



HEALTH EDUCATION IN NIGERIA: A VITAL STEP TOWARDS REDUCING MATERNAL MORTALITY

¹Adebisi Adedoyin Olaniyi and ²Felix Akinlolu Olamide

¹Department of Counseling Psychology, Tai Solarin University of Education, Ijagun, Ogun State, Nigeria

²Department of Public Health, Adeleke University, Ede, Osun State, Nigeria

Abstract: Religion, being an integral part of everyday life and conversation in Nigeria, also plays fundamental role in pregnancy and child delivery. Religious pregnant women do not limit their maternity care to healthcare providers, but also subscribe deeply to the practice of faith healing in order to conquer spiritual powers that could wage war against their child delivery. Through hermeneutic-phenomenology approach, this paper examined the connection between misapplied faith healing activities and maternal mortality in Nigeria. As a cross sectional study, the data used in this study was collected through oral interview with 5 doctors, 5 midwives, 5 pregnant women and 5 prophets, after ethical approval was granted and consent of the interviewees obtained. The findings revealed that pregnant Nigerian women subscribe to faith healing, and spend much time in prayer houses in order to obtain the supernatural power to conquer the attacks of the ‘enemies’ who may try to truncate their pregnancy and child birth, as well as to receive the power to deliver like the biblical ‘Hebrew women’. However, in their attempt to have a seemingly balanced and comprehensive maternity care, most pregnant women register with maternity homes just for registration sake. In most cases, they absent from antenatal check-up, and ignore taking drugs as prescribed. The study concludes that religion is a strong determinant of the safety and welfare of pregnant women. Therefore, in order to curb the rate of maternal mortality, the healthcare providers should pay attention to the people’s religious and spiritual life, and create avenues for mutual understanding with faith healers who can also serve as scientific health promoters without forfeiting their divine anointing.

Keywords: Faith Healing, Maternal Mortality, Nigerian Women, Health Education, Information Dissemination

Introduction

Faith healing is the application of the exercise of faith in the treatment of sickness instead of medical method (Sharma, et al 2020). The relationship between faith healers, their clients and the implications of faith healing in healthcare services constitute an area of interest in the recent time. In the case pregnancy, the work of the traditional midwives, faith healers and western healthcare services seems to be in confusion. Peprah et al (2018) argued that among members of African indigenous church, the ministry of faith healers is usually seen as the first port of call. Faith healing is one of the trending religious exercises that characterize the religious life and demonstration of the faith of African Christians. Healing service is usually one of the programmes church

members long for. Such healing programmes which are referred to as ‘spiritual exercise’, do take place in form of exorcism, praying and fasting, statutory weekly or monthly programmes even for pregnant women. In contemporary African Christianity, before any medical condition of diagnosable causes of infertility could be considered as true or useful, spiritual related factors are given the utmost priority. Married women who have not conceived, being referred to as ‘waiting mothers’ throng various churches, ministries and prayer houses in search of deliverance from spiritual shackles that are responsible for their barrenness. The terms and phrases used to designate possible spiritual phenomena that cause childlessness include being involved in marine (having a marine spirit as a husband), being followed by ancestral curse, infliction of the devilish manipulations of witches and wizards among other. Therefore, it is believed that pregnancy should be protected from the reach and harmful manipulations of witches and wizards.

Theoretical Framework

This study applied social cognitive theory in interrogating faith healing and maternal mortality. The theory incorporates the basic attributes of social learning theory but in addition to the principles of observational learning and vicarious reinforcement (watching and learning from the actions of others). (Bandura, and Walters, 1963). According to social cognitive theory, three main factors affect the likelihood that a person will change health behaviour: self-efficacy, goals and outcome expectancies. If individuals have a sense of self- efficacy, they can change behaviour even when faced with obstacles. If they feel unable to exercise control over their health behaviour, they remain unmotivated and unable to persist through challenges. (Institute of Medicine,2002). As an individual adopts new behaviour, this causes changes in both the environment and the individual (Rimer and Glanz, 2011). The main concepts of social cognitive theory in reference to healthcare focus on possible change of strategies for both clients and healthcare service providers. According to this theory, self-efficacy is considered the most important personal factor in behaviour change and an important construct in other health behaviour theories as well (Bandura, 1995).

Literature Review

According to Hogan et al (2010), Kassebaum, et al (2014), observed that the alarming rate of maternal mortality in some countries, irrespective of the advancement in medical care facilities is a global concern. With Africa in focus, most recent studies have shown that the issue of maternal mortality is very serious in Nigeria. However, regarding the solution, Galadanci, et al (2010), Henry et al (2012), Akinlo, et al (2016), Babalola,& Oyenubi (2018), suggested the need to improve the health system, proper use of contraceptives, availability of skilled birth attendants, emergency obstetric care, promotion of facility delivery and consistent antenatal care attendance as steps for reducing maternal mortality in Nigeria. However, less or no proper attention has been given to the need for interrogating the reduction of faith healing crisis as a necessarily avenue to control maternal mortality, since most religious pregnant women in Nigeria see prayer houses and the ministry of the prophets as the utmost health care.

Study Design/Site

This study took a qualitative approach, which also explorative, descriptive as well as contextual in order to assist the researchers to obtain complete, first hand and accurate information on why pregnant women make use of faith healing during pregnancy in Ondo State, Nigeria.

As maintained by Babbie & Mouton (2009) a qualitative research approach is a method of research that helps one to explore the meaning, describe and promote understanding the result findings meaningfully. Shaping the view of the participants within the context in which a particular phenomenon exists. Hence, exploratory scholarly investigations are usually conducted to gain insight into the phenomena that are being examined in research.

Being descriptive in nature, such research presents specific details about both the situation and social setting in which the phenomenon that is being studied exists.

In the contextual interest as perceived by the researcher, descriptive and exploratory research is aimed at helping the investigator to understanding every aspect of the phenomenon being studied within the natural and concrete contexts. Thus, in this study the practice of faith healing and challenges of maternal mortality are discussed the scope of pregnant women who are usually the victims, faith healers and healthcare service providers. While reiterating the latest United Nations Children's Fund (UNICEF) report titled "Situation of Women and Children in Nigeria", Ehanire, (2022) discloses that Nigeria as a country records about 576 maternal mortality every year. Findings in Lawal et al (2019) and other recent studies show that in the whole of Southwest Nigeria, Ondo state has the highest rate of maternal mortality compared with other states in the geopolitical zone. The ratio of maternal mortality in the state is placed at 253 per 100, 000 births, with postpartum haemorrhage and eclampsia being the major causes per annum. The study engage oral interview with 5 doctors, 5 midwives, 5 pregnant women and 5 prophets, in its data collection. These 20 interviewees were approached individually with the interview guide containing the research questions. The data harvested was statistically analysed.

Interface between Religion and Health

Right from the antiquities, health has been linked to potency and benevolence of the deities. On the other hand, sickness is also regarded as one of punitive measures leashed by an offended deity to the offender. For instance, Genesis narrative recalls that during the time Abraham the patriarch went to Egypt in search of better living, God inflicted sickness on Pharaoh, the king of Egypt and his household on the account of Abraham's wife (Genesis 12:17). During the wilderness journey of the Israelites, Yahweh made a covenant with them regarding freedom and protection from diseases, contrary to the sickness He brought upon their oppressors, the Egyptians (Exodus 15:26). In the Greek religion and mythology, the thunder deity, Zeus was associated with releasing sickness on the wicked as a means of avenging for the poor and the oppressed (Ufomba, 2019:3435). In the healing of diseases, every religious tradition has unique process of faith healing. This may involve the use of a single method like prayer to the divinity, or a combination of prayer, sacrifice and diverse ritual materials. Faith healing is a strong component and valued practice in all religions (Gopichandran, 2015). Many scholars in the area of health and healing research have argued that the place of religion in healthcare must be respected and encouraged. DeHaven et al (2004) argued that in the quest to achieve global health goal, faith-based programmes can improve health outcomes. Switart et al (2023) emphasized that healthcare providers must be sensitive to the religious life of the patients, and every healthcare organisation should deliver care services that meet the cultural, religious and social needs of the people. In Africa, ignoring the relevance of the religion of the people to their health understanding and medical philosophy is a great challenge that results to confusion in healthcare services. The people see their pastors and prophets as the first doctors. According to Hadi (2020), the collaboration of religious leaders in healthcare giving is an effective way of enhancing health promotion in every society.

Faith Healing and Child Giving: The Controversy of Prenatal and Antenatal Care-giving

In Africa in general infertility remains a major clinical as well as a social problem, affecting approximately one in every 10 couples (Kuuz, et al 2023). The case of infertility is a reproductive health condition that is silently experienced, having very deep repercussions in the essence of self. Kuuz, et al (2023), observed that in Africa culture, childbearing is considered a social prestige, where the couples usually undergo unduly pressure to bear children for purposes of genealogical continuity. Churches and prayer houses play many roles in matters pertaining to barrenness in Africa. Some couples may not bother to empirically find out what could be the cause of their infertility, but could depend much on the prophetic promises declared by the prophet or pastor of their church. Certainly, when such a woman conceives and traces the source of the conception to the potency of the

prayer and spiritual exercises carried out, the prophet assumes the position of pastor and medical doctor. The instructions given by such person supersede any scientific injunction even in life-threatening conditions. Since faith healing mingles with indigenous maternal practices in Africa, Mogawane, et al (2015) argued that there is a need to acknowledge indigenous practices by creating intensified awareness campaigns, as well as political commitment with the focus on the recognition of those serious and complex problems that are experienced by pregnant women who are using traditional medicine or faith healing. There are perceived causes of childlessness which also give rise to superstitious practices during pregnancy. Such issues determine a woman's pregnant care concentration and choice in African. In many prayer houses, faith healers and prophets could dictate the following and give women spiritual assignment on how to overcome. Faith healing entails certain rigors in the effort to attain the expected spiritual heights for the anticipated result. One of such rigors in faith healing requirements is fasting. Depending on the stipulation by individual faith healer, fasting in Nigeria could last between three days and forty days and forty nights (Ufomba, 2019). In pursuance of faith healing, a pregnant woman may be wrongly and ignorantly guided to engage in long term fasting, which endangers both her wellbeing and that of the fetus. Traxler (2023) observed that apart from poor fetal growth, maternal weight loss, and low birth weight, fasting during pregnancy which entails starving for more than 13 hours increases the danger of preterm birth, inconsistent sugar level which is precursory to various underlying complications that could end in maternal mortality. Other complications that can arise from long-term fasting during pregnancy as enumerated by Glazier, et al (2018), include perinatal mortality, stillbirth, neonatal death, hypertensive disorders of pregnancy and congenital abnormalities which could lead to maternal death. Arising from the combination of cultural and religious methods that is used by many faith healers, Owonikoko, et al (2017) observed that the use of safety pin on garments during pregnancy is one of the ways faith healers use to protect the unborn child from the attack of the enemies, without considering the health hazard implication. Many first time pregnant women are usually burdened by the fear of the unknown in pregnancy. Lots of information gathered could trigger emotional changes that make them to seek for their protection and that of their unborn babies. However, most information given pertaining to how to protect the fetus and the pregnant mother come from unfounded sources with much superstitions and devoid of scientific proof (Gal, et al 2013). In Nigeria, the cultural practice of inserting some symbolic or medicinal herbs into the pregnant woman's vagina is also in harmony with the practices used by faith healers (Igberase, 2012). Some of the major pregnant related issues tackled through faith healing in most prayer houses in Nigeria include:

Marine Marriage: Women who are said to have marine husbands find it impossible to conceive until they are liberated. Langmartey (2019) argued that 7 out of 10 men and women who admit to being born again are in one way or the other involved, consciously or unconsciously, in spiritual marriage. This assumption is popular among faith healers who see it as a need to emancipate those who are held in it. Women who are said to have spiritual husbands have series of miscarriages. However, many victims in this category do not seek proper scientific cause, but rely mainly of the provisions made by faith healers.

Ancestral Curse: According to Hickey (2000:11) Ancestral or generational curse is "An uncleansed iniquity that increases in strength from one generation to the next, affecting the members of that family and all who come into relationship with that family". Women who hailed from families that are tagged as 'cursed' are regarded as bearers of ancestral curses.

Activities of Witches and Wizards: One of the perceived activities of witches and wizards in preventing their female victims from giving birth is 'tying of womb'. Madueke (2022) averred that the activities of witches and wizards in their diverse manipulations form part of the dangers women face during pregnancy. For instance, since the natural duration for pregnancy is nine months, it takes the arts of those who operate in the confides of witchery

and wizardry to tie the womb of a pregnant woman for more than nine months (Madueke, 2022). Regarding the place of faith healing in pregnancy protection, Adamo (2006), observed that the Bible is used as a major instrument, and is usually read "therapeutically". Since the question of infertility is foundational to pregnancy matters, Adamo (2006) argued that the following biblical texts that talk about barren women having children are perceived and used as remedies:

1. Having your own child, not adopted child;

Then behold, the word of the LORD came to him, saying, "This man will not be your heir; but one who shall come forth from your own body, he shall be your heir. And He took him outside and said, "Now look toward the heavens, and count the stars, if you are able to count them." And He said to him, "So shall your descendants be." (Genesis 15:4-5).

2. Delay is not denial, your own child will surely come;

Then the LORD took note of Sarah as He had said, and the LORD did for Sarah as He had promised. So Sarah conceived and bore a son to Abraham in his old age, at the appointed time of which God had spoken to him. And Abraham called the name of his son who was born to him, whom Sarah bore to him, Isaac. (Genesis 21:1-3).

3. Enemies, like Peninnah (1 Samuel 1:2), who laughed at Hannah while barren will see you rejoicing with your own children;

Then Hannah rose after eating and drinking in Shiloh. Now Eli the priest was sitting on the seat by the doorpost of the temple of the LORD. And she, greatly distressed, prayed to the LORD and wept bitterly. And she made a vow and said, "O LORD of hosts, if Thou wilt indeed look on the affliction of Thy maidservant and remember me, and not forget Thy maidservant, but wilt give Thy maidservant a son, then I will give him to the LORD all the days of his life, and a razor shall never come on his head." Now it came about, as she continued praying before the LORD, that Eli was watching her mouth. As for Hannah, she was speaking in her heart, only her lips were moving, but her voice was not heard. So Eli thought she was drunk. And it came about in due time, after Hannah had conceived, that she gave birth to a son; and she named him Samuel, saying, "Because I have asked him of the LORD"(1 Samuel 1:9-13,20).

As these passages are read repeatedly, natural materials such as coconut water and raw native egg are mixed and drunk while praying. Such actions are recommended to take place very early in the morning while naked, which after a woman might have had sexual intercourse with her husband, while statements like Shiklo hiram, and Holy Mary are recited many times (Adamo, 2006).

Factors Causing Increase in Maternal Mortality in Nigeria

Disbelief in Scientific Medicine: While the ten interviewees from the healthcare services aspect posited that an average African woman from the Yoruba ethnic group sees the native or herbal medicine as the most effective, even during pregnancy; three out of the five pregnant women and three clerics out of the five, making the total of sixteen out of the sample size shared the same opinion. This implies that scientific medical advice could be accepted even during antenatal visit, but, many among the pregnant women tilt towards adhering to the services of traditional midwives who use herbs in their rendering their services.

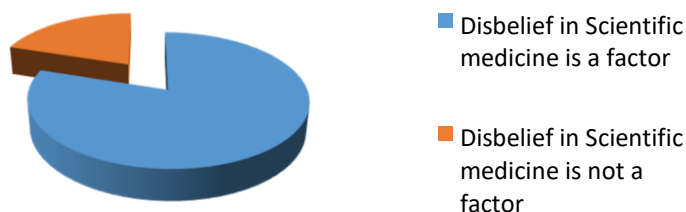


Figure 1: The impact of disbelief in scientific medicine on maternal mortality.

The use of traditional method in child birth matches with the people's socio-cultural and religious worldview. Thus, there is a contradiction that needs to be addressed, which will help in educating the society, especially pregnant women.

Visiting prayer houses to receive enough Spiritual Power to fight enemies during Pregnancy: Four (4) out of the five faith healers interviewed, strongly agreed that their main mission is to untie those who are bound by powers of the evil ones in the society. Four (4) pregnant women and two (2) female healthcare service providers, making ten (50%) of the interviewees, considered the assertion positively.

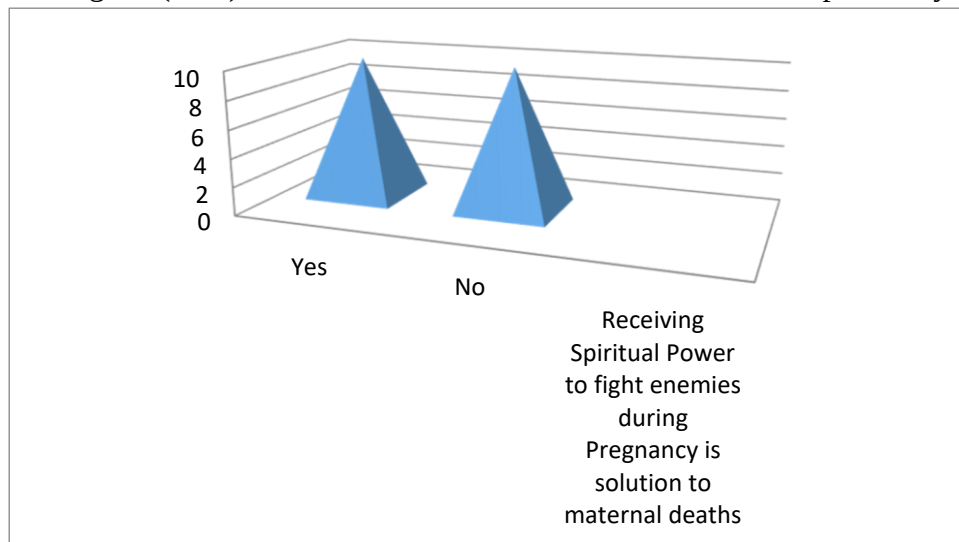


Figure 2: Visiting prayer houses to receive enough Spiritual Power to fight enemies during Pregnancy

The equal contradiction on this result shows that it is actually a matter of concern. The fluctuating opinions obviously show that there is urgent need for intensified and consistent health education to correct mistaken impressions regarding both scientific health care service and the ministry of faith healer. The ministry of faith healers which combines with the native way and uses local methods and materials the people are conversant with seems to be overriding the scientific healthcare approach. Scholars have rightly underscored that the conflict between faith healing and scientific healthcare delivery is very obvious, in the sense that the date of popular faith healing programme determines the turn up in the attendance to antenatal care.

Inadequate Health Education concerning the need for Proper Scientific Medical care during Pregnancy.

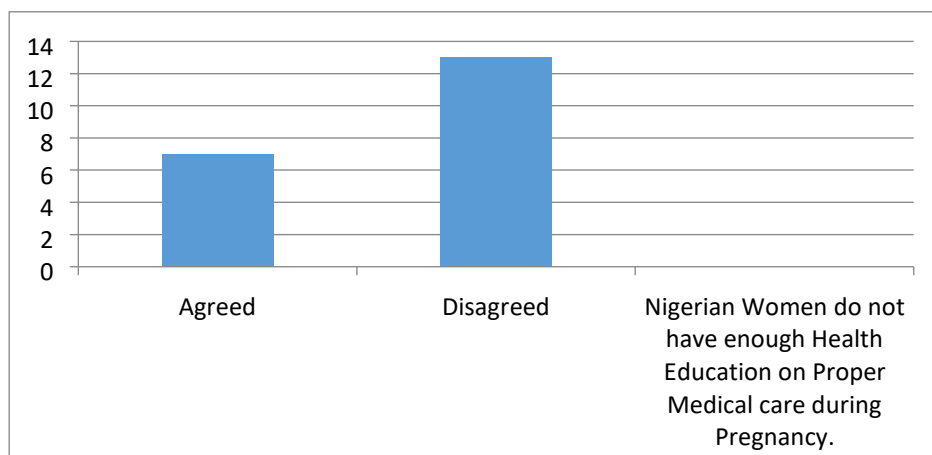


Figure 3: Knowledge of Nigerian women on Proper Medicare during Pregnancy

The response of the interviewees on this question shows that health education messages have gotten root in Nigeria. In general, thirteen (13) out of the twenty (20) interviewees accepted that the major problem in this case is not insufficient health education. However, there seems to be an underlying confusion between religion and science which plays out in the choice of health care service dimension to follow during pregnancy. This implies that why health educators continue to do their job in sensitizing the society, religious leaders, especially faith healers need to reassess their method of spiritual services. It is important to note that when information is available without proper and committed application, the people are some worth still in ignorance.

Combining Health Education and Information in Curbing Maternal Mortality

Health education and promotion is a major avenue in medical services, to reach the members of the society with the needed health information. Much has been written over the years about the relationship and overlap between health education, health promotion and other concepts, such as health literacy. Attempting to describe these various relationships is quite uneasy; discussion of health education and promotion concepts can be intense since the professional affiliation associated with them is often strong and entrenched and the concepts are either still developing or have developed at different times from separate disciplines. Health promotion is defined by the Ottawa Charter as the process of enabling people to increase control over and to improve their health. For the purposes of this document, health promotion is viewed as a combination of health education activities and the adoption of healthy public policies. Health education focuses on building individuals' capacities through educational, motivational, skill-building and consciousness-raising techniques. Despite wide production and availability of health promotion tools, there has been very little rigorous research about how health promotion tools are implemented, (McCalman, 2014).

In essence, health education has emerged as a critical aspect in boosting society's awareness of health concerns and common diseases, as well as their prevention (Kumar and Preetha, 2012; Hahn and Truman, 2015). Health education forms the primary, intrinsic, and complementary component of health promotion (Furtak, et al., 2011). Its objective is to increase awareness, broaden knowledge and attitudes, develop skills, and mold a health-oriented attitude in specific individuals who are also viewed as members of a society (Przybylska et al., 2014). Health education has been highlighted as a strategy for executing health promotion and illness prevention programmes (Kumar and Preetha, 2012), as well as a tool for health promotion. It is crucial for increasing population health and promoting health capital (Hahn and Truman, 2015).

On the other hand, health promotion is perceived as any process by which the ecologically driven socio-political-economic determinants of health are addressed as they influence individuals and the communities within which they interact is important in the control of communicable diseases (Whitehead, 2004). It serves to counter social inaction and social division as well as inequality. Successful health promotion must stem from an inherently political process that draws on health policy as a basis for social action that leads to community coalitions through shared radical consciousness (Whitehead, 2004). In other words, a good health promotion activity seeks to radically transform advice and empower communities through involving them in various activities that influence their public health through agenda setting, political lobbying, and use of advocacy with serious and committed consciousness-raising activities through various communication channels in social educational programmes.

Conclusion

In the quest towards achieving the global goal of health with reference to curbing maternal mortality, the place of religion in the health practice of Africans in general and Nigerians in particular cannot be ignored. The people have information of scientific method of healthcare delivery and also believe in the theories. But, since the inclination is towards the efficacy of what divine power of God can do, they prefer to trust in their understanding of the absolute supernatural powers, even in nature. Faith healing which is the vehicle through which Christian

religion interfaces with the people is an exercise that is regarded as very efficient, thus cannot be relegated to the background, as it corroborates with the indigenous way of the people. Therefore, healthcare providers are at the right vantage to wield into the socio-religious and socio-cultural settings of the people, with health workers who are familiar with the people's religious beliefs and practices leading out, seeking ways to enhance synergies between scientific approach of medicine and the religious practices of the people for effective healthcare delivery.

Recommendation

A better regulated system should be in place by the government, in educating prophets, pastors and priest and every operator of Prayer houses, since their counsels are usually taken serious by their members and clients. Basic medical philosophy, health education and health promotion principles should be integral part of whatever theological curriculum that is operational in ever theological seminary in Nigeria. Therefore, there is an urgent call from this paper on the need for wholistic approach in the surveillance against the rate of maternal mortality. The healthcare providers, in collaboration with religious leaders should pay attention to the people's religious and spiritual life, and create avenues for mutual understanding and balance. The ministry of faith healers has placed them on the vintage ground for better services, since who can also serve as scientific health promoters without forfeiting their divine anointing. In the promotion of health messages, especially regarding maternal mortality, every social media outfit should be implored. The use of indigenous language to air public health education messages should be seriously adopted and maintained.

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