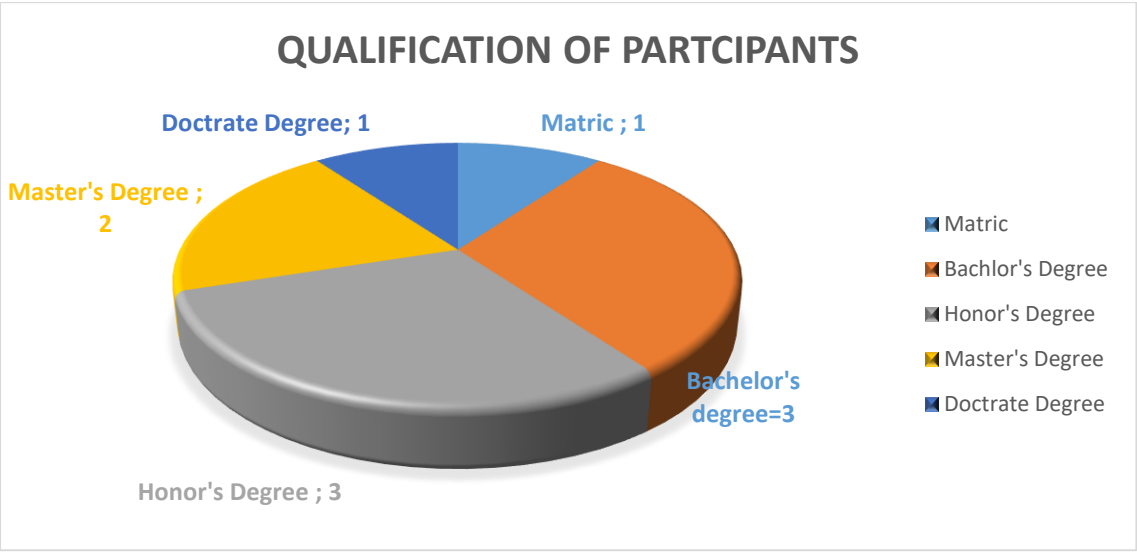


Figure 3.7 Participants by their highest qualification

SECTION B: THEMATIC ANALYSIS

3.13 DISCUSSION OF EMPIRICAL FINDINGS

In the following section the researcher discusses the themes and sub-themes that was stemmed from the responses of the Seventh Day Adventist members regarding the spiritual factors influencing their health seeking behaviour. In addition, direct quotations from the participants and the supporting literature that validates or confirms the findings are presented.

THEMES	SUB-THEMES
Knowledge of health care seeking behaviour	Understanding of health care seeking behaviour by Seventh Day Adventist members Identified actions to maintain good health Knowledge on how religion influence decision to seek or receive medical help
Perception of spiritual practices within the spiritual group of Seventh Day Adventist	Understanding of spirituality by Seventh Day Adventist members Identified spiritual practices that are familiar with the Seventh Day Adventist group Understanding of the value of spirituality in personal life Understanding of spirituality in the community setting
Spiritual Factors	Identified spiritual factors contributing to health seeking behaviour The influence of spiritual factors on health seeking behaviour Guidance regarding spiritual health care related issues
Health seeking behaviour and the family	The experiences of the family, that is being influenced spiritually Spiritual guidance when family member is sick
Healthcare Facilities	Availability of healthcare facilities Challenges of healthcare Affordability of healthcare facilities
Knowledge on social work intervention	Intervention to referral of social worker Knowledge of social worker on the spirituality of Seventh Day Adventist

	Device of treatments plans by social worker that is consistent with the values of the patients
Suggested Recommendations	Integration of spiritual factors into medical health streams.

3.13.1 Theme 1: Knowledge of health seeking behaviour

The researcher was able to identify three sub-themes that underlined the participants understanding of the term health seeking behaviour. The sub-themes are based on the Seventh Day Adventist member's understanding of the theme of health seeking behaviour, what actions do members do to maintain good health and how long members take before consulting a health care provider. The three themes are discussed below.

- **Sub-theme 1:1 Understanding of health seeking behaviour among Seventh Day Adventist**

Participants were asked to define the phrase of the health seeking behaviour and explain what they think it meant. For the most part the responses were consistent that this behaviour involves seeking medical attention and knowledge should there be any needs. Besides seeking medical help, some participants also expressed that for them this meant some behaviour which interests' healthiness and this included some physical activity and generally making sure that they eat well. Below are some of the verbatim quotations which show how people equated health seeking behaviour with sourcing medical advice and attention when needed.

> ***Participant 4****: "It means that if I encounter a medical issue or an illness how I would go about looking for help in terms of either from the internet, a pharmacy, a doctor…"*
>
> ***Participant 6:*** *"…understand it to mean that people are trying to become healthy, so they will try to find ways of getting healthier and healthier…"*

Besides the people who perceive health seeking behaviour, seeking medical attention and generally attending to any other related issues when they arise, they were also some participants who equated health seeking behaviour with some actual behaviour

on their part. For these participants, health seeking behaviour does not mean going to seek professional help when someone's health and well-being is compromised but to them this seeking is an ongoing effort to improve their health so that at least they minimize having to seek medical attention from the professionals. Below is a quotation of someone who felt what health seeking behaviour is.

> ***Participant 1****: "It means, well for me it means basically behaviour in which I adhere to in order to improve my health physically and mentally as well. That also speaks to not just what I eat but also the physical activity form day to day and also what I consume in terms of what I watch and what I listen to in terms of the mental state of my health…"*
>
> ***Participant 3****: "It means that in the way you carry yourself or the way you do things you do things that encourage good health or that try to improve your health..."*
>
> ***Participant 5****: "…proactive search for ways to have optimal health…"*

Lastly there was also a segment of participants who felt that health seeking behaviour should go beyond the advice in guidance of medical professionals. These participants felt there was a need for spirituality as well when seeking medical attention and health seeking behaviour needed to be anchored in the Bible. Below are the quotes of participants who shared this perception.

> ***Participant 2****: "Again I would say it goes back to the bible. The bible is a factor that influences my health seeking behaviour…"*
>
> ***Participant 8****: "…it means one who is conscious of the health and keeping well, so whatever lifestyle that they pursue is based on their being conscious of their health…"*

Latunji and Akinyemi (2018:52) state that health seeking behaviour is situated within the broader concept of health behaviour which encompasses activities undertaken to maintain good health, to prevent ill-health, as well as dealing with withdrawal from a good state of health. This is consistent with some of the behaviour that was displayed by the study participants. Peppa, Edmunds and Funk (2017:2) confirm this behaviour

and makes the further observation that when it comes to religious communities, they tend to make use of both their faith and the conventional medical professionals. Peprah, Gyasi, Adjei, Agyemang-Duah, Abalo and Kotei (2018:1) state that, within health seeking behaviour the increasing utilization of faith healing services could partly be attributed to the rising awareness in its complete healing process, which than allows for the treating of patients by faith healers, to view health and disease through the integration of mind, body and spirit which is integrated within the context of family and community.

Therefore, according to what the Health belief model posits, perceived benefits is a person's opinion of the value or usefulness of a new behaviour in decreasing the risk of developing a disease Jones and Bartlett (2014:32) and which, therefore, supports the view that health seeking behaviour is of value to the individuals of the Seventh Day Adventist group that believes that optimal health care is good and having a way to improve your health.

- **Sub-theme 1.2 Identified actions to maintain good health**

When asked about their fitness activities and how they kept fit to maintain good health, other participants disclosed that they have some physical activities which they do on a regular basis to keep fit. This response is consistent with some of the general responses that have been provided before where the respondents indicated that they would rather try some natural activities and remedies to prevent sickness rather than having to go to the medical professionals for help in the case of sickness. Below are some of the experiences given by the participants on how they maintain good health:

> ***Participant 1****: "With physical health I exercise four times a week for one hour. I try and maintain an 80/20 rule with my nutrition where 80 percent is healthy and then 20 percent is mostly junk. So your fatty foods and stuff like that and the 80 percent is more of a leafy food diet…"*
>
> ***Participant 6****: "…I tend to do all those to make sure that what I eat, I exercise, and I take a lot of rest…"*
>
> ***Participant 8****: "...to engage in physical activity every day, check my diet, be at peace with other so that mentally I'm also healthy…"*

***Participant 5**: "I try to exercise, to get enough rest and to eat in a kind of balanced way…"*

***Participant 2**:" …by walking or exercise, switch off devices to maintain mental health…"*

Disease prevention is also emphasized through advocating temperate lifestyles, which includes the avoidance of tobacco, alcohol, and meat further in which Adventism suggest vegetarianism, regular exercise, and an adherence to Saturday as a Sabbath rest day (Jaja, 2013:18). The healthy lifestyle emphasis held in Adventism permeates the writings of Ellen White, a historical leader of the Seventh-day Adventist Church. She states, "True religion brings man into harmony with the laws of God, physical, mental, and moral. Faith in God's love and overruling providence lightens the burdens of anxiety and care. Religion tends directly to promote health, to lengthen life, and to heighten our enjoyment of all its blessings". Studies examining health among Adventists have often concluded that healthy lifestyle practices are responsible for lowered disease incidence and longevity among Adventists (McBride, Bailey, Landless, Baltazar, Trim & Stele, 2021:13). The Health belief model that helps us understand how maintaining good health is the perceived benefits that people tend to adopt healthier behaviours when they believe new behaviour will decrease their chances of developing a disease and this can be seen in people striving to eat five servings of fruits and vegetables a day to benefit their health, Jones and Bartlett (2014:32). Therefore, Adventist understanding of the health living is an important reason for valuing it, states (McBride et al., 2021:4)

- **Sub-theme 1.3 Knowledge on how religion influence decision to seek or receive medical help**

The other dominant sub-theme which emerged when the participants were asked about the impact of how religion influences their decision when seeking or receiving medical help. The participants indicated that they preferred the natural remedies. This broadly encompassed variable such as eating healthy exercising undertaking activities which helps to keep the research participants fit as well as interacting and seeking support from other community members of the same religious persuasion to maintain their good mental health. The preference by the research participants for natural

remedies and solutions before seeking conventional medical help is captured in the quotations below.

> ***Participant 5***: *"Well my religion tries to look for natural ways to remedy any health issues. So one of the first things I try to do is to steam it off. If I do that for a full day and don't feel any better than I either try to supplement with Medlemon or self-medication, vitamins and that kind of thing and if that doesn't work for another day then I look into medications like Panadol, Disprin that kind of thing then after three days and things are getting worse, if they're getting better then I lay off a little bit but if they're getting worse I'll try and obtain a script"*.

> ***Participant 8***: *"Yes because we hope that natural remedies would help. The idea is that sometimes, what the problem is not enough rest or too much anxiety or an imbalance of something you've eaten or something like that. If the body is able to deal with it quite quickly it may not be a good idea to medicate prematurely. First one to two days I try by all means to see if any kind of homemade remedies, drinking water, maybe eating some fruit like oranges or whatever the case. If any of that can help. If it does treat the illness that day then I will keep going for another couple of days and in many cases after maybe 3 – 4 days of that the illness goes away. So there's an aversion for prematurely meditating, to try to solve every problem. However we don't have a prohibition on the use of advanced medical tools. So I'm not opposed to surgery or getting a prescription for like an infection or something like that but if I just have the cold then my body should be strong enough to fight it off"*.

> ***Participant 4***: *"So our religion focuses a lot of preventative measures and not necessarily natural remedies but not to look to western medicine initially. So if I fell sick then I'll rather start with garlic and a few other things that I can do at home but if I see no improvement to that then I will go to a doctor. It's not, it was the way I brought up, try to manage things at home first before going to see a doctor"*.

Participant 3: *"It's about typically if it's within the Christian, the community and they are already vegetarian we then encourage them to go raw and to use raw products and to reduce and to increase certain elements within their food. It's the high iron, kind of things and the antioxidant food that would help"*.

Participant 2*: "…my religion is open minded, but if you require health intervention it is not prohibited…"*

Participant 7*: "…My religion is not against medical advice, our church we encourage people to consult with medical practitioner…"*

The church's commitment to matters pertaining to health and healthcare remains strong states (DuBose & Walters, 2002:2). When it comes to health seeking behaviour the Adventist favour rational, scientific approaches to health care over pseudoscientific ones because Adventist accept the concept that there are natural remedies that may be beneficial for the treatment of disease, and this is seen among Adventist in the home situation .However Peprah et al. (2018:2) argue that aside from the reassurance of faith , concerns have been raised regarding the individuals who practice faith-healing, where patients are often exposed to a combination of herbs, remedies, chemicals and other assumed treatment substances that can often be harmful leading to physical problems. Therefore, the theoretical framework from the health belief model, that poses an understanding will be the perceived susceptibility which helps us understand why people promote healthier behaviours and if the risk of the disease is great, the greater the likelihood of engaging in behaviours to decrease the risk of the disease, Jones and Bartlett (2014:32), this therefore allowing for preventative behaviour.

3.13.2 Theme 2: Perception of spiritual practices within the Seventh Day Adventist

The researcher was able to identify the participant's perception of spiritual practices in their group. From this theme there were four sub-themes that emanated: the understanding on spirituality, what spiritual practice are they familiar with, what is the personal value of spirituality and the value of spirituality in the community.

- **Sub-theme 2.1 Seventh Day Adventist and spirituality**

In this sub-theme what emerged when it comes to the definition of spirituality is that the participants tended to see it as something that is beyond the physical. Therefore, all the happenings and occurrences are beyond their understanding and comprehension existed in the spiritual realm. In some instances, this was even described as invisible and intangible. Below are some of the verbatim quotations which tended to equate spirituality with the metaphysical.

> ***Participant 6****: "To me it means seeking things that are beyond the physical. What you hear and what you can tell, something higher than that is probably going to be invisible…"*
>
> ***Participant 2****: "I would say it's understanding that there are higher powers, spiritually it means that there is more than physical than what meets the eye. There are things that goes beyond the eye and we are just fortunate out there that we cannot be [alone] – I would say so yes, there is a higher power. There is a higher power out there and the higher power in the way that I understand it is God…"*
>
> ***Participant 8****: "…spirituality means being tuned up or being well accustomed to spiritual material, mainly it's being connected with God, for me…"*
>
> ***Participant 5:*** *"…recognising that there's more to life than the natural…"*

It is also important to note that there are some participants who admitted that either they did not know of spirituality or were capable of giving a definition. For some of these participants who failed to provide a definition, they explained that they knew spirituality and it was something that they felt but something which was difficult to describe. Below are some of the verbatim quotations which tended to equate spirituality with the metaphysical.

***Participant 1**: "I don't think I have a definition of what it means to me but I link it to the Holy Spirit and being in tune with your main spirit as well. That's spiritually for me. I don't want to complicate it. That is my honest…"*

***Participant 1**: "I don't know if I can describe it accurately, it helps me individually to be in tune with self and to also be in tune with my relationship with God and understanding my role as a human being as well that being spiritual doesn't take away humanity. You cannot be a religious person who doesn't love people…"*

The definitions of spirituality and interpretations are fairly consistent with some of the observations that have been made in literature. For example, Lalani (2020:5) observes that most of the definitions of spirit tended to be anchored to religion, especially Christianity. This is also confirmed by Means, Collier, Bazemore-James, Williams, Coleman and Wadley (2018:620) who observe that although there are multiple types and interpretations of spirituality, this tends to be limited to Christianity. The health belief model that will best help in how participants understand their health seeking behaviour through spirituality, Jones and Bartlett (2014:32) states that perceived benefits will assist in an individual valuing the usefulness of a new behaviour in decreasing the risk of developing a disease, meaning Adventist use their spirituality as a belief to adopt healthier behaviours.

- **Sub- theme 2.2 Identified spiritual practices that are familiar with the Seventh Day Adventist**

One of the questions that was posted to the participants was for them to identify spiritual practices. The key issues which emerged from the responses which was the most dominant is that people tended to equate spiritual practices with the observance of God's law. This was by far the most dominant view with most participants believing that being spiritual means living by God's word. Below are some of the verbatim quotations which tended to equate spiritual practices with the metaphysical.

***Participant 4**: "…its prayer, reading of the word, fellowship with each other, consulting spiritual leaders…"*

***Participant 1**: "…prayer and fasting…"*

***Participant 7**: "…I pray, I read the word of God…"*

***Participant 9**: "…not only by prayer by also reading the word…"*

***Participant 3**: "…meeting regularly on the Sabbath a day of rest, there's praying, singing, sharing and learning within the Bible, we do outreach within the social side…"*

***Participant 2**: "…Prayer, reading the bible, meditation being silent and just cutting off everything around you…"*

***Participant 5**: "…one would be prayer, include things like meditation, singing or having communal lessons, bible study…"*

***Participant 6**: "…its praying, mediation, start by studying the bible, witnessing to other people…"*

***Participant 8**: "…that would be prayer, godly singing, coming together to have bible studies…"*

McIver (2019:159) supports that perception made by most of the participants stating that Seventh Day Adventist members are urged to lead a life of regular prayer, bible study and attendance of church worships and other religious meetings. Therefore, it is observed that through obtaining personal experience with the knowledge of God by prayer and reading of the word gives guidance through seeking healthcare. In addition, McBride et al. (2021:5) agree that Adventist believe in the inspiration of the Bible and the continuing requirements of the Ten Commandments including worshiping on the Sabbath day. McBride et al. (2021:5) state that the belief of Adventist to adhere to the Health message enables clear thinking and correct discernment, which in turn is the basis for proper understanding of biblical teachings and of church doctrine.

Moreover, according to Robert and Rich, (2020) spirituality is related to health because of the body, mind and spirit are connected, this leads to the connection of the beliefs and sense of well-being such as positive beliefs, strength gained from religion, prayer, meditation which contributes to the well-being and promotes healing. The health belief

model that Jones and Bartlett, (2014:33) state that cues to action by participants taking the action to pray, mediate and read the bible all these cues to action influences the health seeking behaviour and bringing about the change.

- **Sub-theme 2.3 Understanding of the value of spirituality in personal life**

The following sub-theme has shown that most of the participant's value spirituality and this is seen in the responses given, the participants link their value to spirituality to the anchor of how they navigate their life and make decisions. Below are the verbatim quotes from the understanding of the participants.

> ***Participant 8***: *"…It is absolutely valuable, I won't be mentally stable if it wasn't for my spirituality, and I'm able to make decisions, pass through trails, challenges because of my spirituality…"*
>
> ***Participant 6***: *"…It's extremely high, because it makes the whole purpose of life very meaningful…"*
>
> ***Participant 5***: *"…It's incredibly valuable, I cannot think of my identity without it. It's a very pivotal element in making sense of things in the world…"*
>
> ***Participant 2***: *"…so I highly value the spiritual perspective in my life, so maintaining a spiritual life is having a good spiritual stand and is very significant…"*
>
> ***Participant 9***: *"…It has been the pillar of strength…"*
>
> ***Participant 7***: *"…it is very important to keep spiritually because it helps me to have good health…"*
>
> ***Participant 1:*** *"…spirituality has value in my personal life, it has helped me relate with people from a different dimension…"*
>
> ***Participant 4***: *"…the value of spirituality is that it keeps me grounded to know that evidently someone else is in control of my life…"*

Spirituality helps us to reflect our own beliefs and values, according to Noblitt, (2014:4) the value of spirituality enables us to understand other social classes, races and cultures that may have been seen before. The key finding in this theme display that spirituality adds value to their lives allowing a sense of belonging and strength. Zhang, Hui, Shui and Mok, (2014:988) indicate that values are guiding principles in our lives, and this is observed in how the value of spirituality serves as a guide for the lives of the participants. In addition, Zhang et al. (2014:989) share that people with high benevolence value are reported to have high life satisfaction and positive social interaction and this reveals that spiritual oriented values are connected to the well-being.

Moreover Rudlfsson, Berggren and Silva, (2014:65) give practical evidence in relations to the findings that the values of spiritually in a person's life, is who they are, the unique being connected to God, where the values is expressed through the body, thinking, feelings, judgement and activity. Therefore, the value of spirituality gives meaning to life by inspiring and motivating individuals to achieve their optimal being, Rudlfsson et al, (2014:65).

The health belief model the seeks to link with the value of spirituality is the perceived benefits, Jones and Bartlett (2014:32) indicate that a perceived benefit can make the changing or adopting a new behaviour easily influenced, due to the benefits that the value of spirituality in their personal life's allows them to have meaning to life and be connected to their well-being.

- **Sub-theme 2.4 Understanding of spirituality in the community**

There was a universal consensus amongst the participants that there's value or spirituality within the community. This is because the community serves as a cycle of support where study participants can draw support from their fellow community members. It also emerged that the value of the community increases exponentially if this community is well defined, for example, like a family community work community or church community. This is because these various communities offer layers of support to help the research participants.

***Participant 6**: "I think it helps them to understand there's many things, they share problems, they console each other, and they do a lot to make sure if someone has a problem, someone may be able to tell someone something which will help them to think differently, see things differently and approach life differently…"*

***Participant 5**: "I would say it's also incredibly strong in my faith community. In my physical community I would say it still is quite strong but you do have people of different orientations and so we might interpret spirituality differently, but I very rarely come across someone who doesn't consider spirituality to be important in their lives…"*

***Participant 1**: "Yes, it is because it then connects us as people. When I see a need and I can help I ask if I can offer it to you and if you give me the permission to offer it to you then we can work, it's the whole concept of I help you, you help me, you benefit from my help, I also benefit from your help at the end of the day and we look at each other from the same level. That allowed us to give each other equal respect and teach us to love each other beyond our faults…"*

***Participant 7**: "if we influence one another or we share with one another and become spiritual there are benefits that we can receive from that as a community"*

Marks and Palkovitz (2007:4) observe that most people have spiritual guides in their life and for the most part these are family members because these are the people they grew up with. Consequently, they have the most impact when it comes to spirituality. This is further confirmed by So (2018:63) who makes the argument that people invariably have spiritual anchors despite their religious affiliations or the absence of them. In addition, supported by Scott (2020) who states that the importance of spirituality in the community is to help find a sense of belonging and support which involves organized religion groups that will serve as an important source of social support. These observations are consistent with the primary data that was collected where most of the participants cited either their family members or their religions as moral guides. Shabbir and Zamir, (2021:4) support that spirituality dwells within every culture and every geographical community because people search for meaning,

therefore, the spiritual aspect of participants aligns with the values and principles that underpin community development. The health belief model does not play the role of spirituality on health and health care, therefore, Jones and Bartlett (2014:33) state that perceived barriers can be a challenge when adopting a new behaviour, and with the participants evolving as community and valuing spirituality this can encourage the influence of health seeking behaviour for participants to choose more healthier ways to treat illness.

3.13.3 Theme 3: Understanding of spiritual factors

The participants share their understanding of spiritual factors, by identifying three sub-themes of the spiritual factors contributing to health seeking behaviour, the influence of spiritual factors on health seeking behaviour and guidance regarding spiritual health care related issues.

- **Sub-theme 3.1 Identified spiritual factors contributing to health seeking behaviour**

When it comes to the impact of spiritual factors as a determinant of health, the factors contributing to health seeking behaviour involved is that it was the participants' responsibility to look after themselves instead of relying on medical professionals for healthcare. The basic premise of this viewpoint is the biblical message which refers to the human body as a temple of God. Therefore, an individual is obligated to look after the body. The following was stated:

> ***Participant 6****: "I think one of the main things is that, if I look at the way that the bible says my body is a temple of God or the Holy Spirit therefore, I can only care for it by knowing what God wants? I'm going to look more to God about my own health rather than trying to understand it the way people make it as a mechanical issue".*
>
> ***Participant 1****:"…Its simply that principle of understanding that my body is a temple of God, I need to respect that it was designed to be maintained in a certain way. Respecting that knowledge about your body being the temple of God…"*

> ***Participant 5***: *"…I look at how I'm doing and whether or not something really needs professional medicinal help or it can be handled in more kind of home based environment and I consider that gut feeling to be partially spiritual in more explicit terms, my religion believes in the Holy Spirit and that guides you or at least gives you certain ideas that will guide you to make decisions in everyday life…"*
>
> ***Participant 7***: *"The that I think of is co-operating with the God in the sense that in fact for me to make sure that I am healthy it is important for me to realise that I need to put myself in a position where God can use me having a clear mental perception…"*

The key findings for this sub-theme indicated that the body as the temple of God is a spiritual factor contributing to the influence of health seeking behaviour. In relation to the key findings, Glory (2021) indicates that the meaning of the body being a temple of God is because it means to be physically and spiritually healthy. Furthermore Glory, (2021) indicates that our bodies are not our own but of God and that is why it should be clear and pure of unnecessary impurities.

Hence, the Adventists view the Sabbath as a gift that provides the opportunity to experience true rest and freedom all other obligations (Rittenour, 2013:3). It provides an opportunity to separate oneself from the tedious stressors of life and draw closer to the Sacred. In terms of mental health, Sabbath observance is likely to be most effective when integrated into an intrinsically motivated belief system striving for rest and well-being (Diddams, Surdyk, & Daniels, 2004:8). Therefore, the keeping of the Sabbath is emphasizing spiritual health of the mind and body, Glory, (2021).

Jones and Bartlett, (2014:32) seek to show that the perceived benefits of believing that the body is the temple of God, can result in the cue to act, where patients using the observing of the Sabbath day as a preventive measure to adopt new health seeking behaviour.

- **Sub-theme 3.2 The influence of spiritual factors on health seeking behaviour**

The sub-theme that emerged from the study is the fact that there was a general reliance on spirituality when it comes to health. Within this sub-theme there were also the viewpoints of participants who surrendered their health and placed it in the hands

of God. The participants share their perception of the influence of spiritual factors on their health seeking behaviour. According to them, should they get sick, it is God's plan and their recovery and wellness is also God's plan and design. This specific viewpoint is captured in the quotation below.

> ***Participant 1****: "I think church attendance and church community as well, it's something that's repeated at church, very often. So it's just like a constant reminder, it's not like it's something that I can easily forget about. Even if I lose my way I will be reminded that my body is a temple of God and I need to take care of it the best way I can".*

> ***Participant 4****: "The influence behind the spiritual factors. I believe that God is the god of healing and the god of, he wants us to do well so I don't think that if one is sick you have to stay at home and just be ill and in misery. I believe that God has given people the skill to go and be educated, whether it is on naturopathic medication or western but I definitely feel that God is using healthcare workers"*.

> ***Participant 8****: "… I am definitely able to uphold health principles because of the spiritual factor of studying the bible to influence me positively to want to be healthy…"*

> ***Participant 5****: "… I think my belief system encourages that I be of use to a larger community and I can't do that if I'm not healthy…"*

Therefore, Christina and Puchalski (2001:353) state that the influence of spirituality enhances recovery of illness and that is it also maybe utilize as a coping mechanism. Allowing the effect of spirituality on health care, can be an area of active research as it may have an important need to health seekers. The key findings relate that participants uphold the teachings of the Bible in order to be influenced in keeping healthy and taking healthy decisions. According to Jambrek and Jambrek, (2010:173) the Bible plays the most important role in influencing the life of a Christian regarding making decisions, major or minor because God gave the humankind a freedom of choice between numerous possibilities, therefore, by studying the Bible the believer becomes familiar with all of life's possible situations and activities that may be used as

a guideline to make informed decisions. In support, Rego, Gonclves, Moutinho, Castro and Nunes, (2020:11) state that the influence of spirituality on the well-being of decision making on participants with high levels of spiritual well-being, show less uncertainty with choice, feelings of being more informed and supported through the Bible this is able to lead to choose improved quality of life.

Moreover, Smith and Writebol (2001) mention to us that the influence of the Bible as a spiritual factor, it brings growth to our lives by renewing our minds so that we think, understand and approach life from God's perspective instead of the prevailing notions of our cultures. The health belief model that seeks to encourage this behaviour is perceived benefits, resulting in the patients allowing the preventative measures of upholding the principles of God's word to keep healthy (Jones & Bartlett, 2014:32).

- **Sub-theme 3.3 Guidance regarding spiritual health care related issues**

When it comes to the spiritual guide there are three levels of support systems which were mentioned by the participants. The first one involved the church as an institution and church community members for support. Together with other church members some participants also referred specifically to the Bible as their spiritual guide. Below are some quotations which show the different perceptions of religion and Christianity as a spiritual guide.

> ***Participant 6****: "I would say that in many cases it's references to the Bible, as to what you look for but then you also have other studies which have been done about different, what different products do to what parts of your body or what causes what, understanding more about real issues like what will [unclear] do to your life, what will religion do to your life and so on, so you study deeper into each and every subject. It's not just an armchair thing. There's a lot of studying that has to be done. Sometimes you don't know and you can actually have to look up to see what actually happens. It's a learning environment. Very hard learning environment and the church also teaches a lot about that anyway".*
>
> ***Participant 2:*** *"I would say church members play a role in that. Being the pastor, the congregation, the community in the church. In our church health is*

something that's highly looked into. It's something frequently talked about. It's not something you hear once a year. It's one of those frequent things"

***Participant 5**: "There wouldn't be a who, there would be what and that would primarily be the scholarship within my religious tradition. I t would be the bible, supplementary writings, articles by medical professional"*

***Participant 3**: "Number one the bible. Number two there is a lot of writings within the church and generally on the internet now if you look for it you will find"*

The other level of spiritual guidance includes that of family members. The study participants narrated how different people in their lives, especially family members, provided a moral compass for them and acted as their spiritual guide. This provides a clear distinction between those who rely on family members and those who see the church community as the spiritual guide. Below is a set of quotations indicating how respondents came to regard family members like parents as their spiritual guide.

***Participant 4**: "I still look to my parents. Even though I'm a qualified medical practitioner, I still look to my parents for a lot of advice, not whether I should consult, for example I have consulted and there is a big decision that needs to be made I do look to them"*.

***Participant 6**: "Again I'll go back to where we started. As a family we share, I mentioned about the groups we belong to, I mentioned the church, the bible, I have a family as well. We are quite studious, so we study, if someone is suffering from this how do you solve it and work it out and then we find the remedies and move on generally. But if it's a medical issue, yes we also have a daughter who is the medical fraternity, so she also talks about things and then but she generally we start from the natural"*.

It is also interesting to note that amongst the participants is one who indicated that they did not have any spiritual guide. What makes this even more interesting is that during the previous part of the conversation they indicated that they were a very spiritual person and spirituality plays a significant role in their lives. However, when it

came to having a spiritual guide they indicated that they didn't have any. Below is an excerpt of the conversation with the participant where they indicated that they did not have a spiritual guide.

> ***Participant 1****: "To be honest I don't have anyone currently who guides me. I just rely on my knowledge"*.

According to Han (2002:65), who stresses cultural explanations and factors, medical pluralism has been reproduced and sustained by three factors. It is important to note that his explanation, like that of others, assumes that the world is constructed around western medicine, and that anything which is not Western scientific medicine is alternative or complementary. Bussing, Ostermann, Matthiessen, (2005:2) state that where there is less doubt when values and goals of individuals are important contributors to life's physical and psychological health, of which the goals are what gives meaning and purpose to people's lives.

Moreover Koenig, Larson and Larson (2001:354) state that when patients are faced with a life-threatening disease, many rely on religious beliefs to relieve stress and retain a sense of control and hope. There is yet a limited understanding of how patients themselves view the impact of spirituality on their health and well-being, argues (Bussing et al., 2005:2). Take into observation the key findings that participants hold their spiritual guidance through the Bible, pastor's or the congregation, Sandwood, (2018) attests that spirituality can guide patients in many ways by being a factor on how patients understand their diseases and help in coping with unfavourable diagnosis.

The health belief model posit to the guidance of spirituality is the perceived benefits, that in the patients believing that being guided by the Bible or pastor will assist in adopting new healthier behaviour, the patients will benefit from being guided (Jones and Bartlett, 2014:32). Another belief model would be the cue to act based on the patients to take action to promote their healthy living by turning to natural remedies before medical convention (Jones & Bartlett, 2014:33).

3.13.3 Theme 4: Health seeking behaviour and the family

During this theme the participants identify their way of doing things regarding health seeking behaviour and the family. Through this theme there are two sub-themes which is the experiences of the family home being influenced by spirituality and spiritual guidance when a family member is sick.

- **Sub-theme 4.1 Experiences of the family home being influenced by spirituality**

When it comes to health seeking behaviour amongst family members, the following key things emerged. First, it appears that family members consult each other when it comes to health issues. In some incidents there were reports that there are some family members who usually make decisions about where and when to seek medical attention when other family members get sick or injured.

> ***Participant 1****: "My [mother] who is responsible for our health is a big believer of doctors. So whenever one is sick, like I said if the normal remedies, Vicks and Med lemon don't help then you seek medical attention so it's basically my mother"*.
>
> ***Participant 2****: "I grew up in an environment, a home, so my mother worked at the Department of Health so when it comes to at home and seeking health services, my mother is very into when she's not feeling well the esoterical things and then we have to, it's not taboo to seek out health care and it's something that she also frequently motivates us to do"*.

Systems of personal belief are obtained from a variety of sources, such as religious education or personal experience, and serve as a priority orienting system influencing the selection of religious coping methods (Maynard, Gorsuch and Bjorck, 2001:69). It is evident with the key findings that the influence of spirituality from family, results from members consulting with each other, Yeh, (2018:2) indicates that individuals who have positive family interactions have low rates of illness, because these interactions include inductive reasoning, communication and involvement, which allows the family an experience to be self-influenced before spirituality. However, Yeh, (2018:2) also reveals that the lack of a good family environment can be a risk factor when a family member is sick and can produce discomfort of emotional problems serving as a perceived barrier for the patient to reach out for PHC. The HBM that would seek to

help patients allow, who influences them is the cue to act by having the ability to decide among themselves when a member of the family is sick and also the self-efficacy where patients don't do something new unless the influence of spiritualty will be useful to them, Jones and Bartlett, (2014:34).

- **Sub-theme 4.2 Spiritual guidance when family member is sick**

The sub-theme which emerged from the study is that in the case of family members getting afflicted by a sickness or something that requires medical attention, there is a tendency to turn to prayer and spirituality as a means of resolving the situation. It is important to stress that this was a recurring theme amongst many of the conversations that the researcher had with the study participants. Below are some of the quotations which show the extent to which the study participants turned to prayer and spirituality in the event of a family member needing a health solution.

> ***Participant 2****: "Definitely. Yes. I do. Spiritual guidance is always the first option and it's always either, it holds you up and then everything else comes secondary…"*
>
> ***Participant 6:*** *"Yes. I mean we always pray. To pray is the most important thing. If, even whether someone is going to go through a procedure or not. The important thing is whatever is going to happen, God is the one who is ultimately in control and people who may be used to do that are actually being used by God rather than anything else. They are being controlled. Directed"*.
>
> ***Participant 5****: "Yes. I do seek spiritual guidance but knowing that the I do believe that natural laws are constant…"*

According to Vigna, de Castro and Fumis, 2020:1) it is said that spirituality may give meaning to life and enhance faith by providing support and guidance in complex situations when someone is greatly ill. In addition to the findings Peprah et al., (2018:10) indicate that the reason for participants to select the faith healers as the first point of contact could be because of the perceived effectiveness of faith healing services. Jones and Bartlett, (2014:34) indicate that the HMB linking to the key findings is the perceived benefits and cue to act, this is reflected in the part that clients take action to connect to their spirituality to influence their state of being by taking action to

adopt a new health seeking behaviour. The perceived benefits reflects in the prevention of any disease that may occur, this benefits the participants to also be better prepared and prevent from other ill sickness, whiles enjoying good health (Jones & Bartlett, 2014:33).

3.13.5 Theme 5: Healthcare facilities

The researcher was able to identify how the participants get to use the healthcare facilities. The sum-themes discussed is the availability of healthcare facilities, challenges of healthcare and affordability of the healthcare facilities**.**

- **Sub-theme 5.1 Availability of healthcare facilities**

One of the questions that was posted to the participants was to determine the healthcare facilities in their area. The responses were surely consistent in that all the participants have access to healthcare facilities within their immediate vicinity. Besides the medical facilities being close by and accessible, the participants also further disclosed that they also had access to specialist medical services close to where they stayed. Below are some quotations which confirm the observations of the participant's experience to having adequate medical facilities in their vicinity.

> ***Participant 5****: "Yes they are accessible. Like I said from a financial point of view I can afford these basic services, both public and private from an accessibility point of view we do have a car so I can get there, and public transport is quite reliable if I do need it and then I also have family members nearby who can help if I'm not able to access it for example for my family. So, there's not much of a problem there"*.

> ***Participant 4****: "They are accessible to the general public; anyone can walk into the GP and the government facilities depending on which one you can actually just walk into them but some of them you need a referral from another doctor or hospital to get in. If I need to make an appointment, I just make a phone call"*.

> ***Participant 3****: "Services are accessible. So, I use a medical centre typically and I have a GP that I go to all the time and he'd refer me out to specialists if I need specialists. And I also have a community of professionals that I have used before that I go to on a needs basis and for the new aspect of health people are continuously advertising online so recently I saw that in Pretoria East someone was offering alternative cancer treatment within Pretoria because we always thought you had to go to the outskirts of Gauteng to access that but there are people in Pretoria that are now doing it"*.

Based on the responses provided above an observation can be made that the fact that there are some medical facilities close to the participants probably reduces their propensity to seek alternative healthcare for example from faith-based healers. Based on this information, an assumption can be made that for those individuals, no matter how deeply spiritual they are, they will always default to conventional medical care if it is available and only seek spiritual healthcare in the absence of formal health care facilities. Peprah et al. (2018:9) indicate that faith healers are consulted globally for nearly all kinds of ailments including social and psychological issues but mostly refer cases to formal healthcare providers in emergency situations. This than agrees with the observed findings that thou the participants focus on their spirituality they still have access to conventional medical care. Lamarche, Pineault. Gauthier, Hamel and Haggerty (2011:49) indicate that care experience and the use of services is influenced by the availability of healthcare resources. The researcher has also observed that availability of effective primary health care services needs to have competent and motivated health workers.

The health belief model integrated is the perceived benefits Jones and Bartlett, (2014:32) indicate that perceived benefits from the availability of PHC can promote health seeking behaviour to prevent any form of disease.

- **Sub-theme 5.2 Challenges of healthcare**

When it comes to challenges of accessing health care from those facilities close to them one of the issues which kept recurring in the conversations is the high cost of medical care. The perception of the participants is that these facilities save generally the affluent and middle-class communities. Therefore, even if the facilities might be available and close by, the cost might be one of the inhibiting factors when it comes

to accessing them. Below are some quotations from the participants on what they believe are challenges related to accessing health care especially in the context of cost and affordability.

> ***Participant 2****: "South Africa is a highly impoverished country. Therefore, it's not everyone who can afford high quality and those businesses tend to do well in the private sector, therefore the government being the public sector has to be [heavily aware, ranging] the amount of people who come there, because that's the most affordable thing, a lot of people can go to"*.

While there was a general perception that costs constituted one of the biggest challenges in accessing health care facilities, the other strand of thoughts which kept reoccurring is the general poverty in South Africa which the participants felt prevented them from seeking quality healthcare. In the absence of access to Private healthcare, poor communities will have no option but to seek help from the public sector institutions like government hospitals and clinics. Once again, the general perception was that these government institutions provided a degraded service because of poor funding, over crowdedness and poorly motivated employees. Below are some quotations from the participants where they specifically mentioned poverty and limited income as a deterrent to accessing quality healthcare.

> ***Participant 4****: "What I can say is that most people in this economic climate probably cannot afford a good medical aid and so the challenge will be can they afford to go to a private doctor if they wanted to or be in a private hospital. I'd say no, but the other thing currently affecting people is just the fear of going to hospital and then being told they should go back and then you are stuck there in a government facility with no one who is allowed to visit you etc and also the fear of catching covid while you go to consult for something"*.

> ***Participant 3****: "For the ordinary person it is about access to quality care and it is also about affordability. For people that can afford, they usually can access a lot and more importantly for people that can afford, they can afford, I was*

speaking about food and alternative medicine which the poor cannot afford and therefore the poor suffer. They don't have enough nutrition".

Looking at the challenges faced by the healthcare globally, many countries face health system problems. Oleribe, Momoh, Uzochukwu, Mbofana, Adebiyi, Barbera, Williams, and Taylor-Robin (2019:399) attest to the challenges shared by the participants that healthcare systems in Africa are mostly in unworkable conditions with very poor health outcomes. Four of the leading challenges in the health sector is inadequate human resource, inadequate budgetary allocations to the healthcare and poor leadership and management (Oleribe et al, 2019:400). In support Dixon-Woods, MaNicol and Martin, (2012:876) also agree that healthcare system have continuous problems regarding relating to the design and planning of improvement interventions, organisational, institutional and leadership is among the challenges faced. However, Dixon- Woods et al. (2012:878) indicate that in having challenges there are also opportunities to improve the challenges, for example with the challenge of leadership and to improve a delicate combination of being inclusive, gentle and persuasion may be more effective.

Therefore, Jones and Bartlett (2014:32) share that the health belief model suited for healthcare challenges is the perceived barriers of the hospitals not functioning fully to its optimal, this may hold back participants to adopt a new behaviour due to the hesitant of having to wait long ques.

- **Sub-theme 5.3 Affordability of healthcare facilities**

As a follow-up question to the accessibility and availability of health care facilities in their respective areas, the participants were also asked if these healthcare facilities were affordable. Most of the participants thought that healthcare facilities were affordable. This was especially the case with clients with access to medical aid. Below are some quotations of the perceptions of the participants when it comes to the affordability of the healthcare facilities in their immediate vicinity.

***Participant 6**: "...with medical aid yes they are accessible but I hardly use them or have had to use them at all. We believe more in prevention that anything but we have access because we've got medical aid etc and it can pay for most of those things"*.

> ***Participant 1****: "It's relative, it's a private clinic but they're not exorbitant either. It's relatively reasonable"*.

While the majority of the participants felt that the old facilities close to them were fairly affordable especially when factoring in the public health institutions, there were some who felt these facilities were expensive. It is important to point out that the context in which these participants felt the facilities were expensive because they were advocating for a healthy lifestyle to avoid expenses related to medical bills in case something happens. Below is a quotation from one of the participants who shared this perspective.

> ***Participant 2****: "Health resources are expensive, so one of the things that usually talks about is as much as you can, stay healthy in whatever way is better. Take care of yourself holistically, physically, mentally spiritually so that you don't have to seek unnecessary health interventions but if it happens that you do require any health intervention in terms of if you are sick it is not prohibited"*.

Looking at healthcare access in South Africa in general, a determination can be made that for the most part the available (physical) facilities are up to date (Winchester & King, 2018:201). This is especially the case in private practice where even the accompanying service is excellent. There is however a body of literature including Maphumulo and Bhengu (2019:3) who note that for the public health facilities this is different. The authors note that even though the facilities might be there, there are still some teeming challenges like inadequate staffing, having to wait a long time before getting access and poor service from the available healthcare professionals. However, it is important to note that despite the shortcomings that public healthcare might have, the decision to revert to faith-based healthcare remains a personal choice not motivated by the unavailability of facilities. Therefore, it is key according to Jones and Bartlett (2014:32) for the participants to perceive the benefits of using health care facilities to assist participants see the value and usefulness of a new behaviour in adopting secondary prevention behaviours so that patients don't wait until they are terminally ill to utilise the health care facilities.

3.13.6 Theme 6: Knowledge on social work intervention

For this theme the researcher shares about the knowledge on social work intervention. The theme has three sub-themes that the participants share the understanding of the interaction to referral of social worker, the social work knowledge to know about spirituality on the Seventh Day Adventist members and to device treatment plans by social worker that is consistent with the patient's values.

- **Sub-theme 6.1 Understanding of the interaction to referral of social worker**

The participants were asked to comment on their interaction to a social worker to seek some assistance. Most of the participants disclosed that they did not seek any assistance from social workers. They however disclosed those people they know who sought assistance. Only two participants actively sought the assistance of social workers. The first one was out of necessity because they work with children. The second one indicated that they sought the help of social workers after losing their job. Below are the narrations of the participants who disclosed that they met social workers for assistance.

> ***Participant 3****: "I did. In the last two years, when I lost my last job, I found that I wasn't feeling strong. And I did seek professional support. And lately though it's not straight social work I am training as a life coach and so I do coach, I give coaching to others, and I also get coaching"*.
>
> ***Participant 4****: "I have at work. I work in a department that deals with children, so it can be quite tricky sometimes because other people's spiritualty, eg the Zulu culture they feel that illness is caused by original sins and that a ceremony has to be done to clean a person of illness"*.
>
> ***Participant 9***: "Yes I have, I think it was in 2016 I had an incident at work, I was going through a lot in fact I had PTSD. It was work related though and that's where I find myself being attended by a social worker…. I'm still grateful to this day that I went through that made me become aware where to go for situations if they are able to come back…"

According to Family lives (2018) referrals to social services can happen in a number of ways, by requesting help yourself or visiting your local social services. The Florida State University (2020) states that social workers have an immense impact on

communities and that their efforts have the capacity to transform lives at the individual level while also creating a ripple effect at the community-level. Joyce and Sills, (2010:44) in addition indicate that a client needs to realise that the social worker aims at helping with similar goals and is committed to the process even when it is difficult. Therefore, Goldfried and Davila, (2005:425) agree that social workers skills should be embedded in a strong therapeutic alliance, because the relationship can influence the effectiveness of the skills applied.

Therefore, the use of social work referrals can encourage positive health seeking behaviour when the participants are of knowledge, because the health belief model helps us understand that the perceived barriers of not utilizing the social work services can hinder the effectiveness of receiving holistic treatment to adopting new behaviour (Jones & Bartlett, 2014:33). However even the perceived benefits of utilising the referral services of a social work can increase the influence to adopt a new behaviour that will be beneficial for the health of an individual (Jones & Bartlett, 2014:32).

- **Sub-theme 6.2 Social work knowledge to know about spirituality of a Seventh Day Adventist member**

Majority of the participants indicated that it would benefit for the social worker to know have knowledge of a specific religion to have understanding of the individual regarding their belief system. Below is the quotation of the participant's responses as stated:

> ***Participant 1***: "I feel that maybe social workers can help someone who is challenged mentally, physically or emotionally, it is important to have a spiritual aspect in terms of making sure that you address somebody's challenge holistically…"
>
> ***Participant 2***: "I can say yes…because if they know the spiritual playing field, it's easy for them to understand diagnose the real issue…social workers can see what other related issues are contributing to my illness or to my behaviour…"
>
> ***Participant 6***: "...but I think they should know the belief system of the person before start talking to the person because there are many things which we do,

which people don't understand…so the need to understand is a the actual fundamental thing that drives us…"

Interestingly, there were few participants who responded that the social worker having knowledge about their patient's spirituality is not realistic and beyond expectation. The verbatim quote is as follows:

Participant 5: "In ideal world yes, but we live in a world where people have a whole bunch of different beliefs. I don't think it is practical for them to know off hand what each person would believe…"

Based on the above responses there is a clear indication of social workers being in the knowledge of the patient's values regarding spirituality this is supported by Sacco (1996:48) who states that the human experience of spirituality has been somewhat neglected in social work education and practice, of which social work and spirituality has been given greater attention, the rationale being that the profession is rooted in spiritual concepts of human dignity and social justice and that social workers function from an ecological perspective with the purpose of enhancing the interaction between people and their environment. In addition, Lezotte and Min, (2010:7) state that spiritual beliefs and practices are part of multicultural diversity, and therefore social workers need to have knowledge and skills in the area of spirituality in order to be able to work effectively with diverse client groups. The health belief model of participants to have perceived benefits of the usefulness of social work intervention will bring about great impact for social workers to have awareness campaigns to bring secondary prevention so that new health seeking behaviours can be adopted (Jones & Bartlett, 2014:32).

- **Sub- theme 6.3 Device treatment plans by social worker that is consistent with the patients' values**

While most of the participants indicated that they did not seek the help of social workers they however disclosed that they knew the importance of social workers and appreciated the work they do. Additionally, there was also a general acknowledgment that there was a room for social workers to play a role when it comes to issues of religion. For example, the social workers might play a role in bridging the game between faith-based healing alternatives and health professionals. Below are some

quotes about the participants' perceptions when it comes to social workers and their possible role in health and religion.

> ***Participant 5***: "In most cases yes, in some cases unfortunately the solution may go against the values…but it would help it they are curious and ask about not just the beliefs and also the values of whoever it is they are helping so that they can customise the healthcare solution to the individual or people receiving the care"
>
> ***Participant 8****: "…but if a person's beliefs would be considered. He would assist in the person's real healing, much more efficiently. So, a person's religion should be consulted in my opinion"*
>
> ***Participant 2****: "Interesting one. I will say yes …because if a social worker knows what type of religion that a patient has, it's easy to tailor-make their intervention for them, if I can say so instead of a blanket approach…"*
>
> ***Participant 4***: "It is important when to speak to such patients even when we are planning intervention for them…I think sometimes it can be tricky but it is important to try and understand part of the culture and part of their belief into discussing the actual treatment"
>
> ***Participant 6***: "…but yes if they know what that person believes or what they don't believe in it should be very useful so that they don't start recommending things that go against that person's belief because sometimes they may not just do it and they won't understand why they are doing it because there's some contradictory stuff which they have never known…"
>
> ***Participant 1***: "*I believe it is very important and crucial because sometimes we need to understand somebody's background in order to help them and to give them the best assistance that you can give them…"*

It is evident with the following narrations that indeed it would add value to the patients for social workers to devise treatment aligned to the patient's values. The importance of social work in the healthcare is often underestimated even though social work can provide knowledge and skills that institutions could use to help their patients this is according to (Sverker, 2017:3). In addition, Sverker (2017:3) states that the overall goal in social work is being aligned with the values of the patients to prevent and

reduce negative social and psychosocial consequences of diseases and to encourage patients to use their own resources. The health belief model that can support the work of social workers is the cue to action, this will allow social workers to use the knowledge they possess into action to help participants became aware in understanding about different illnesses to make necessary changes to change their behaviour toward health seeking behaviour (Jones & Bartlett, 2014:33).

3.13.7 Theme 7: Social work recommendation

In this theme the researcher focuses on one sub-theme of integrating spiritual practices into medical health streams.

- **Sub-theme 7.1 Integrating spiritual practices into medical health streams**

Recommendations were made by the participants regarding the integration of social workers in the health and spiritual connection. One of the key recommendations included using social workers as a bridge between faith-based healing and scientific first healing. Other recommendations suggested that hospitals needed to be more inclusive which might mean including hospital-sanctioned prayers within their facilities. Below are some of the participants recommendations, broadly representing the few points mentioned above.

> ***Participant 3****: "I believe that as part of the health care system if they would open up to allowing people to come and pray with people, apart from the social workers, trying to support patients I believe, the religious Christians should be allowed to spend time with patients then you find there is more a purpose to life and it just motivates people to get healthy and look forward to a life beyond the now"*.
>
> ***Participant 5****: "I'll explain first what I mean. The scientific and medical communities should stop hiding the close integration between spirituality and the advancement of science and medicine in the past. What tends to happen is that people believe any and all spiritual intervention is purely based on superstition, not understanding or not knowing that many of the things that we consider to be highly advanced medical practices perhaps today and not just in medicine, science but in politics…"*.

> ***Participant 2****: "Okay yes, I do have recommendations. I would say just as much as, just as much as hospital plans have expansions, buildings, to incorporate different wings, because this particular field has grown, I really think also the social worker field needs to be incorporated so the spiritual field needs to be incorporated there as well. I would say equally and actually because most of the time when you look at the medical field you tend to find that you tend to focus on, let's say giving birth on my side, an example of me when I had to go to give birth, they just come and read your rights and then it's time for theatre"*

The integration of spiritual practices into the medical health streams is viewed to encourage health seeking behaviour, The World Health Organisation (2008) has already realised the need of the 4th dimension of health which is the spiritual health. According to Sinha and Kumar (2014:395) the spirituality and health is a growing field which research shows that patients connected to their spirituality have better healthcare outcomes. In addition, Sinha and Kumar, (2014:395) indicate that direct relation of patients to their spirituality brings positive health outcomes, positive attitudes and positive values, therefore it is time for the medical community to integrate religious and spiritual factors.

Therefore Bremault-Phillips, Olson, MacLean, Oneschuk, Sinclair, Magnus, Weis, Abbasi, Parmar amnd Puchalski, (2015:485) are in agreement that the inclusion of spiritual practices provides whole functioning of the patients outcome, which is seen as an essential component of care because having spiritual issues addressed and integrated into treatments serves as a great opportunity to provide holistic support. However Bremault et al. (2015:87) argue that the challenges faced with integrating the spiritual practices is time consuming because of the follow up intervention, fiscal constraints, language barrier, lack of knowledge and skills to confidently address spiritual issues, competing priorities seems to be an impediment in the incorporation process. This gives an opportunity for the spirituality to be part of the development upon training when an individual wants to be a professional in the healthcare sector.

The Health Belief Model to engage will be self-efficacy which allows participants the freedom to exercise their spirituality in order to process the adopted behaviour for one's ability to make a decision for something to change, therefore the integrating of

spirituality with the western medicine would be open for participants to perceive the benefits of this behaviour change, because if the integration is not encourage perceived barriers may hinder the chances of the new behaviour being adopted towards the influencing of health seeking behaviour (Jones & Bartlett, 2014:34).

3.14 Summary

This study presented the primary data that was collected in the study which seeks to determine the health seeking behaviour of the research participants. There were several key themes which were discussed in the study. The key conclusion is that while most of the participants remain anchored to their faith and maintain their spirituality, they still access conventional medical facilities like medical doctors and hospitals. Their faith does not dictate that they seek faith-based healers only.

The next chapter presents key findings, conclusion and recommendations

CHAPTER 4
KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

In the previous chapter were presented the empirical findings as obtained by means of a qualitative approach. This chapter of the conducted study addresses the key findings based on the study goal and objectives identified. The researcher focused on the key findings of the conducted study and addressed to what extent the goal and objectives were achieved. In the conducted study, this chapter presents the conclusion which are drawn, and the recommendations are given at the end of the chapter.

4.2 SUMMARY

In the summary, the goal and objectives the study are discussed, as well as the research question and how it was addressed in the conducted study.

4.2.1 Goal of the study

The goal of the study was to explore and describe the spiritual factors influencing the health seeking behaviour among the Seventh Day Adventist members in Tshwane. The goal was achieved or reached through the objectives in the conducted study. Each objective is subsequently discussed in terms of how it was met through the conducted study.

4.2.2 Objectives of the study

The conducted study carried out the following objectives which are discussed on how they were achieved.

4.2.2.1 Objective 1

To conceptualise and contextualise spiritual factors influencing health-seeking behaviour from a health belief perspective

The objective was met by means of conducting and in-depth literature review to contextualise spiritual factors influencing heath seeking behaviour from a health belief perspective. To be specific this objective was achieved through chapter 2, in section 2.3.1. The definitions of spirituality and interpretations are consistent with some of the observations that have been made in literature. For example, Lalani (2020:5) observes that most of the definitions of spirit tended to be anchored to religion, especially Christianity. This is also confirmed by Means, Collier, Bazemore-James, Williams,

Coleman and Wadley (2018:620) who observe that although there are multiple types and interpretations of spirituality, this tends to be limited to Christianity

In contextualising the spiritual factors that influence the health seeking behaviour, we focused on the international and local spectrum. The literature review provided a description of how spirituality was perceived.

4.2.2.2 Objective 2

To explore and describe spiritual factors influencing health-seeking behaviour of the Seventh-day Adventist group members in Tshwane Gauteng province

The researcher used the health belief model approach to explore and describe the influence of spiritual factors Seventh-day Adventists (SDA's), which it is revealed that that there is reliant on spirituality.

In chapter 2, section 2.3.2 gives us direction of the Seventh-day Adventists (SDA's), are well known for the religious significance they attach to keeping the seventh day consecrated. The notion of Sabbath is closely intertwined with Adventist eschatology, as observing the Sabbath serves as the "identifying mark of God's people at the end of time" (Howson, Langton a& West, 2014:19). According to Jambrek and Jambrek, (2010:173) the Bible plays the most important role in influencing the life of a Christian regarding making decisions, major or minor because God gave the humankind a freedom of choice between numerous possibilities, therefore by studying the Bible the believer becomes familiar with all of life's possible situations and activities that may be used as a guideline to make informed decisions.

In chapter 3 subtheme 3.2 which displays that patients surrender their health and place it in the hands of God. Therefore, the influence of spirituality echoes recovery of illness. The key findings relate those participants uphold the teachings of the Bible in order to be influenced in keeping healthy and taking healthy decisions.

4.2.2.3 Objective 3

To suggest effective ways to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour amongst the Seventh-day Adventist group members in Tshwane, Gauteng province.

This objective was realised in chapter 1, section 1.5 where it was mentioned that the findings of the study would be used to make appropriate recommendations on intervention to suggest effective ways to improve social work services in health care, taking into consideration the factors influencing health seeking behaviour amongst the Seventh Day Adventist group members in Tshwane Gauteng.

In chapter 2, section 2.7 the effective ways of social worker's role in the health care, is that a social worker has the responsibility to learn how client's belief system may have an impact on the service delivery. Social workers help patients and their families to understand a particular illness. The support that social workers provide is employing crisis intervention, initial screening and education of patient. Facilitating decision making on behalf of patient and educating hospital staff on patient's psychosocial issues.

In chapter 3 sub-theme 6.1 most of the participants reported that they do not use the referral services of social workers intervention. Therefore, they identified it as a required service to be a bridge between the gap of spirituality and the western medicine. In sub-theme 7.1 the recommendations on the suggested effective ways to improve social work services in health care, taking into consideration the factors influencing health seeking behaviour and these are outlined in this chapter.

4.2.3 Research question

The research question that was asked in the context of the conducted study was:

What are the spiritual factors influencing the health seeking behaviour among the Seventh Day Adventist members in Tshwane Gauteng?

The above question was answered through conducted a qualitative research study by interviewing the members of the Seventh Day Adventist group in Tshwane. Semi-structured interviews were conducted with members of the Seventh Day Adventist group to explore what are the spiritual factors influencing their health seeking

behaviour. After these interviews were done data was collected, transcribed and analysed. The researcher was able to generate main-themes and sub-themes and they were discussed at length in the third chapter of the conducted study. Seven themes with their sub-themes emerged to answer the research question.

4.3 KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.3.1 Key findings, conclusions and recommendations regarding research findings

In this section, key findings and conclusions for the research findings emerged from the themes in the conducted study. Recommendation is made in relation to the empirical findings that emerged in the thematic analysis.

4.3.1.1 Theme 1: Knowledge of health seeking behaviour

This theme emerged at the start of data collection process and focused on the participant's knowledge on health seeking behaviour. Three-sub themes emerged from this theme: understanding of health seeking behaviour, identifying actions to maintain good health and knowledge on how religion influences decision to seek or receive medical help.

- **Key findings**

The findings in the conducted study showed that participants understood that health seeking behaviour within their ethnic group involves seeking medical attention and knowledge, should there be any need that arises. Another finding under this sub-theme was that other participants understand health seeking behaviour as an ongoing effort to improve health so that at least they minimize having to seek medical attention another finding was a need for spirituality when seeking medical attention and it should be anchored in the Bible.

Under the sub-theme of identified actions to maintain good health the participants revealed that they have some physical activities which they do on regular basis to keep fit and another finding that the participants shared was to try some natural activities and remedies to prevent sickness in them practicing health seeking behaviour.

Under sub-theme of knowledge on how religion influence decision to seek or receive medical help, participants displayed that they prefer natural remedies and religious persuasion as a way to maintain their good mental health, this shows the SDA's ethnic

behaviour when it comes to health seeking behaviour before seeking conventional medical help.

- **Conclusions**

It can be concluded that the participants understand what health seeking behaviour is by having an ongoing effort to improve their health, it can also be concluded that they have a diligent understanding as they act as part of their behaviour to keep healthy and fit It can also be concluded that the use of natural remedies plays a huge role for as a preventive measure for sickness and to stay healthy.

- **Recommendations**

- It can be recommended that the effort of improving health be a regular routine in an individual's life
- It can be recommended that keeping fit and keeping active is a good way to prevent illnesses.
- It can be recommended that the use of natural remedies can be considered on a micro level to prevent sickness.

4.3.1.2 Theme 2: Perception of spiritual practices within the Seventh Day Adventist

This theme focused on the perception of spirituality. Four sub-themes were identified from this theme: Seventh Day Adventist and spirituality, Identified spiritual practices that are familiar with the Seventh Day Adventist, understanding of the value of spirituality in personal life and lastly understanding of spirituality in the community.

- **Key findings**

The key findings in the conducted study revealed that participant view spirituality as something that is beyond the physical, this finding also describes it as invisible and intangible, which explains that the happenings and occurrences are beyond their understanding. None the less other participants failed to give a definition and equated spirituality with the metaphysical

Under sub-theme of identified spiritual practices that are familiar with the SDA. The key findings are that participants tend to equate spiritual practices with the observance of God's Law; this finding was one of the dominating views.

The key findings in this sub-theme of the value of spirituality in a person's life, the researcher found that the participants show a lot of value in spirituality to anchor of how they navigate the life and making decisions which has a great impact.

With the sub-theme of the value of spirituality in the community participants shared the perception of the value in the community serves as a cycle of support which brings people of different backgrounds together.

- **Conclusions**

It can be concluded that the participants have an understanding of what spiritualty is and has made the connection that it is beyond the physical, it can also be concluded that the observance of God's law is practiced through the familiar spiritual practices. It is also concluded that the value of spirituality serves a pillar of direction to finding meaning and purpose of life. Another conclusion is the value of spirituality has huge impact in the community which allows member to serve as a cycle of support.

- **Recommendations**
  - It can be recommended that spirituality as something beyond the physical can serve as a guide
  - It can be recommended that the observance of God's law can help to keep people ground to practice spiritual practices to help with healthcare issues
  - It is recommended that the value of spirituality must be acknowledged during the an individual's health seeking behaviour
  - It is also recommended that the community be seen as a cycle of support to encourage health seeking behaviour

4.3.1.3 Theme 3: Understanding of spiritual factors

The theme focused on the understanding of spiritual factors by the participants. Three sub-themes emerged which was: identified spiritual factors contributing to the health seeking behaviour the influence of spiritual factors on health seeking behaviour and guidance regarding spiritual health care related issues.

- **Key findings**

The first sub-theme was on identified spiritual factors contributing on the health seeking behaviour. The study findings revealed that the spiritual factors as a determinant of health, the factors contributing to health seeking behaviour is that participants are to take responsibility to look after themselves instead of relying on

medical professionals. The findings display the premise of this viewpoint is the biblical message which refers to the human body as a temple of God.

Under this sub-theme was the influence of spiritual factors on health seeking behaviour, of which the key finding revealed that the participants show a reliance on spirituality when it comes to health. Another finding is that participants reveal that should they get sick, it is God's plan and their recovery and wellness is also God's plan.

This sub-theme reveals the key findings of the guidance regarding spiritual health care related issues, and here the key finding revealed that the participants follow for spiritual guide three levels of support systems, which involves the church as an institution, the church as a community and the reading of the Bible as their spiritual guide.

- **Conclusions**

It can be concluded that taking responsibility to looking after yourself can help with the reducing of depending on medical professional, and this can conclude in keeping in alignment with the body being natural and seen as the temple of God. It can also be concluded that the reliance of spirituality is effective when it comes to the healthcare issues. It can also be concluded that God is seen as been in control when sickness happens together with recovery. Another conclusion is that the guidance of spirituality is built on the church, church community and the Bible, which allows an understanding of the spiritual practices that the Seventh-day Adventist adhere to.

- **Recommendations**
  - It can be recommended that spiritual factors, such as taking responsibility of looking after oneself, can allow benefits to stay healthier and reduce to use of medical professional can bring power of hope and positive thinking during health seeking behaviour
  - It can be recommended that the reliance of spiritual guidance be made aware to assist with coping of health issues
  - It can be recommended that the spiritual guide through the church, community and being open to talk and teach about realties of health issues.

4.3.1.4 Theme 4: Health seeking behaviour and the family

The focus of the theme was about the health seeking behaviour and the family. The sub-themes that emerged were only two: experiences of the family home being influenced by spirituality and spiritual guidance when family members are sick.

- **Key findings**

The key findings for this sub-theme of the experiences of the family home being influenced by spirituality, the key things that emerged is that family members consult each other when it comes to matters of health issues. Another key finding revealed that family members rely on themselves to make their own decisions when it comes to seeking medical attention.

Under this sub-theme of spiritual guidance when family members are sick, the key findings that emerged is that when a family member is afflicted by sickness or something that requires medical attention the focus will be to turn to prayer and spirituality as means of resolving the matter. This key finding was recurring theme during the conducted study with participants.

- **Conclusions**

It can be concluded that the importance of consulting with a feeling member is valued when deciding about health issues, it can also be concluded that also the independency of being responsible to take a decision when is it comes to matters of being sick reflects the importance of accountability to self. Another conclusion is that the dependency of prayer and spirituality when a family member is sick reflects how value the practices are.

- **Recommendations**
  - It can be recommended the support of family is very essential during a period of a family member being sick to make decision
  - It can also be recommended that taking a decision about your health issues as an individual is important and valuable
  - It can also be recommended that the allowance of prayer and spirituality be allowed to help family members as a coping mechanism.

4.3.1.5 Theme 5: Health care facilities

This theme focused on health care facilities. Three sub-themes emerged from this theme, availability of healthcare facilities, challenges of healthcare and affordability of healthcare facilities.

- **Key findings**

The key findings under the sub-theme of availability of healthcare facilities revealed that the participants have access to healthcare facilities within their immediate vicinity. Another key finding is that the participants indicated accessibility being with ease and having the ability to aid access to specialist medical services, allowing them the freedom to choose appropriate health care.

Under the second sub-theme of challenges of healthcare the key finding that came up was the high cost of medical care, of which the participants perceptions are that the facilities services generally the affluent and middle-class communities. This key finding can emphasis that the cost of these facilities can be an inhibiting factor when it comes to accessing the facilities. Another key finding displayed by the participants was that poor communities will have no option but to seek help form the public sector institution where service can be degraded because of poor funding, over crowdedness and poorly motivated employees.

In the third sub-theme of affordability of healthcare facilities the key finding is that the participants revealed that they can afford to utilize the healthcare facilities and this was because the participants have access to medical aids.

- **Conclusions**
- It can be concluded that the availability of healthcare facilities depends in which area you stay as most participants had the freedom to choose appropriate healthcare facilities. It can also be concluded that the challenges regarding the healthcare facilities is the high cost that reflected to cater for the middle-class and affluent people, disadvantaging the less fortunate. Another conclusion is that the healthcare facilities are affordable as participants have access to the use of medical aid

- **Recommendations**
  - It can be recommended that the availability of healthcare services allows people the freedom to choose appropriate services for their healthcare issues
  - It can be recommended that the high cost of healthcare facilities be reviewed to not only accommodate the affluent and middle-class only but every individual that seeks health care services.
  - It can also be recommended that the affordability of healthcare services be made easier through the use of standard services for everyone.

4.3.1.6 Theme 6: Knowledge on social work intervention

The focus of this theme was on the knowledge on social work intervention. Three sub-themes emerged, understanding of the interaction to referral of social worker, social work knowledge to know about spirituality of a Seventh Day Adventist and device treatment plans by social worker that is consistent with the patient's values.

- **Key findings**

The key findings that were revealed by the participant were that their interaction to social workers to seek assistance is not utilized regarding any health care seeking behaviour. Another key finding was that only two participants were found to actively seek assistance from social workers assistance regarding the loss of a job.

Under the second sub-theme of the social work knowledge to know about spirituality of the SDA member, revealed that social worker to know about one's belief system would be beneficial in understanding and providing valuable treatment to a patient.

The third sub-theme on device treatment plans by social worker that is consistent with the patient's values, in this theme what was revealed by the participants is that they acknowledge the importance of the social worker's role and that there is room for the social workers to play a role when it comes to religion issues by bridging the spirituality and alternative professional health care.

- **Conclusions**

It can be concluded that the lack of not utilising social workers can be a barrier to health seeking behaviour as only a few showed some interest to receive assistance of

social workers. It can also be concluded that social workers knowing about the spirituality of their patients can provide value and understanding for the patient's treatment. Another conclusion that can be made is that the importance of social workers could play an effective role when it comes to bridge spirituality and alternative health acre

- **Recommendations**
  - It can be recommended that the interaction of social workers is essential in providing health seeking behaviour
  - It can be recommended that social workers knowledge on spirituality would provide value and understanding to the patient's treatment
  - It can be recommended that social workers be involved in the role of bridging the gap between the spirituality and alternative health care.

4.3.1.7 Theme 7: Social work recommendations

The focus of this theme is social work recommendations. Only one sub-theme emerged in this theme which was integrating spiritual practices into medical health streams.

- **Key findings**

The key finding in the conducted study revealed that participants strongly regard the integration of social workers be made accessible in the health and spiritual connection.

- **Conclusions**

It can be concluded that the inclusion of social work service integration can contribute to the enhancement of healthcare seeking behaviour.

- **Recommendations**
  - It is also recommended that social workers be included in the advocating for integration of the enhancement of healthcare seeking behaviour

4.4 RECOMMENDATIONS FOR FUTURE RESEARCH

Research should be conducted with social workers on an understanding of spirituality and health seeking behaviour since they must help in integrating the services with the medical stream. The study also recommended that the health care facilities be more

inclusive of accessibility of patient's beliefs on spirituality. However, the conducted study allowed the members of the Seventh Day Adventist acknowledge their spiritual practices as contributing to preventative measures of keeping healthy and allowing them to be more connected to God. Future recommendation could look at the impact of spiritual organizations and the use of health promotion and disease prevention sciences.

4.5 CONCLUSIVE REMARKS

The conducted study explored on the spiritual factors influencing health seeking behaviour among the Seventh Day Adventist in Tshwane. The study has provided empirical evidence to establish the spiritual factors that are rooted in the member's belief system as modalities to guide and influence their health seeking behaviour. As a result, the influence of spirituality on health seeking behaviour among the Seventh Day Adventist is perceived to assist in optimal health status due to the effective modalities such as prayer, fasting and reading of the Bible. Nevertheless, the study revealed how mostly other participants indicated, the lack of use for social workers services for referral to assist with the integration of spirituality and medical stream when they or a family member is sick can have a negative impact in providing patient with positive thinking and coping mechanisms.

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6. ANNEXURES

UNIVERSITEIT VAN PRETORIA
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Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100
Since 1919

8 June 2020

Dear Mrs MK Makgopa

Project Title:	The Spiritual factors influencing Health seeking behavior among Seventh Day Adventists group members in Tshwane Gauteng.
Researcher:	Mrs MK Makgopa
Supervisor:	Dr NJ Bila
Department:	Social Work and Criminology
Reference number:	28274441 (HUM036/0320)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 8 June 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

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

JHB Metro Region, Batho Pele Building, 91 Commissioner Street, Johannesburg, 2000

Fax: 011 355 9589

Tel: 011 355 9578

06/02/2020

Dear Sir/Madam

SOCIAL WORKER TO ASSIST WITH DEBRIEFING

This letter serves as a confirmation that the social worker will assist with counselling should participants experience any harm from the questions asked by the researcher during an interview.

Kind Regards

B.B. Magengenene
Social Worker

Date:
Name:
Email:
Cell phone No:

LETTER OF INFORMED CONSENT

SECTION A: RESEARCH INFORMATION

Research Information

This letter serves to invite you to participate in a study the Spiritual factors influencing health-seeking behaviour amongst Seventh Day Adventist in Tshwane Gauteng. The informed consent gives a brief explanation of the purpose and procedure of the research and the rights of participation. Please go through the form before you make an informed decision regarding your participation.

Title of the study

The spiritual factors influencing the health-seeking behaviour amongst Seventh Day Adventist in Tshwane Gauteng.

Purpose of the study

The purpose of the study is to explore and understand the spiritual factors that influence the health seeking behaviours amongst Seventh Day Adventist in Tshwane Gauteng.

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 be responsible for conducting a face to face interview in order to collect data on the spiritual factors that influence the health seeking behaviours amongst Seventh Day Adventist in Tshwane Gauteng. Once you sign this letter, you agree to take part in the study. The researcher will arrange to conduct an individual interview with you when it suits you best. The interview will be 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 analysis of the research 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 spiritual factors influencing health seeking behaviour. 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 for intervention. You are free not to 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 the study. The study is however about improving health care services for the spiritual users and to help formulate intervention strategies aimed at aiding Seventh Day Adventist members in their role for seeking health care in the spiritual context. The findings of this study can also help professionals to better understand the experiences of members who spiritually seek health care.

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 the purpose of the study only. The researcher will also not identify you by name during the report, using only pseudonyms to protect your identity. 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,

…… (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: ----------
Date: ----------
Signature: ----------

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 questions asked.

Researcher: ----------
Date: ----------
Signature: ----------

Interview schedule

1. **Biographic information**
   1.1 Biographic information
   Age :
   Gender :
   Marital status :
   Number of children :
   Religion :
   Home language :
   Highest qualification :

2. **Knowledge of health care seeking behavior**
   - What does the word health-seeking behavior mean to you?
   - What actions do you take to maintain a good health?
   - How long do you take before consulting a health care provider?
   - Who would you consult first?
   - How does your culture/religion influence your decision to seek / receive medical help when needed?

3. **Understanding of cultural and spiritual practices within your cultural/ ethnic/ spiritual group**
   - What does spirituality means to you?
   - What are the spiritual practices you are familiar with in your spiritual group?
   - What is the value of spirituality in your personal life
   - What is the value of spirituality in your community?
   - What are your initial steps you take when you seek help regarding your health?
   - Were you or a family member ever faced with an illness and need to seek medical intervention which you could not allow due to your beliefs/culture. Please elaborate?

4. **Spiritual and cultural factors**
   - What spiritual factors contribute to your health-seeking behavior
   - What is the influence of spiritual and o factors on your health-seeking behavior?
   - Who guides you regarding spiritual health care related issues?

5. **Health-seeking behavior and the family**
   - Can you tell me about your experiences within the family home, being influenced spiritually in seeking health care?
   - Who determines when too go for consultations when a family member is sick?
   - Do you depend on your spiritual guidance when you/family members are sick?
6. **Services**

- What resources are there in your community for health care?
- What challenges regarding healthcare resources are there in your community?
- Are these services accessible? Please explain how you have to access these services?
- Who guides you regarding health care related issues?

7. Social work intervention

- Have you had any interaction with/referral to a social worker regarding health care issues?
- Is there anything you think a social worker should know about your culture or religion that would help them do understand you better and do their job more effectively?
- Do you think asking about patients' religions can help health practitioners devise treatment plans that are consistent with their patients' values?

8. Recommendations

- Do you have any recommendations for religious groups in your community that disregard accessing medical health services as a result of their beliefs? Please motivate
- Do you have any recommendations about integrating spiritual practices into medical health streams? Please motivate

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EDITING CERTIFICATE

This is to confirm that **MPHO MAKGOPA** submitted a mini dissertation titled :

THE SPIRITUAL FACTORS INFLUENCING HEALTH-SEEKING BEHAVIOUR OF THE SEVENTH-DAY ADVENTIST GROUP MEMBERS IN TSHWANE GAUTENG PROVINCE

Thesis presented for the degree of:

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE DEGREE MASTER OF SOCIAL WORK IN HEALTH CARE

Student Number: **28274441**

for academic editing to us and, after editing the dissertation, hereby certify that the candidate's dissertation meets conventional academic writing standards that include, for example, accurate English grammar principles and correct reference system, among many other editorial aspects.

Signed: *SKRukuni.*

07 Decemeber 2021

Academic Editor: Samuel Rukuni

BA (General) University of Zimbabwe (1990)
BA (Special Hons) University of Zimbabwe (1995)
BA Hons English University of Pretoria (2009)
MA English University of Pretoria (2013)
MA English University of South Africa (2019)

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