

The African Seventh-day Adventist Health Study: Phase one

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AUSTRACT

The Sevent-day Adventist (SDA) Church has taught and practiced health principles for many years but has not been active in showing evidence-based outcomes based on research until relatively recent. The Church, as well as non-SDA scientists, have conducted several major health studies to access the impact of the SDA health message on the health status, morbidity and mortality of SDAs. These studies have been primarily conducted in North America and Europe, with largely Caucasian SDA populations. Findings from these studies indicate that adherence to the SDA health teachings appears to have a positive correlation to health and decreased disease incidence, particularly for hypertension, metabolic syndrome, diabetes and some types of cancer. The African Seventh-day Adventist Health Study was conducted with the aim of providing data that is related to the health status, knowledge, practice, and attitudes of the church members regarding the health message of the Church. The study utilized cross-sectional descriptive study design with self-reported data collection. The 213-item questionnaire contained closed and open-ended items and was administered by trained research Assistants. Church members were randomly recruited from persons who met inclusion criteria at the various locations. Church members showed good level of knowledge, with a mean score of 3.94 on a 5-point Likert Scale with a SD of 0.58. More so, church members showed positive attitude toward the health message taught by the church (mean score=3.99 on a 5-point Likert scale; SD=0.72). However, church members showed a lower rating for practice compared to knowledge and attitude with mean score of 3.61 on a 5-point Likert Scale, SD=0.73). It is easy to assume that all Adventists have the right knowledge about health teachings and practice accordingly. However, there is a need to deliberately place greater emphasis on health education to improve health literacy and further translate knowledge and attitudes into maximized practice.

Keywords: Seventh-day Adventist, health study, knowledge, attitude, practice

Phase One of this study is modelled to address a tripartite problem statement. Prior research into the effects of SDA health teachings on adherents was conducted basically in the United States, Canada and Europe. Research has not been done among African SDAs, living on the continent, to determine what their general health status is and if they follow the SDA health teachings. This will provide baseline epidemiological data on the health status of a sizeable population of Africans across a wide geographical area. Through the literature review it can be established that the SDA Church has an organized and sound approach to health education, which it promulgates to SDAs and non-SDAs alike. It is assumed that SDA members have a knowledge of the health teachings of the Church, and thus can benefit in terms of healthier lifestyle choices. However, there are potential confounders that may result in differences in knowledge among African SDAs. These may be contextualization, culture, language, and perceptions, to name a few. For this reason, it is important to determine the level of knowledge that African SDAs have of the traditional SDA health teachings. All models of health education and health behavior change are built on the acquisition of knowledge as a foundation for sustainable change.

Objectives

The objective of Phase One is to provide data related to the health status, knowledge, practice, and attitudes of African SDAs in regard to the health teachings of the Church. Specifically, the research objectives are to: Generate baseline data on the general health status of African SDAs with focus on the prevalence of NCDs.

Describe the general level of knowledge of SDA health teachings based on the CELEBRATIONS model.

Assess the practice of the various SDA health teachings among African SDAs.

Identify attitudes toward SDA health teachings among African SDAs.

Establish the relationship, if any, between knowledge of SDA health teachings and practice of the health teachings among African SDAs.

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sampling method, the study hoped to gather 21,600 data as the sample size.

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Use all the 13 Unions

Select 3 Conferences

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RESUIS

The African Seventh-day Adventist Health Study used the acronym CELEBRATIONS to assess the level of Knowledge, Attitude and Practice (KAP) of the health principles among Adventists in Africa. As shown in Table 1, church members showed a mean score of 3.94 on a 5-point Likert Scale (SD=0.58) for knowledge. This indicates that the respondents had above-average knowledge of the health principles, with knowledge about certain CELEBRATIONS1 principles being slightly higher than about others.

Table 1: Knowledge of the Health Principles of the Seventh-day Adventist Church

Item	Number	Mean	Standard Deviation	Interpretation
Knowledge about Choices	15,304	4.1018	.63166	Good
Knowledge about Exercise	15,301	4.0143	.61482	Good
Knowledge about Liquids	15,372	4.3774	.61080	Excellent
Knowledge about Environment	15,299	3.9841	.59684	Good
Knowledge about Belief	15,335	4.0159	.54348	Good
Knowledge about Rest	15,237	3.8388	.58945	Good
Knowledge about Air	15,375	4.1910	.59459	Good
Knowledge about Temperance	15,258	3.4253	.40707	Good
Knowledge about Integrity	15,279	3.9426	.58741	Good
Knowledge about Optimism	15,138	3.6944	.63509	Good
Knowledge about Nutrition	15,335	3.9052	.58565	Good
Knowledge about Social Support	15,225	3.7956	.54589	Good
Average Mean		3 0405	0.57856	Good

Scale of Interpretation for the Mean of Knowledge

1.00-1.79 = Poor; 1.80-2.59 = Fair; 2.60-3.39 = Average; 3.40-4.19 = Good; 4.20-5.00=Excellent

Church members also showed an overall positive attitude toward the health principles taught by the church with a mean score of 3.99 on a 5-point Likert scale and a SD of 0.72,

Table 2. Having a positive attitude toward a health principle plays a critical role in whether the health message is practiced. From these results, it is reasonable to expect good translation of knowledge and attitudes into practice.

Table 2: Attitude Toward the Health Principles of the Seventh-day Adventist Church

Item	Number	Mean	Standard Deviation	Interpretation
Attitude toward Choices	15,029	4.2710	.72273	Extremely positive
Attitude toward Exercise	15,018	4.0472	.75942	Positive
Attitude toward Liquids	14,999	4.2235	.70863	Extremely positive
Attitude toward Environment	14,982	4.1503	.70382	Positive
Attitude toward Belief	14,967	4.2862	.67912	Extremely positive
Attitude toward Rest	14,968	4.2004	.70439	Extremely positive
Attitude toward Air	14,936	4.1891	.69856	Positive
Attitude toward Temperance	14,903	4.1348	.72086	Positive
Attitude toward Integrity	14,878	3.0971	.73544	Neutral
Attitude toward Optimism	14,857	4.0573	.72038	Positive
Attitude toward Nutrition	14,856	3.0905	.74584	Neutral
Attitude toward Social Support	14,962	4.1640	.69841	Positive
Average Mean		3.9926	0.7165	Positive

Scale of Interpretation for the Mean of Attitude
1.00-1.79 =Extremely negative; 1.80-2.59=Negative; 2.60-3.39=Neutral; 3.40- 4.19=Positive; 4.20-5.00=Extremely positive

Practice on the other hand, received a lower rating with a mean score of 3.61 on a 5-point Likert Scale and SD of 0.73) compared with knowledge and attitude, Table 3. The (KAP) model is a common method for understanding and analysing human responses to particular phenomena, especially in the field of health studies. The connection between people's attitudes and practices is well established in psychology and health-behaviour theory2. The implication of the positive relationship between KAPs is that it will equip the individual to accept the challenge of educating, motivating, and adopting Adventist health principles in order to modify his or her lifestyle.

Table 3: Practice of the Health Principles of the Seventh-day Adventist Church

Item	Number	Mean	Standard Deviation	Interpretation
Practice of Choices	15,087	3.4312	.61977	Good
Practice of Exercise	14,959	2.8852	1.00469	Average
Practice of Liquids	15,095	3.9046	.71323	Good
Practice of Environment	15,273	3.3998	.84903	Average
Practice of Belief	15,168	3.9073	.74820	Good
Practice of Rest	14,861	3.4499	.65141	Good
Practice of Air	14,602	3.7586	.99626	Good
Practice of Temperance	15,146	4.6846	.57444	Excellent
Practice of Integrity	15,236	3.7081	.65369	Good
Practice of Optimism	15,094	3.6056	.63820	Good
Practice of Nutrition	15,147	3.0207	.55238	Average
Practice of Social Support	15,056	3.5100	.76396	Good
Mean average		3.6055	0.73044	Good

The African Seventh-day Adventist Health Study identified the level of knowledge, attitude, and practice of health principles among Adventists in Africa, who reported a good knowledge of and a positive attitude toward health principles. It is easy to assume that all Adventists have the right knowledge about health teachings and practice accordingly. However, there is a need to deliberately place greater emphasis on health education to improve health literacy and further translate knowledge and attitudes into maximized practice.

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