INVESTIGATING THE USE OF TRADITIONAL MEDICARE APPLICATION IN THREE SELECTED CHURCHES IN LAGOS, NIGERIA

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ABSTRACT
Health, illness, disease and medicare are an essential aspect of the human life. One cannot duly perform his/her given roles if he/she is experiencing a fallen health. Research vindicated that religion/faith and medicare have both been instrumental in curing illnesses but in recent studies and what is observable experientially, there is a growing discord in the sense that some pastors have been formulating doctrines that disengages their members from consulting medicare leaving them to faith based healing alone resulting complications and death that should have been averted. The research, therefore, is desideratum in a view to knowing why the use of traditional/orthodox medicine has suddenly become anathema while inculcating faith as the only way through which one could be healed. The methodology adopted to carry out this research is the analytical and descriptive method of survey type and the research instrument was the administration of questionnaire. This research was carried out in the following selected churches Christ Apostolic Church, (Ketu District Headquarters), 71/73 Ikosi Road, Ikosi-Ketu, Lagos; Deeper Life Bible Church, (Yoruba and English Assemblies - Oremeji District) I and 9 Kiniun Ifa Street, Sawmill-Oremeji, Lagos and Mountain of Fire and Miracles Ministries Church, 18/20, Osolo Way, Ajao Estate, Lagos. The population of this research targeted 1,200 participants and through the simple random and stratified sampling techniques, 400 participants were sampled from each church. The opinions of the participants were analyzed using the Likert Scale Method. This research discovered that members of the church are divided on which measure to employ when they have fallen health. And with the findings, both faith healing and medicine are efficacious for healing, thus both can be sought simultaneously. This research then recommends that the church should desist from being exclusive in its doctrines but be inclusive to allow other institutions which are built to help enhance life find expression and usage by their members, this is because the way may be different, but the goal is ultimately for healing. In attempt

to do this, the church should encourage their members to consult health care practitioners whenever they experience fallen health.

Introduction

One of the vitalities of life is to live in good health. Health, according to World Health Organisation (WHO), is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". [4]Health has been defined as a state of complete wholeness whereby every one strives in various circumstances and conditions to attain this state of wholeness. Medicare or medicine is one of the oldest arts in the world right from antiquity and it exists in every society. The society is sustained by medicine because it is a means of improving the health status and quality of life. With this, it is suggestive to affirm that there is no society without its own art of healing. The type and method at which healing is achieved may vary from one culture to another or from one society to another, basically, because healing in every society is determined by the ecological and socio-cultural environment as well as historical antecedents of the people. Thus, there are varied health systems all over the world. The common denominator amongst them all is 'healing'.[5]

Furthermore, World Health Organisation corroborates that "there is growing evidence that spiritual practices can complement medical treatments in cases of both acute and chronic disease. This concept would extend health to optimal functioning in physical, mental, social, and spiritual".[6]

A lot of factors affect one's response to situations encamping around health especially in the face of ill-health. There are relationships between socio-cultural factors and causes of disease and utilization of modern health facilities in various societies. Nevertheless, religion has been found to play a vital role in the health behavior of people, especially in developing countries where majority of people are religiously or spiritually oriented and obsessed. Apparently, spirituality and healthcare belong together. After all, spirituality inspires and shapes the commitment of religious communities to found and sponsor institutions that care for the sick. "Religion, Medicine, and Healthcare have been related in one way or another in all population groups since the beginning of recorded history. [7]For hundreds of years, religious institutions were responsible for licensing physicians to practise Medicine". The history of Religion, Medicine, and Healthcare in developed countries of the West, though, is a fascinating one but the first hospitals in the West for the care of the sick in the general population were built by religious organizations and staffed by religious orders. Throughout the Middle Ages and up through the French Revolution, physicians were often clergy.

Furthermore, research has confirmed that the practice of spiritual disciplines can have a positive medical value and so must be regarded as a significant variable in the overall well-being of the patient. Therefore, "Faith Healing is now integrated into Medicare". [8]Everyday experience shows that there is a commonality between

[4]A. Jegede. *African Culture and Health.* (Ibadan: Book Wright Publishers, 2010), 33.

[5] A. Jegede, 35

[6] World Health Organization. Basic *Documents* 26th Edition. (Geneva, Switzerland: World Health Organization, 1976), 10.

[7] H.G. Koenig. Religion, Spirituality, and Health: The Research and Clinical Implications. *International Scholarly Research Network ISRN Psychiatry* ID 278730*:*2012, 1-33 doi:*10.*5402/2012/278730

[8] M. Richard. Spirituality and Ethics in Healthcare: *The Two* Do *Not Inhabit Separate Spheres, But* Are Connect. Retrieved January 11,2022 from https://www.chausa.org/docs/default-source/health-progress/spirituality-and-ethics-in- healthcare-pdf.pdf?sfvrsn=0

spirituality and medical practice,[9] attests that "He received a text message from a friend recently seeking for prayer for a mysterious headache he had been having for some days and that he will be seeing the doctor today." This clearly speaks of a relationship between Faith Healing and Medicare whereby a patient is asking for prayer so as to be relieved of a mysterious headache, yet going to see a doctor whose job is not to cure mysterious headaches.

In a general sense, people love to stay healthy and in order to sustain good health, both measures aimed at promoting good health and preventing illness are employed. These measures are known as 'Health Related Behaviour (HRB)'. Health Related Behaviour is what the people do individually and collectively in order to maintain and or remain in good health. Religious beliefs and practices are common among patients seeking medical care and some individuals who consider themselves not religious often identify themselves as being spiritual in some way. In the light of this affiliations spirituality is more individualistic and self-determined, whereas religion typically involves connections to a community with shared beliefs and rituals. Because of the heavy overlap between religiosity and spirituality; Koenig attests that "nearly 90% of medical patients consider themselves both religious and spiritual when it comes to health challenges". In this sense, these two terms will be used interchangeably in this research.[10]

In Healthcare Literature, Religion and Spirituality are most of the times used interchangeably, although they have different meanings.[11] Spirituality is defined in individual terms, characterized by experiences involving meaning, connectedness, and transcendence, whereas, Religion is defined in communal terms, characterized by institutionalized practices and beliefs, membership and modes of organization. Thus, whereas spirituality is understood at the level of the individual, Religion is more of a Social Phenomenon, and as such is included in the more overarching concept of spirituality.[12]

Religiosity is a common phenomenon among patients because when people become ill, they will experience stress over the changes in life that illness causes hence they easily turn to religion in the hope of healing and comfort; even those who are not religious may turn to religion in order to find solace and healing. In most religions, adherents are made to understand that God is loving and caring and that private religious activities (such as prayers and meditations), reading religious scriptures for direction and encouragement, or looking for support from a cleric or members of a faith community will guarantee health. Religious beliefs and practices help patients to cope better with their illnesses, enhance their social support, and help them to avoid self-destructive behaviors such as substance abuse, it is important to understand how religion influences physical health through psychological, social, and behavioral pathways.[13] The influence of religion in health therefore cannot be overstated and should not be undermined. If increased religiosity reduces stress levels and enhances

[9] B.O. Igboin. "Spirituality and Medical Practice: a Christian Perspective'. *Indian Journal* of *Medical Ethics* Oct-Dec; 12(4): 199-206.(2015:199)

[10] H.G. Koenig. *Religion, Spirituality, and Medicine: Research Findings and Implications for Clinical Practice.* (Durham: Duke University Medical Center, 2004,1194

[11] C. Adams and M. Leverlands. The Effects of Religious Beliefs on the Health Care Practices of the Amich. (Bethesda: National Library of Medlicine, 1986), 31.

[12] J.R. Akpenpuun."Influence of Religious Beliefs on Healthcare Practice". *International Journal of Education and Research.* 2014*:2(4)37-48*

[13] H.G. Koenig. "Religion and Medicine I: Historical Background and Reasons for separation". *International Journal of Psychiatry in Medicine,* 2002*:* 30(4) 385-398

social support, then it ought to also affect physical health.

Religion has the benefit of empowering the individual through connecting him/her to a community, and to a superior force, that might in turn give psychological stability. This ability to empower could be used by health workers to help those who struggle with a disease or to promote a healthier lifestyle. This empowering happens though consciousness of religious principles, such as the sanctity of human life, shared identity, meaningful roles in the community and society at large, a variety of spiritual, social and economic support, social networks, and even leadership for social change and protection in time of conflicts.[14] Religion serves to give hope in the face of death and provides practical resources for coping with sickness, such as prayer, social support, and ritual actions aimed at forgiveness and healing.[15]

i. Presentation and Analysis of Data

This area of research presents an analysis of the field research carried out in attempt to ground this study with credible data; being that the instruments employed (interview and questionnaire) are a primary source of data. This research was carried out in order to determine the Ethical Implications of Health and Medicare Application in Three Selected Churches in Lagos.

The total number of questionnaires distributed was one thousand two hundred (1,200); and it was distributed evenly in the selected sampled churches. Four hundred (400) copies of the questionnaire were administered to each sampled church. However, only an aggregate of one thousand, one hundred and sixty-one (1,161) copies of the questionnaire were retrieved from the respondents; by implication, thirty-nine (39) copies of the questionnaire were not returned. Out of the one thousand, one hundred and sixty-one (1,161) copies of the questionnaire that was returned, it was discovered that fifty-six (56) copies were invalid...this is as a result of incorrect filling. In view of this, the research work is left with only One thousand, one hundred and five (1,105) copies as the total number for the critical analysis.

Section I

This section is aimed at acquiring the biographical data of the respondents, as it is necessary in determining the validity or credibility of the responses to the research statements.

Ages of the Respondents

S/N	Age	Frequency	Percentage
1	18-30	205	18.55
2	31-40	298	26.97
3	41-50	255	23.08
4	51-60	216	19.55
5	61-above	131	11.85
	Total	**1,105**	**100**

Source: Field Work: July-December, 2024

Deducible from the table presented above, 205 respondents culminating 18.55 % of the entire respondents identified to be within the age range of 18-30. This shows that teenagers, youths and young adults participated in lending their objective responses to the research questions and thereby lending credence to the research work entirely. However, a substantial number of 298 respondents culminating 26.97% of the entire respondents identified to be within the age range of 31-40. Following that are 255 respondents amounting to 23.08% who identified to be within the age range 41-50. Beyond the high percents of these age group

[14] J.R. Akpenpuun, 37.

[15] R.L. Sevensky. "Religion and Illness: An Outline of Their Relationship". South *Medical Journal* 1981:74:745-50.

respondents highlighted above, their age group qualifies adulthood and these individuals are believed to have current experiences that can ground this research with credible information. 216 respondents which make a total of 19.55% identified to fall within the age range of 51-60 and 131 respondents making up 11.85% affirmed to be in the age group 61 and above. The last two age groups presented above are believed to have historical facts from the experiences over time which is a necessity in accessing the propositions of this research.

However, from the data presented above, the researcher deduces that the biographical section of this research captures all age groups ranging from youths to adults; who are all instrumental in lending their thoughts to the research questions presented to them. While this research does not have any age group as prima foci, the ages of the respondents is integral to this research.

Table 2: Gender of Respondents

Gender	Frequency	Percentage (%)
Male	498	45.07
Female	607	54.93
Total	**1,105**	**100**

Source: Fieldwork, July-December, 2024.

This table presents the gender of the respondents in two classifications; male and female respectively. According to the data presented, the female gender has the highest number of the entire number of respondents. They culminate 54.93% of the total percentage of respondents while the number of males captured is 498 culminating 45.07% of the total percentage of respondents. This further proves that there are more women in church than men. However, there is no equal frequency in gender specification.

Table 3: Marital Status of the Respondents

Marital Status	Frequency	Percentage (%)
Single	379	34.3
Married	436	39.46
Divorced	54	4.89
Separated	48	4.34
Widowed	188	17.01
Total	**1,105**	**100%**

Source: Fieldwork, July-December, **2024.**

This table presents the data containing the marital status of the respondents. All respondents that identified to be singles are 379 culminating 34.3% while 436 numbers of respondents culminating 39.46 affirmed to be married. Those who identified to be married out number respondents who are single. However, 54 respondents culminating 4.89% identified to be divorced while 48 respondents amounting to 4.34% identified to be separated. There exists a thin line between the divorced and the separated. The divorced are individuals who are legally separated from their spouses and are no longer living with them while the separated are individuals who are not legally separated from their spouses but are not living with them. 188 respondents culminating 17.01% identified to be widowed. Widowhood is a state of losing one's spousal partner to death.

Table 4: Educational Qualification of Respondents

Educational Qualification	Frequency	Percentage
SSCE	310	28.05
NCE, ND	167	15.11

HND, B.Sc., B.A	467	42.26
M.A., M.Sc.	147	13.30
Doctorate	14	1.27
Total	**1,105**	**100**

Source: Fieldwork July, 2024.

This table presented above showcases the educational qualifications of the respondents. 310 numbers of respondents culminating 28.05% are holders of first school leaving certificate NECO, WAEC, NABTEB, GCEs and the likes. 167 numbers of respondents amounting to 15.11% identified to be NCE (National Certificate of Education) holders. A substantial number of 467 respondents culminating 42.26% identified to have bagged their first degree, a HND (Higher National Diploma), B.Sc. (Bachelor of Science) or B.A. (Bachelor of Arts). 147 respondents culminating 13.30% of respondents identified to be holders of either a M.A. (Master of Arts) or M.Sc. (Master of Science) while 14 respondents culminating 1.26% are doctorate holders. This research however observes that respondents with doctorate degree are relatively lesser than every other educational qualification presented in the data. It is believed that these classes of respondents (doctors) are well informed and educated and their attestations will greatly ground this research with credible facts.

Table 5: Name of Church of Respondents

Name of Church	Frequency	Percentage
CAC Ketu District	395	35.75
MFM Osolo Way, Ajao Estate	362	32.76
Deeper Life	348	31.49
Total	**1,105**	**100**

Source: Fieldwork July, 2024.

This table presents the name of the church of respondents since the research was carried out to undermine the practices of the enlisted churches sequel to the subject matter. 395 respondents culminating 35.75% identified to be members of Christ Apostolic Church (CAC) Ketu District. Similarly, 362 respondents culminating 32.76% identified to be members of Mountain of Fire and Miracle church Osolo Way, Ajao Estate. However, 348 numbers of respondents culminating 31.49% identified to be members of Deeper Life Bible Church. It is plausible to state that the researcher distributed an even number of copies of questionnaire. The reason for the variances in the data presented is a result of the number returned responses and some that were invalid.

Table 6: Occupations of Respondents

Occupation	Frequency	Percentage
Civil Servant	364	32.94

Self-employed	358	32.4
Trader	216	19.55
Others	167	15.11
Total	1,105	100

Source: Fieldwork July, 2024.

This table presents the data containing the occupation of the respondents. 364 numbers of respondents culminating 32.94% identified to be civil servants; that is, they are individuals that are employed by the government and are working for the government. In similitude, 358 numbers of respondents culminating 32.4% identified to be self – employed. These individuals are neither working for the government nor working under any person. They are business/firm initiators. 216 numbers of respondents culminating 19.55% identified to be traders while a relative number of 167 respondents culminating 15.11% identified to be doing other forms of work that are not within the fore-enlisted categories of occupation. However, substantial numbers of respondent are working class.

Table 7: Numbers of Years Respondents have been in Church

Number of Years in Church	Frequency	Percentage (%)
5 years and below	211	19.10
6-10 years	268	24.25
11-15 years	231	20.90
16-20 years	254	22.99
21 years and above	141	12.76
Total	**1,105**	**100**

Source: Fieldwork July, 2024.

The above table presents the number of years that respondents have been in their respective specified church. The research finds it plausible to survey the number of years that the respondents have been in their specified churches CAC, MFM and Deeper Life. This is because the number of years can be proportionate to the level of knowledge and experience concerning the subject matter that this research addresses. However, in view of that, 211 numbers of respondents culminating 19.10% affirmed to have been in their specified churches 5 years and below. These classes of individuals are recent members of the church. A substantial number of 268 respondents culminating 24.25% identified to have been in their specified churches for at least between 6 to 10years. 231 respondents culminating 20.90% affirmed to be in their specified churches for 11-15years. 254 respondents culminating 22.99%

affirmed to have been in their specified churches for 16-20 years while 141 numbers of respondents culminating 12.76% have been in their specified churches for 21 years and above.

iii Section B

Table One: What is the perception of the three selected Churches in Lagos State on the concept of medicine/medicare?

S/N	RESEARCH STATEMENTS	SA (%)	A (%)	D (%)	SD (%)
1.	Medicine refers to the scientific study or practice of diagnosing, treating and preventing diseases or disorders of the body or mind of a person	538 (48.69)	503 (45.52)	40 (3.62)	24 (2.17)
2.	Medicine refers to bodies of knowledge specialized in treating diseases and other health related issues	526 (47.6)	422 (38.19)	96 (8.69)	61 (5.52)
3.	Medicine is a science of intervention concerned with curing sick people, caring for sick people, preventing diseases and promoting health.	596 (53.94)	489 (44.25)	12 (1.09)	8 (0.72)
4.	Areas of medicine include surgery, obstetrics and gynecology, pediatrics, psychiatry, ophthalmology and radiology.	471 (42.62)	465 (42.08)	99 (8.96)	70 (6.34)

Source: Fieldwork July, 2024.

This table presents the data containing the perception of the respondents of the concept of medicine/medicare. A total number of 538 respondents culminating 48.69% strongly agreed while 503 respondents amounting to 45.52% in similitude with the former simply agreed that medicine refers to the scientific study or practice of diagnosing, treating and preventing diseases or disorders of the body or mind of a person. However, a relatively low number of 40(3.62%) and 24(2.17%) respondents offer a contrary opinion to the hypothesis that was put forward by the researcher in the questionnaire. The researcher speculates that the reason for this may be due to lack of understanding of what medicine means.

526 and 422 respondents culminating 47.6% and 38.19% respectively strongly agreed and agreed...affirming to the hypothesis that medicine refers to bodies of knowledge specialized in treating diseases and other health related issues. However, a total number of 96 (8.69%) and 61(5.52%) disagrees with the proposition. Similarly, 596 culminating 53.94% and 489 (44.25%) accredits that medicine is a science of intervention concerned with curing sick people, caring for sick people, preventing diseases and promoting health. On the contrary, a total of 12 (1.09%) and 8 (0.72%) strongly disagreed and disagreed that medicine is a science of intervention concerned with curing sick people, caring for sick people, preventing diseases and promoting health.

The last hypothesis presented in the data quests the knowledge of the respondents about the areas of medicine in bid to undermine the extent of their familiarity with the field of medicine. However, a total number of 471

(42.62%) and 465 (42.08%) respondents attest that the areas of medicine include surgery, obstetrics and gynecology, pediatrics, psychiatry, ophthalmology and radiology. Contrarily, 99 (8.96%) and 70 (6.34%) strongly disagreed and disagreed respectively with the proposition... this may be due to lack of knowledge; basically, an individual who is not versatile with the field of medicine will not be able to decipher that there are distinctive areas in medicine.

Table Two: Does the Church have a functional role on how members conceive Medicine?

S/N	Research Statements	SA(%)	A (%)	D (%)	SD (%)
5	Church affects the way people conceive the concept of medicine	562 (50.86)	458 (41.45)	36 (3.26)	49 (4.43)
6	Church influences patient's decision making about medicare	463 (41.90)	342 (30.95)	172 (15.57)	128 (11.58)
7	Church restrict patients from accepting certain medical procedures and allow them to accept some others	393 (35.57)	258 (23.35)	301 (27.24)	153 (13.85)
7	Church restrict patients from accepting certain medical procedures and allow them to accept some others	295 (26.70)	400 (36.20)	250 (36.20)	160 (14.48)

Source: Fieldwork July, 2024.

This table presents the data of respondents containing their choices of whether the church has a functional role on how their members conceive medicine. Based on the quest for affirmation, 562(50.86%) and 458(41.45%) strongly agreed and agreed that the Church affects the way people conceive the concept of medicine. However, a collective number of 36 (3.26%) and 49 (4.43%) respondents strongly disagreed and disagreed respectively that the Church affects the way people conceive the concept of medicine.

Beyond the vouching by many respondents that the church informs the kind of perception members have towards the concept of medicine, this research puts forward to the respondents if the Church also in some forms influence patient's decision making about medicare. A total number of 463 (41.90%) and 342 (30.95%) however, strongly agreed and agreed respectively that the church in some form, influence their medicare decisions. On the contrary, 172 (15.57%) and 128(11.58%) strongly disagreed and disagreed with the research statement. Furthermore, when questioned whether the Church restricts patients from accepting certain medical procedures and allowing them to accept some others a substantial number of 393 (35.57%) and 258 (23.35%) testified that this is true. This means that the church in its doctrine specifies some kind of medical procedures to accept and some others that should be rejected. This attestation is sharply contested as a total number of 301 (27.24%) and 153 (13.85%) utterly disagree against the research statement.

This is followed by the substantial number of respondents who strongly agreed (295, 26.70%) and agreed (400, 36.20%) that the Church does not teach the importance of medicine and is consultation of medicare dispensaries. However, a considerable number of respondents strongly disagreed (250, 22.62%) and disagreed (160, 14.48%) that their churches teach about the

importance of medicine and consultation of medicare dispensaries.

Table Three: What is the perception of the church on the use of medicine?

S/N	Research Statements	SA (%)	A (%)	D (%)	SD (%)
9	The use of medicine is a sign of lack of faith in God	284 (25.70)	301 (27.24)	351 (31.76)	169 (15.29)
10	The use of medicine is the product of non-cordial relationship with God	279 (25.25)	327 (29.59)	319 (28.87)	180 (16.30)
11	The use of medicine is a sin against God	241 (21.81)	265 (23.98)	336 (30.41)	263 (23.80)
12	The use of medicine is a doubtful practice against God's divine healing	269 (24.34)	310 (28.05)	300 (27.15)	226 (20.45)

Source: Fieldwork July, 2024

This table presents the perception of the selected churches on the use of medicine. When put forward that the use of medicine is a sign of lack of faith, 284 (25.70%) and 301 (27.24%) culminating a total of 582 (52.67%) agrees using medicine is a sign of lack of faith on a close contrary range, 351 (31.76%) and 169 (15.29%) amounting a total number of 520 (47.06%) disagrees. This suffices those churches are actually divided on the use of medicine on faith bases. Much more explicitly, a total of 279 (25.25%) and 327 (29.59%) respondents further affirmed that the use of medicine is the product of non-cordial relationship with God. On a close proportionate rate, 319 (28.87%) and 180 (16.30%) respondents disagree that the use of medicine is not a product of non-cordial relationship with God.

Beyond the fact that the use of medicine is a product of non-cordial relationship with God as attested by many respondents 241 (21.81%) and 265 (23.98%) testify positively that the use of medicine is a sin against God. However, a greater number of 336 (30.41%) and 263 (23.80%) respondents strongly disagreed and disagreed respectively that the use of medicine is a sin against God. However, on a close range when the research statement was put forward to the respondents in a bid to undermine whether the use of medicine is a doubtful practice against God's divine healing, 269 (24.34) and 310 (28.05) strongly agreed and agreed 300 (27.15) and 226 (20.45) strongly disagreed and disagreed with the research statement.

Table Four: What is the efficacy of faith healing in the three selected churches in Lagos State?

S/N	Research Statements	SA (%)	A (%)	D (%)	SD (%)
13	Faith healing is total dependence on God for overcoming health challenges	587 (53.12)	287 (25.97)	138 (12.49)	93 (8.42)
14	Faith healing is a spiritual activity for the cure of all diseases and health challenges	442 (40.0)	288 (26.06)	156 (14.12)	219 (19.82)
15	Exercising faith for healing is a sign that qualifies a cordial relationship with God	473 (42.81)	187 (16.92)	225 (20.36)	220 (19.91)
16	Faith healing should be promoted more than the use of medicine in handling health challenges	299 (27.06)	254 (22.99)	284 (25.70)	268 (24.25)

Source: Fieldwork July, 2024.

This table presents the data on the efficacy of faith healing in the three selected churches in Lagos State. The total of 587 (53.12%) and 287 (25.97%) respondents who strongly agreed and agreed and the fall in number of respondents who strongly disagreed (138, 12.49%) and disagreed (93, 8.42%) in their attestation to the research statement probing if they are familiar with the concept of faith healing showed that most of the respondents are aware that faith healing is total dependence on God for overcoming health challenges. This is followed by the attestation by a substantial number of 442 (40.0%) 288(26.06%) that faith heading is a spiritual activity for the cure of all diseases and health challenges; though this was disputed by a relatively low number of respondents who strongly disagreed (156, 14.12%) and disagreed (219, 19.82%).

In the same vein, 473 (42.81%) and 187 (16.92%) strongly agreed and agreed that exercising faith for healing is a sign that qualifies a cordial relationship with God but this is disputed by 225 (20.36%) and 220 (19.91%) who strongly disagreed and disagreed. However, 299(27.06%) and 254(22.99%) strongly agreed and agreed that faith healing should be promoted more than the use of medicine in handling health challenges while 284 (25.70%) and 268(24.25%) strongly disagreed and disagreed respectively.

Discussion of findings

From the data presented and analyzed in the tables above, the study began with the assessment of the respondents' perception of the concept of medicine. This is necessary to ascertain that the respondents are familiar with the subject matter being addressed in this research. Following this quest, 1,041 culminating 94.21% of the entire respondents attested that medicine refers to the scientific study or practice of diagnosing, treating and preventing diseases or disorders of the body or mind of a person. This signifies that substantial numbers of the respondents are well informed about the concept of medicine which is being addressed in this research. However, the relatively low number of respondents who disputed the research statement is speculated by the researcher to be as a result of lack of what medicine entails. In the same vein, many more respondents than the former attested that medicine refers to the body of knowledge specialized in treating diseases and other health related issues. But more explicitly, 1,085 of the entire respondents culminating 98.19% accredited that medicine is a science of intervention concerned with curing sick people, caring for sick people, preventing disease and promoting health. In comparison with the

respondents' responses to the first two questions, this elevated attestation percentage is suggestive of the fact that, this time the respondents may be responding experientially. This is in support of the definition of Sadegh-Zadeh's (2012:ix) that "Medicine is a science and practice of intervention, manipulation, and control concerned with curing sick people, caring for sick people, preventing maladies, and promoting health….. [and that it] serves this human need by attempting to lessen human suffering that human beings evaluate as bad, and to restore and augment well-being that human beings evaluate as good." The researcher speculates that the respondents have consulted healthcare centers either for themselves or their loved ones and the medical services such as curing, caring, preventing and promoting health has been rendered. Any or the combination of these experiences may have warranted the high rate in attestation. However the data presented showed that many of the respondents have an experiential knowledge of medicine but are not familiar with the various fields of medicine. This is considered by the drop in the number of affirmation by the respondents though a handful of them seem to understand the various fields. The researcher thus contemplates that most persons just believe in addressing health care practitioners as doctors generally and rarely pay close attention to what kind of field of medicine the doctors are practicing. Patients barely pay attention to other things in the hospital and health care dispensaries insofar their medical needs are met, they are fine.

The second table however, takes a little drift into undermining whether the church has a functional role on how their members conceive medicine which 92.31% (1.020 respondents) attested that the Church affects the way people conceive the concept of medicine. This is to say that the church is very instrumental in forming the kind of knowledge that the church members have concerning the concept of medicine. The church has been identified overtime as one of the agents of socialization where individual and collective perceptions are formulated. In this wise, whatever the church teaches in its doctrine as bad is treated with disdain while whatever is taught as factual is treated with utmost acceptance. This is to say that whatever position the church maintains on the concept of medicine is what is adhered to by church members. However, some few other respondents offered a contrary opinion that the church does not depict their understanding of medicine. The researcher speculates that this can be true for some individuals who may not readily succumb to the doctrines of their churches but their own personally devised notions. When quested further whether the church go beyond instilling knowledge about medicine to influencing their health/medical decision when having a fallen health substantial number (805, 72.85%) of the respondents attested that the research statement is a truism. In bid to underscore the nature of the influence of the church in the decision making of church goers, 651 respondents culminating 58.91% of the entire respondents testified that the Church restrict patients from accepting certain medical procedures and allowing them to accept some others. This supports the reports of Conyn-van that members of the Orthodox Reformed church go against taking antibiotics or receiving immunizations. In similar thoughts, McDonald (1967) identifies that the most commonly known conflict, and perhaps the simplest when it involves adults, is the conviction of Jehovah's Witnesses not to accept blood products.

However, many respondents (695, 62.90%) attested that their churches do not teach them the importance of using medicine and consulting healthcare practitioners. This suffices two things: either the church does not expect that its members should use medicine and thus does not see any significance in emphasizing its importance or that whenever it is being discussed; it is painted as evil-what should not be done. The sizeable number of attestations accounts for why there is rise in the number of respondents who disagreed that their church does not specify in their doctrines certain medical procedures to accept and which to reject. A church where the subject of medicine is not mentioned or emphasized may not have a sole directive on its members approach to medical procedure...such members are at freelance to decide themselves which medical procedure they would reject or accept by their own discretion. Beyond, the reason why there is an increase in mortality rate is because health and the significance of medicine are underemphasized in the church. Most times, illnesses that claim lives are treatable using medical procedures but people are held bound by their churches' doctrine which is often anti-medicine.

The third table however, was aimed at underscoring the perception of the church on the use of medicine. 582 (52.67%) testified that the use of medicine is a display of lack of faith. The utilization of faith in this context is a form engaging the spiritual only to meet one's earthly and health needs. On a close contest, 520 (47.06%) disagrees that the use of medicine is a lack of faith. Much more contest is recorded among the respondents as there is a sharp proportionate divergent view on the statement whether the use of medicine is a product of non-cordial relationship with God. This is to say that the use of medicine by members of the church is an expression of a non-cordial relationship with God. The underlying belief here speculatively is that an individual who maintains a good relationship with God will neither be sick or when sick should trust God alone for healing through faith. Taking the hurdle further, when quested whether the use of medicine is a sin against God, substantial numbers of respondents (599, 54.21%) disagreed.

The researcher speculates that the reason for the gross disapproval to the research statement is that some respondents believe that the use of medicine may be a product of non-cordial relationship with God but does not amount to an utter sin against God. In a bid to get the actual thoughts of the respondents, the researcher quested whether the use of medicine is a doubtful practice against the divine healing provision of God which most of the respondents (52.39%) attested. This is to say that much more respondents believe that the use of medicine is not a sin but a doubt of God's healing power and this doubt can be easily traced to the assertion that the use of medicine is a product of a non-cordial relationship with God.

Table four discusses the subject of faith healing which is usually the prescription of most church leaders to their members when they have fallen health. The first quest was to ascertain whether the respondents are familiar with the concept of faith healing. With the substantial number of attestation by the respondents (79.09%), it proved that the respondents are very familiar with the term faith healing. More so, substantial numbers of respondents (66.06%) agreed that faith healing is a spiritual activity for the cure of all diseases and health challenges. This proves that the subject of faith healing is well taught in the church. This is followed by the attestation that beyond that the faith is efficacious; it reveals that one has a cordial relationship with God.

However, there is a sharp division between the respondents on which of the medium either medicine or faith healing should be premium being placed above the other. A substantial percentage of 50.05 of the entire respondents supported that premium should be placed on faith as above medicine while 49.95% rejected that faith healing should not be placed above medicine with 0.1% difference. This research discovers that the church is divided on which measure to employ when they have fallen health. This is suggestive that some respondents are of the opinion that the use of medicine is not a sin against God, more so, both can be utilized. Faith can be applied while one still uses medicine.

In conclusion, God created herbs for the use of man. The use of medicine, from whichever way it comes (either traditional or orthodox) for healing should be embraced as God is not an author of confusion. If they were for vile purposes, God wouldn't have created the medicinal objects. It has not been written in any scripture that the use of medicine is bad. The religious leaders, most especially in Christianity brought the concept of using medicine as a sign of lack of faith. It is therefore necessary to state that the use of medicine soaked with faith can enhance sustainable healthy life style

Footnotes

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