



# The African Seventh-day Adventist Health Study: Phase One

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## ABSTRACT

The Seventh-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. 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. Church members are knowledgeable of the SDA health message. On a Likert scale of 5, an overall mean score of 3.94 is shown for their knowledge in the health principles as taught by the church. Equally, church members have a positive to an extremely positive attitude to the health message. An overall mean score of 3.99 on a 5-point Likert scale (SD = 0.72) is realized which connotes a positive attitude. On the other hand, an overall mean score of 3.61 on a 5-point Likert Scale (SD = 0.73) for practice of the health message is noted. This is relatively low when compared to the respondents' level of knowledge and attitude.

Keywords: seventh-day adventist, health study, knowledge, attitude, practice

## INTRODUCTION

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. 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:

1. Generate baseline data on the general health status of African SDAs with focus on the prevalence of non-communicable diseases (NCD)s.
2. Describe the general level of knowledge of SDA health teachings based on the CELEBRATIONS model.
3. Assess the practice of the various SDA health teachings among African SDAs.
4. Identify attitudes toward SDA health teachings among African SDAs.
5. Establish the relationship, if any, between knowledge of SDA health teachings and practice of the health teachings among African SDAs.



## METHODOLOGY

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. Participants were randomly recruited from persons who met inclusion criteria at the various locations.

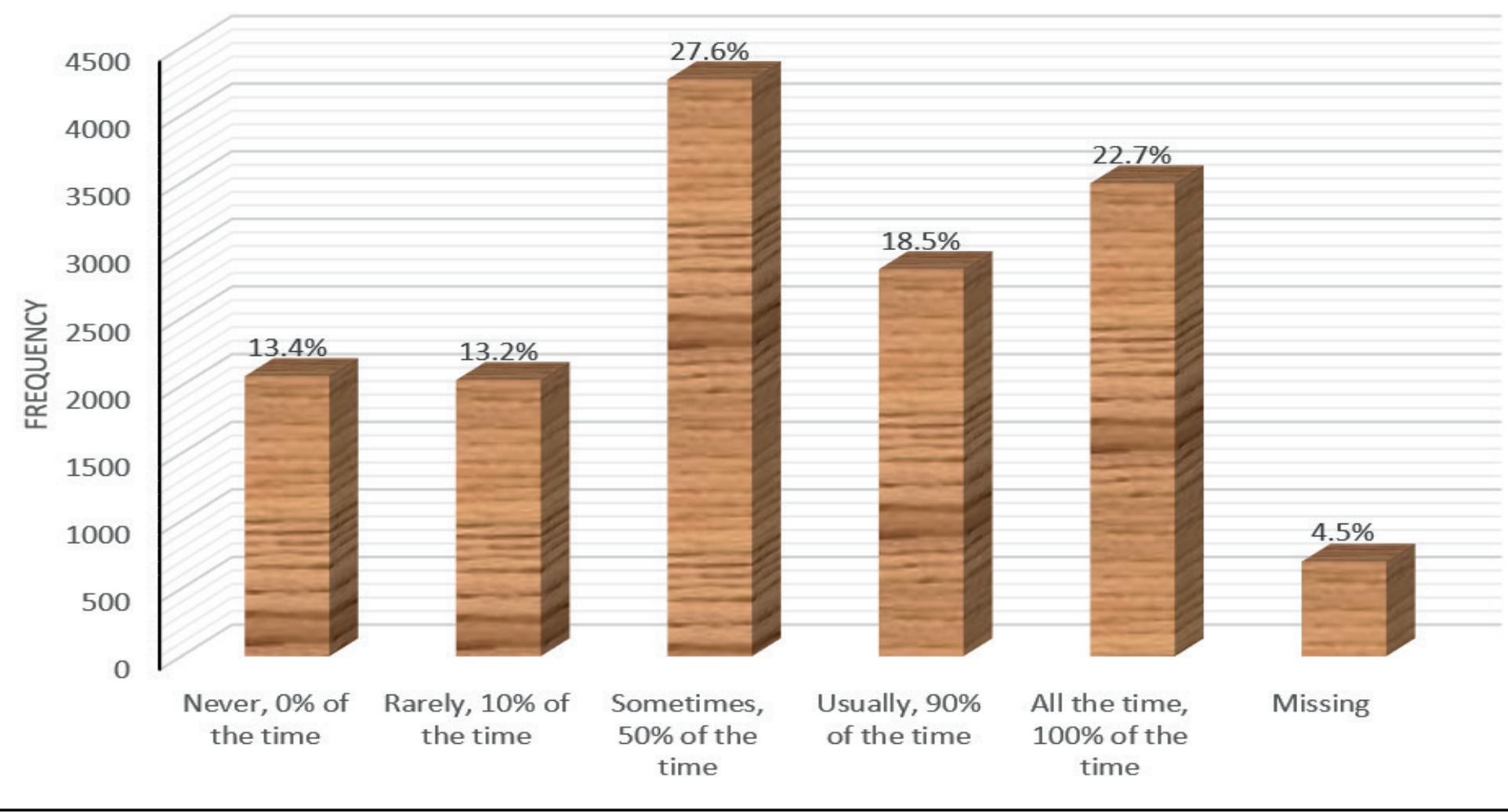
## RESULTS

Church members are knowledgeable of the SDA health message. On a Likert scale of 5, an overall mean score of 3.94 is shown for their knowledge in the health principles as taught by the church. Equally, church members have a positive to an extremely positive attitude to the health message. An overall mean score of 3.99 on a 5-point Likert scale (SD = 0.72) is realized which connotes a positive attitude. On the other hand, an overall mean score of 3.61 on a 5-point Likert Scale (SD = 0.73) for practice of the health message is noted. This is relatively low when compared to the respondents' level of knowledge and attitude. Thus, they are not putting their knowledge and attitude to full practice. Knowledge-Attitude-Practice (KAP) model is a common method for understanding and analysing human responses in health studies.

The Table below showed that about 57% (sometimes, usually, all the time) of the members are engaging in a daily exercise program 50% of the time. This is encouraging and church members should continue to improve upon this. Exercise is one of the best preventive practices for preventing non-communicable diseases. Researches have established that exercise can reduce the risk of major illnesses, such as heart disease, stroke, type 2 diabetes and can also lower the risk of early death.

In terms of nutrition, fruits and vegetables are consumed every day by 24.2% of study participants. More so, 27.6% of the participants eat meat 50% of the time, while 13.4% never do so and 22.7% always eat meat (Figure below).

	Daily Exercise	Frequency	Percentage
Valid	Never, 0%	2,227	14.4
	Rarely, 10% of the time	3,142	20.4
	Sometimes, 50% of the time	4,565	29.6
	Usually, 90% of the time	2,126	13.8
	All the time, 100% of the time	2,417	15.7
	Total	14,477	93.8
Missing	System	957	6.2



## CONCLUSION

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. It is therefore incumbent on the Adventist church to explore and utilize evidence-based health promotion strategies to help church members practice health principles of the church to the fullest.

