

A Mixed Questionnaire Study on Prayer As Complementary And Alternative Medicine In Ghana.

Original Article

Abstract

Background: Prayer is paramount in the spiritual welfare and development of individual. Interestingly, prayer is also considered as a form of complementary alternative medicine and is employed in primary healthcare delivery.

Aim: The purpose of this study is to investigate the impact of prayer in primary healthcare delivery as a form of complementary healthcare. This study also investigates why patients opt for prayer as an alternative to standard medical care and ultimately to review the scientific aspect of prayer in medicine.

Method: The study incorporates a mixed methods study with integrated data analysis. The respondents in this study were selected Practitioners of Naturopathic Medicine with Pastoral background, who belong to the Association of Naturopathic Medicine Practitioners in Ghana.

Result: The Ghanaian sick Patient and Complementary and alternative medicine practitioners believe that prayer is very important to aid recovery and hence plays an integral role as complementary medicine in healthcare.

Conclusion: This study demonstrates that there is a role of prayer as complementary alternative medicine in primary healthcare delivery. We therefore hold the view that, Pastors at the Prayer

camps should be well educated in basic medical sciences to enable effective referral pathway to the standard medical centers.

Keywords: *Prayer, spirituality, Complementary alternative medicine, Primary healthcare, Ghana.*

INTRODUCTION

Current Life expectancy in Ghana as of the year 2021 is 64.42 years. This value is very low as compared to other developed countries such as Japan (83.59 years), Australia (82.25 years), USA (78.94 years), Canada (81.96 years), Italy (82.69 years), Germany (80.84 years) and the UK (81.06 years) [1]. This phenomenon is partly attributable to the surge of non-communicable diseases (NCDs) globally, with Ghana being no exception. The Ministry of Health, Ghana, (2012) reports that NCDs contribute for over 86,200 deaths in Ghana annually. As it stands, cardiovascular disease accounts for (18%), cancer (5%), chronic respiratory (2%), diabetes (2%) and other NCDs (14%) of deaths [2].

Within the Ghanaian healthcare system, spirituality and primary healthcare delivery are seemingly intertwined. An article by Acquah, (2019), published in the Daily Graphic online titled “Pastors, others becoming ‘Medical doctors,’” opined that instead of the sick seeking for conventional medical services at the hospitals, they rather opt for solutions in the Churches.

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According to the article, the sick were of the view that orthodox medicines alone are not sufficient, and as such, they have to be complemented with anointing oils and others forms of “treatment”, including herbs [3].

Considering the unfolding crises confronting the healthcare sector, coupled with the many side effects of pharmaceutical drugs, there are those patients who opt for prayer as a standalone treatment when diagnosed with medical ailments. Others also choose to employ prayer as complementary medicine, while still receiving standard medical care. There are also some physicians who advise their patients to seek for spiritual directions to aid in managing their ailments, while some clergy visit hospitals to pray for the sick as part of their hospital evangelism campaigns.

What are the benefits of employing prayer in primary healthcare delivery? Can prayer act as an alternative treatment to standard medical treatment, or should prayer only be incorporated as complementary medicine? Ultimately, is there scientific evidence of prayer in medicine? These are the questions this study sought to answer.

Pratt, (1910) explains that prayer, though having the initial purpose of thanksgiving or praise, also presents abstract forms of meditation with charms or spells, especially in comparative religion [4]. Wahbeh et al., (2008) further agrees that in the area of complementary medicine, prayer is often viewed as a mind-body therapy to “focus on the relationships between the brain, mind, body, and behavior, and their effects on health and disease” and “often implemented by patients because of the low physical and emotional risk, the relatively low cost, and its ability to allow patients to take a more active role in their treatment [5].

In a study by McCaffrey et al., (2004) from Harvard Medical School, a third of adults used prayer in addition to conventional medical care for specific health-related problems. Out of the 35% of respondents who used prayer for health concerns, 75% prayed for wellness, while 22% prayed for specific health conditions. Of those who prayed, 70% reported prayer to be very helpful. The authors of the study noted that while prayer for health concerns was a highly prevalent practice, patients rarely discussed the use of prayer with their doctors [6].

RESEARCH METHODOLOGY

This is a mixed method study research which embraces both quantitative and qualitative approaches to evaluate prayer as complementary medicine in Ghana. The study centered on three thematic areas for this research:

- i. Prayer as Complementary Medicine: From The Pulpit to Scientific Exploration in Primary Healthcare Delivery in Ghana.
- ii. The impact of prayer in primary healthcare delivery and why patients opt for prayer as an alternative to standard medical care.
- iii. The concept of prayer in primary healthcare delivery and ultimately, the scientific evidence in using prayer in medicine.

A draft questionnaire was employed to collect primary data from the respondents for the study.

The total population for this study was thirty (30) practitioners, all of who were administered with questionnaires. Data from the respondents was further analyzed using descriptive metrics for quantitative data and narrative analysis for qualitative data.

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Data Collection Procedures

For the data collection procedure, we obtained permission from the respondents through their association President using their WhatsApp platform by informing them of this study. Ethical Clearance was further obtained from the executive body of GANP. The drafted questionnaire included both close-ended and open-ended questions, and was sent to the respondents via electronic means such as WhatsApp and E-mail. As opposed to the close ended questions, the open-ended questions required the respondents to elaborate further on their responses. A Period of one month was communicated to the respondents for collection of questionnaires, after it was submitted to them in January, 2021. Respondents submitted their feedbacks in February, 2021. Enough spaces were provided on the questionnaire especially for the open-ended questions to enable the respondents provide their answers. All feedbacks were submitted to the researchers via electronic means. Responses were further sorted and analyzed.

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PRESENTATION OF FINDINGS

The findings of this study are presented in two sections:

- i. Section I presents findings from quantitative data. Data are presented in the form of descriptive metrics using graphs, charts and tables.
- ii. Section II presents the qualitative narrative from the open-ended questions.

Section I: Quantitative Results

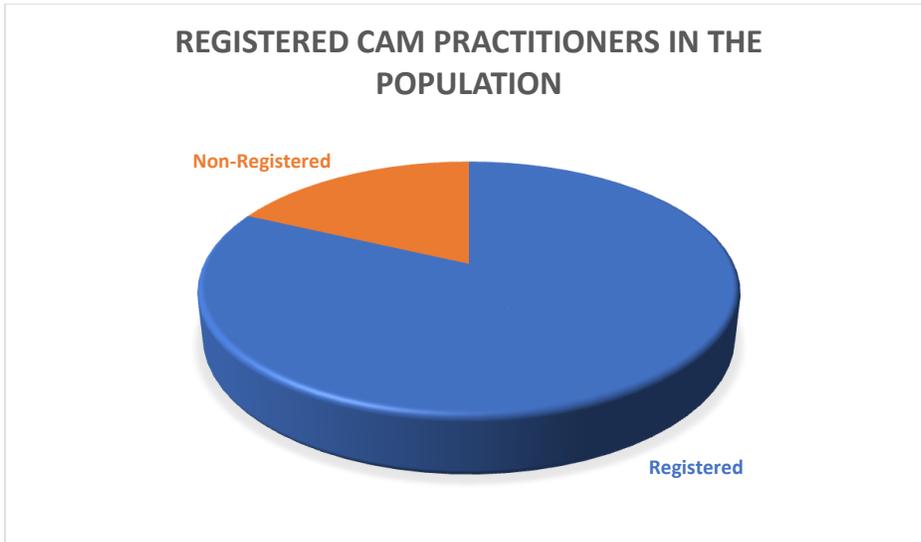
Table 1: Response Rate for Questionnaires

Descriptions	Number of questionnaires	Percentage (%)
Total Sample Size	30	100%
Number of Respondents	28	93%
Number of Non-Respondents	2	7%
TOTAL	30	100%

Source: Field data, February, 2021

Table 1 shows the total response rate of the complementary alternative medicine (CAM) practitioners to the questionnaires. 30 questionnaires were sent and 28 received. This shows that the response was 93%.

Figure 1: Registered CAM Practitioners



Source: Field data, February, 2021

Figure 1 shows that 5 of the respondents representing 18% had not been licensed as practitioners by the Traditional Medicine Practice Council (TMPC) as of the time this study was conducted. Out of the 18% of the respondents, some cited high cost of licensure fees for their non-licensure. The rest are planning to get registered sometime soon. 23 respondents representing 82% were registered by the regulatory Council.

Table 2: Number of Years of Practice

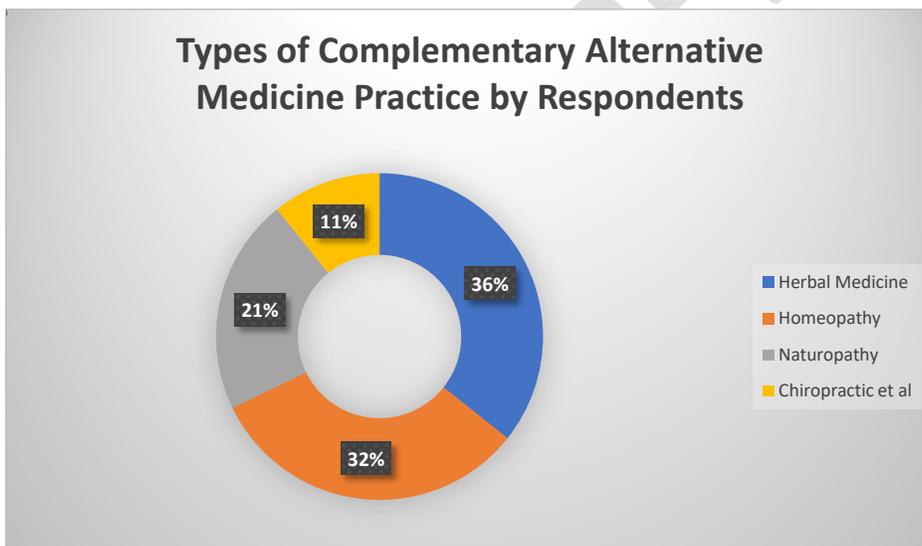
Periods	Number of Respondents	Percentage (%)
0-5 years	04	14.3
5-10years	07	25.0
10-15 years	10	35.7

15-20 years and above	07	25.0
Totals	28	100

Source: Field data, February, 2021

Table 2 shows the number of years the respondents have practiced as complementary alternative medicine practitioners. 10 of the respondents representing 36% have been practicing for 10-15 years, 7 respondents representing 25% said they have been practicing for 5-10 years and 15-20 years respectively. Few of the respondents representing 14% said they have been practicing for 0-5 years.

Figure 2: Types of CAM Practiced

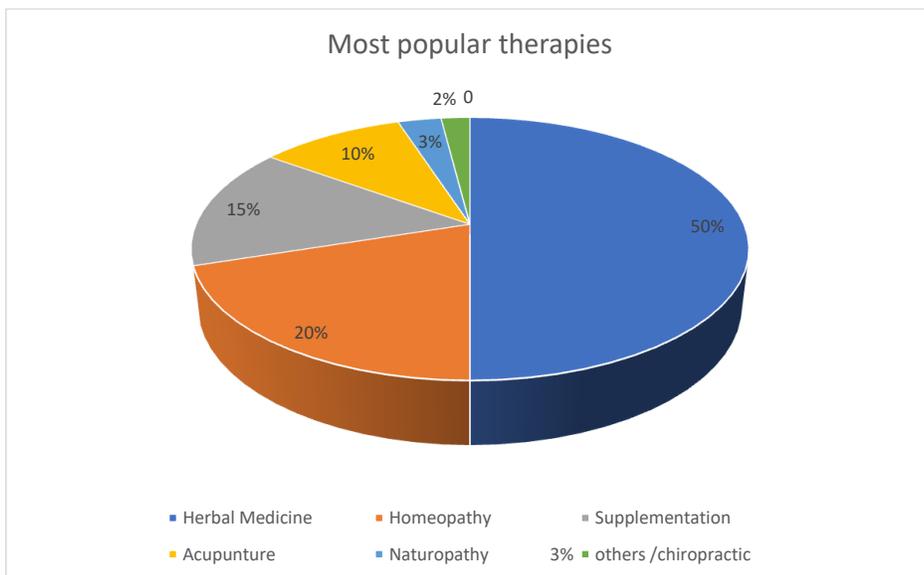


Source: Field data, February, 2021

Figure 2 shows the various complementary alternative medicine types practice by the respondents. Out of the 28 respondents, 10 respondents representing 35.7% said they practice Herbal medicine; 9 respondents representing 32.1% said they practice homeopathy and 6

respondents representing 21.4% said they practice Naturopathy and 3 respondents representing 10.8% practice chiropractic et al which prayer inclusive.

Figure 3: Popular Complementary Alternative Medicine Branches in Ghana



Source: Field data, February, 2021

Figure 3 shows the most popular complementary alternative medicine types practiced in Ghana. 50% of the respondents confirmed that herbal medicine is the most popular in Ghana; 20% also affirmed that homeopathy is the next popular; followed by network marketers in supplementation 15%; 10% responded to acupuncture; 3% said Naturopathic medicine and 2% said chiropractic. The rest also selected mind body medicine which includes prayer.

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Table 3: Daily Patient Attendance at Facilities

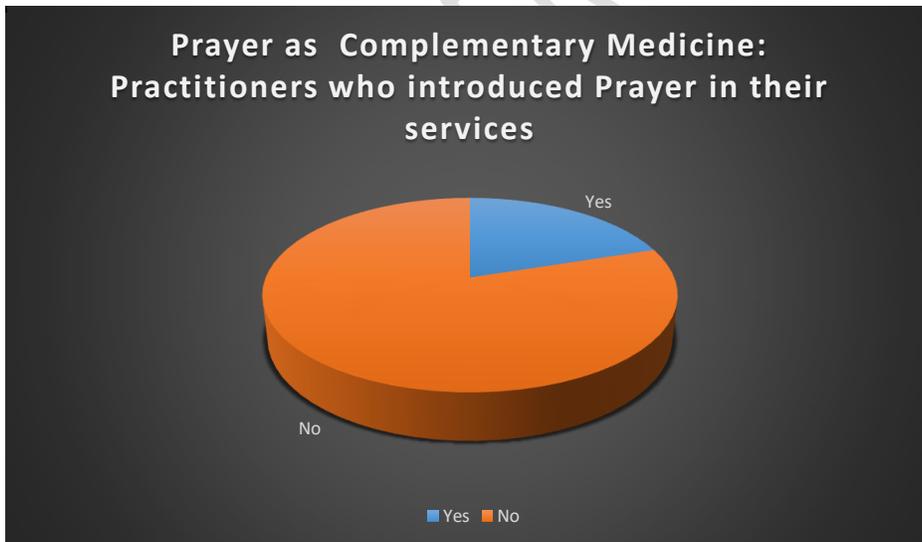
Daily Attendance	Number of Respondents	Percentage (%)
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5-10	04	14.2
10-15	06	21.4
15-20	08	28.6
20-25	07	25.0
25-30	03	10.8
Totals	28	100

Source: Field data, February, 2021

Table 3 shows the daily patients attendance at the various practitioners' facilities. 4 respondents attest that they attend to about 5-10 patients daily representing 14%. 6 respondents also attend to about 10-15 daily representing 21%, 08 respondents attend to 20-25 representing

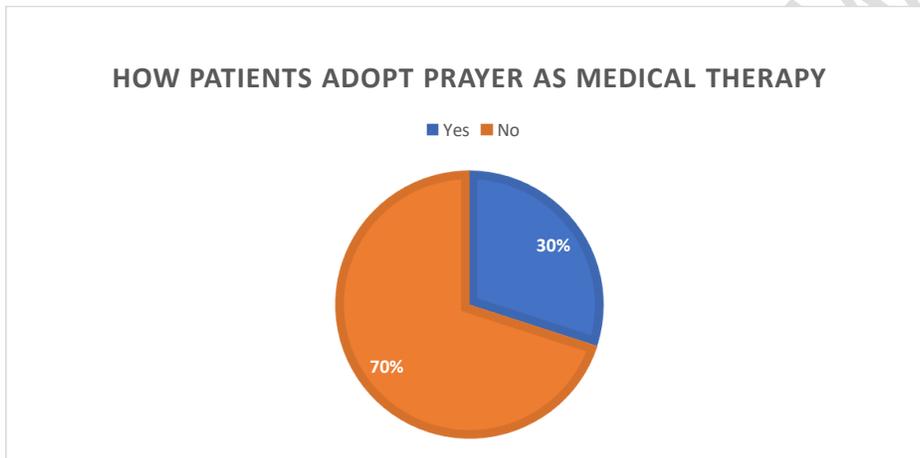
Figure 4: CAM practitioners who Introduce Prayer in their Practice



Source: Field data, February, 2021

Figure 4 shows the percentage of practitioners who adopt prayer in their practice of Complementary alternative medicine. 80% of the respondents confirmed that they do not include prayer into their practice. However, 20% also affirmed that they have introduced Prayer into their practice.

Figure 5: Patients' Use of Prayer as Complementary or Alternative Medicine



Source: Field data, February, 2021

Figure 5 shows practitioners' views on how patients use prayer as either complementary or alternative medicine. Complementary means the patient adopts prayer while seeking medical care in their facilities. Alternative means the patient adopts prayer as a standard treatment alone, without any medical intervention. 70% say patients adopt prayer as complementary and 30% as standard treatment.

Table 4: Practitioners Perception on Patients' Pull Factors Towards Prayer as Complementary Alternative Medicines

Pull factors	Number of Respondents	Percentage (%)
Fear of Conventional Medical Procedures side effects	15	53.6
Effectiveness of Prayer	4	14.2
Cheap & accessible nature of prayer	5	18.0
Medical Procedures inability to diagnose and find solutions to their problems presented to the hospitals	4	14.2
Total	28	100

Source: Field data, February, 2021

Table 4 represents the practitioners' position on patients' pull factors towards prayer as complementary alternative medicine. 15 respondents agree that Fear of Conventional Medical Procedures' side effects is a major pull factor representing 53%. 4 respondents said prayer effectiveness representing 14%. 5 respondents said prayer is cheap & accessible, representing 18%. Additionally, 4 respondents said Medical Procedures are unable to diagnose and find solutions to their problems presented to the hospitals.

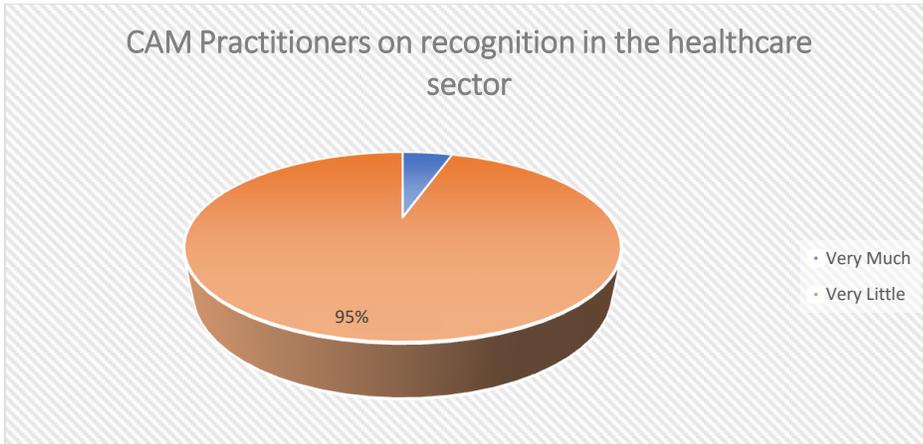
Table 5: CAM Practitioners Perception on Patients' push factors from Mainstream medicines towards Prayer

Push factors	Number of Respondents	Percentage (%)
Faith in Prayer	10	35.7
Inaccessibility of medical centers	5	18.0
Fear of Medical Procedures	5	18.0
Faith in their Pastors	8	28.5
Total	28	100

Source: Field data, February, 2021

Table 5 represents practitioners' position on patients' push factors from mainstream medicine. 10 respondents said the patients have more faith in prayer for healing than standard medical procedures representing 35%. 5 respondents claimed that there is inaccessibility of medical centers representing 18%. 5 respondents further claimed that Fear of Medical Procedures is a major challenge which represents 18%, while another 28% said faith in their pastors is the challenge.

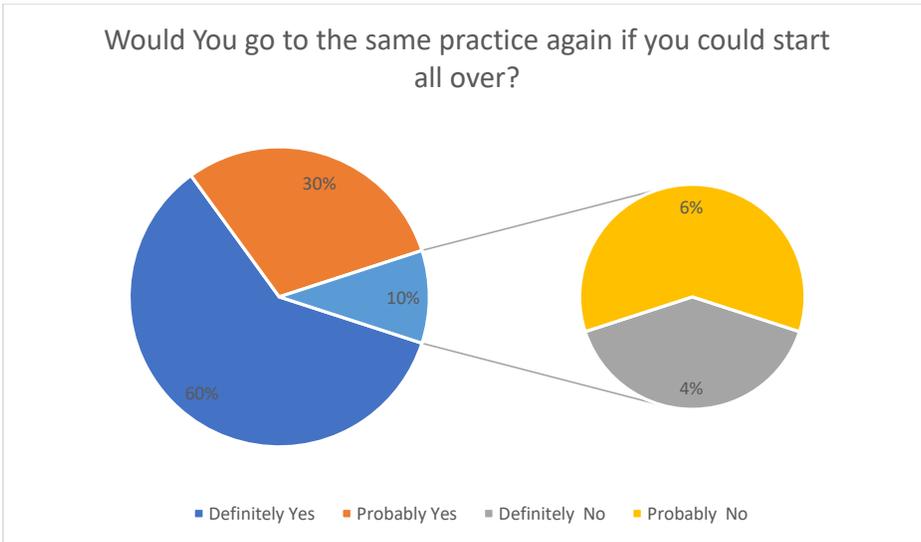
Figure 6: CAM Practitioners on recognition in the healthcare sector



Source: Field data, February, 2021

In Figure 6, the basic question that was asked is: Over all, do you think that, complementary alternative practitioners have been given the needed recognition? The response was that, 95% of the practitioners said Very Little have been given to them in this industry. Besides, only. 5% said they are receiving recognition in their profession.

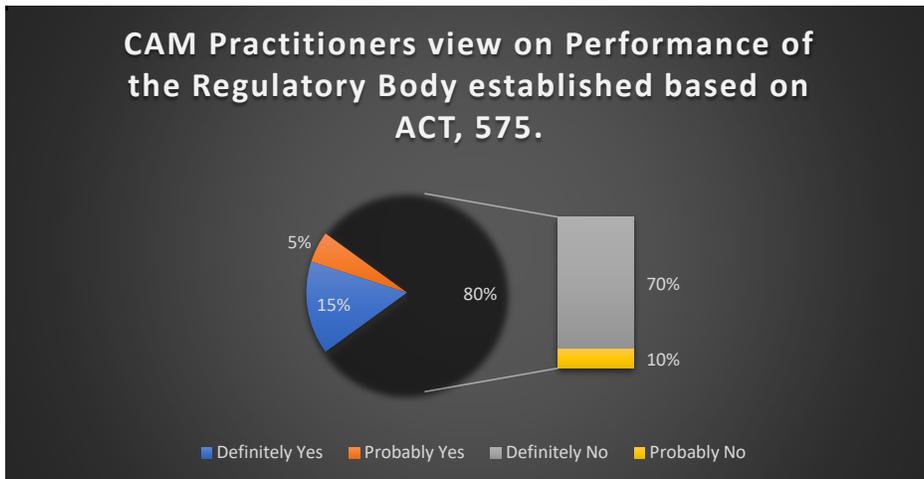
Figure 7: Would you go to the same practice again?



Source: Field data, February, 2021

Due to the many challenges, the simple question asked in Figure 7 was that, “if you could start all over again, would you go to the same practice despite the challenges?” Interestingly, 60% maintained that they would still practice complementary alternative medicine if they had to start all over again. 30% said probably Yes. 6% said Probably No and 4% definitely No to the practice.

Figure 8: Performance of Regulatory Body in Ghana



Source: Field data, February, 2021

Figure 8 presents the practitioners responses on whether the Regulatory body (Christian Council) is performing their duties to satisfaction. Interestingly, only 15% responded “definitely Yes”, that the regulatory body is discharging its duties. Probably Yes, accounts for 5%, Definitely No on the other hand accounts for 70% and Probably No also accounts for 10%

Section II: Case Study Results on open ended questions

This section presents an analysis of the respondents’ narratives for the qualitative section of the study. We reviewed the feedbacks and abstracted them as majority of their responses were similar which corresponds with the close-ended questions. We therefore selected one interesting narrative for this section. We adopted a pseudonym to help protect respondent’s anonymity. Survey questions in this section that were asked and addressed were:

- i. Tell me a little about Yourself.
- ii. Describe how you became interested in the topic of spirituality and healing as a Naturopathic Physician.

- iii. As Naturopath, do you believe in the power of Prayer and healing?
- iv. There are many scientists and medical practitioners who believe that spirituality and healing is of no use. Do you agree with them?
- v. Do you support Patients seeking for medical solutions at the prayer camps?
- vi. Do you think your Patients believe in Prayer for their healing?
- vii. Why do Patients opt (Pull factors) for Prayer as Complementary alternative medicines?
- viii. What are some of the push factors from patients with regards to Mainstream Medicine?
- ix. Does spirituality play an important role in primary healthcare?
- x. Which medical condition requires prayer when someone is diagnosed with it?
- xi. In your opinion, should prayer be incorporated as a complementary therapy into our healthcare delivery in Ghana?
- xii. How beneficial is fasting in Naturopathic Medical Practice?
- xiii. How beneficial is faith in Naturopathic Medical Practice?
- xiv. How does religion also affect the practice of Naturopathic Medical Practice?
- xv. Should Prayer, fasting and faith be tested scientifically before and after medical treatment?
- xvi. Why do you have interest in prayer and medicine?

Below are the researchers' description of the respondent's narratives:

Kwesi (pseudonym), is a Professional Naturopath based in Kumasi in the Ashanti region of Ghana. He has been practicing for over ten years and is also a Pastor. He opined that patients opt for prayer as complementary medicine and not alternative medical care. He however believes that it also depends on what the practitioner tells the client. He asserts that lack of scientific equipment to diagnose medical conditions at the conventional hospitals is a major setback and

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hence a driving force pushing patients away from conventional facilities. He also explained that where a patient is told that there is nothing wrong with them medically at the conventional hospitals, obviously, the patient has no option than to seek for prayer as they finally accept the believe that their condition could be linked to witchcraft or other spiritual forces.

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For Kwesi, who provides prayer services as a naturopathic doctor in his facility on Fridays, he narrates: “I tell them that there is a prayer session. Also, I make them know that the prayer session is free and they attend the free session a lot”. He also believes that ineffective drugs, financial challenges and a spiritual mindset is another major challenge driving patients from standard medical treatment to them as complementary alternative practitioners. “I combine bio resonance diagnosis to my practice as a Naturopath”. He narrates how he successfully treated many patients using prayer and natural medicines combined. He cites a case where a patient attempted two In-Vitro Fertilization (IVF) sessions to get a baby, but failed both times. Finally, the patient received her breakthrough after visiting his facility. He said, he always prays on all his medications before dispensing them to the patient. “I have gift of healing so I pray for such people”, he emphasized.

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He also narrates how one HIV patient’s viral load was reduced significantly after he prayed. Other cases he narrated were cervical cancer, ulcer and Rhesus factor incompatibility, where the patients had their quality of life improved drastically after accessing his services. He emphasized: “60% of patients prefer prayers to even drug administration in my facility”, he said. He was quick to add that prayer centers where patients are made to pay for services at exorbitant fees scare patients. “We preach the healing potency of God’s power, hence the shift to prayer. Some also listen to testimonies of colleagues to opt for prayer as medical healing”, he concluded.

DISCUSSIONS

We found that Prayer as Complementary alternative medicine has a major role to play in primary healthcare delivery in Ghana. Though there are many challenges in the field of practice, there are also many scientific studies which attest to the benefit of prayer in medicine. A case in point is one study in the United States, which demonstrated that prayer adds 2 or 3 years to one's life (Hall, 2006) [7]. Additionally, studies have also been conducted on intercessory prayer with mixed results. For instance, Bernardi et al., (2001) study on intercessory and meditative prayer reported that by praying the rosary or reciting yoga mantras at specific rates, baroreflex sensitivity increased significantly in cardiovascular patients [8]. Powell et al., (2003) review demonstrates evidence for the hypothesis that "Being prayed for improves physical recovery from acute illness" [9]. Benson et al, (2006) study on the therapeutic effects of intercessory prayer on cardiac bypass patients revealed prayer to be associated with a higher incidence of complications [10].

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Interestingly, Cha and DP (2001) study which investigated the impact of intercessory prayer offered by Christian prayer groups in the US, Canada and Australia on outcomes of in-vitro fertilization-embryo transfer at Cha Hospital in Seoul, Korea reported pregnancy rate in the prayed-for group (50%) as considerably higher than that in the control group (26%) [11].

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These studies happens to correspond to our study, in which respondents have been able to attest to the effectiveness of prayer in their practice. For instance, Kwesi, a Naturopathic Doctor and Pastor narrates how he successfully treated many patients using prayer and natural medicines combined. He cites a case where a patient attempted Two IVF just to get a baby but all failed. Finally, the patient received her breakthrough after visiting his facility. He said, he always prays on all his medications before dispensing them to the patient. *"I have gift of healing so I pray for*

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such people”, he emphasized. He also narrates how one HIV patient’s viral load was reduced significantly after he prayed. Other cases he narrates where cervical cancer, ulcer and Rhesus factor incompatibility patients all had their quality of life improved drastically after accessing his services.

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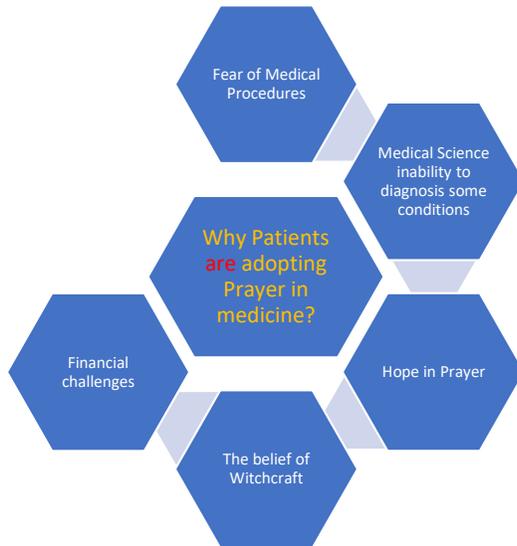
We also found that Patients are rather adopting prayer as a complementary therapy and not as a standard therapy. Hence, it will be prudent for those camped at the prayer camps to seek standard medical services as well in order not to complicate their conditions. The pastors attending to them at the prayer camps should have basic understanding of medical issues as well to appreciate this further in handling the patients. The major driver or pull factors contributing to the patients drifting to prayer as complementary alternative medicines is the promotion of testimonies from colleagues, the perception of witchcraft, financial issues as well as the medical science inability to diagnose some cases presented at the hospitals. The push factor for the patients moving away from conventional medicine industry is multifactorial. Some are of the opinion that ineffective of conventional treatment as a factor; others believe that faith in prayer and hope in their pastors account for this as well.

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RESEARCHERS’ OBSERVATION INDUCTIONS FROM THE STUDY

From the study, we observed the following major concerns in the case studies which is outlined below in descriptive form.

Figure 9: Key reasons why patients adopt prayer in medicine

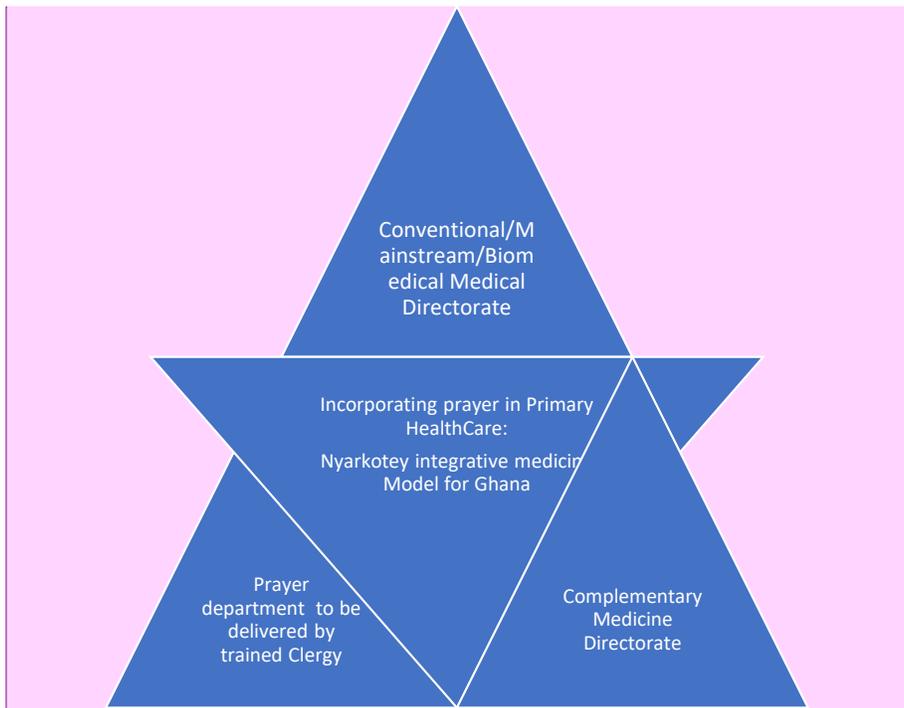


Source: Field data, February, 2021

Figure 9 presents the key reasons why patients are adopting prayer for healing at the expense of medical science. These points were raised by the respondents from the perspectives of the practitioners.

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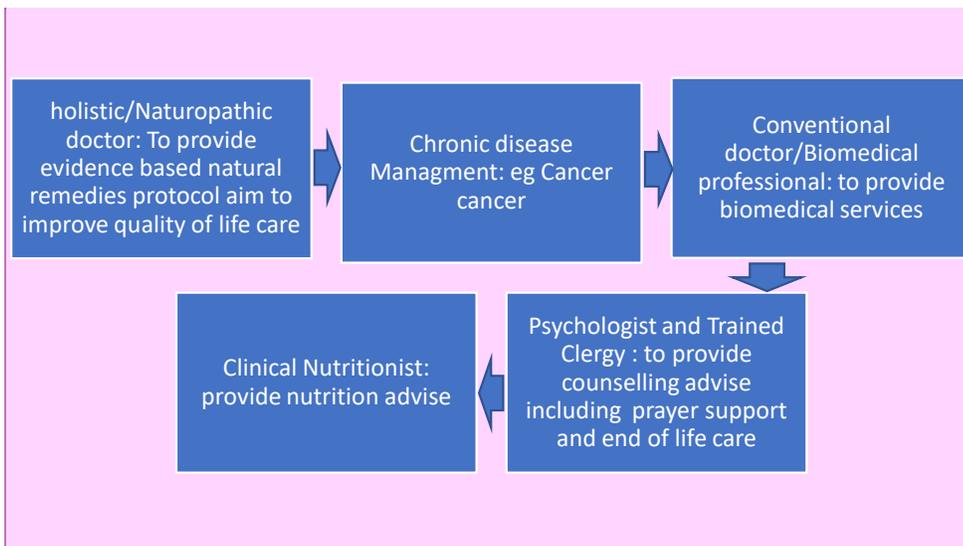
Figure 10: The Nyarkotey Model for Incorporating Prayer into Primary Healthcare



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Figure 10 presents the Nyarkotey Model for incorporating prayer in Primary Healthcare. The model above posits that integrative medicine should embrace all areas of health; conventional/mainstream medical practice. Further, complementary medicine should include prayer which is to be delivered by trained clergy in a multidisciplinary setting in a hospital.

Figure 11: Nyarkotey model for a multidisciplinary approach to chronic disease management



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Figure 11 presents the Nyarkotey model for a multidisciplinary approach to Chronic disease management in Primary health settings in Ghana. The Nyarkotey model states that in a chronic disease such as cancer management, the patient, after seeing the conventional medical doctor should further proceed to see the psychologist and trained clergy to benefit from counselling and prayer support, then further proceed to see the nutritionist which is pivotal in cancer management and finally proceed to benefit from holistic or Naturopathic care to improve the quality of life to further enhance the life expectancy rate.

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CONCLUSION

We hold the opinion that Prayer from all indications is a form of complementary medicine and can be adopted in primary healthcare settings but not to be used as a standard medical therapy.

Spirituality, faith and religion cannot be downplayed in medicine as health is not only about drug administration but wholistic in nature.

Based on the findings and **conclusions** of the study, the following recommendations are made to recognize prayer as complementary alternative medicines into the mainstream primary healthcare delivery: Pastors at prayer camps in Ghana should be **train** in basic medical techniques to help their patients. They should be able to distinguish spiritual issues from medical related conditions. Additionally, workshops and seminars should be provided to all uneducated practitioners in their local dialect to improve on their knowledge in complementary alternative medicines and how prayer can complement their work. We further recommend collaboration between complementary alternative and conventional medical practitioners to help improve the quality of life of patients.

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LIMITATIONS

The study centered on practitioners of Naturopathic Medicine in Ghana with Pastoral background. Besides, all data was collected in Tema, Ghana, whether this evidence is equally applicable to other countries outside Ghana needs further international study.

CONSENT

The respondents agreed to participate in this study voluntarily after being taken through a process of informed consent.

ETHICAL APPROVAL

Ethical consideration for this study was obtained from the President of Association of Naturopathic Physicians Ghana(ANPG), the umbrella body of graduate Naturopathic Doctors and Naturopaths in Ghana.

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