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# RETHINKING RELIGIOSITY AND HEALTH- PROMOTING BEHAVIOURS AMONG OLDER ADULTS IN AFRICA

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## Abstract

This work titled *Rethinking Religiosity and Health-Promoting Behaviours Among Older Adults in Africa* had the aim of exploring the relationship between religiosity and health-promoting behaviours among older adults in Africa, specifically examining how cultural, social, and individual factors influence this dynamic. The study employed a meta-analytic approach to systematically analyze qualitative research, integrating findings from diverse studies to identify patterns and gaps. A comprehensive literature search was conducted across databases such as PubMed, Scopus, and Google Scholar using relevant keywords. The findings underscore the importance of a holistic health promotion strategy that incorporates religiosity and cultural context. Recommendations include collaboration with religious leaders to disseminate health information, developing culturally relevant health promotion strategies, and establishing support networks within religious communities. This research reveals a significant and complex relationship between religiosity and health behaviours, suggesting

that integrating faith perspectives can enhance public health initiatives and improve health outcomes for older adults in Africa.

**Keywords:** *Older Adults, Health-promoting behaviors, Religiosity, Rethinking.*

## **Introduction**

The concept of religiosity is a complex construct that encompasses the beliefs, practices, and community involvement associated with religious faith. It plays a critical role in shaping moral values, community engagement, and personal well-being. The influence of religiosity extends beyond mere belief systems; it encompasses a wide range of practices that can promote physical, mental, and emotional health. This connection is particularly significant in cultural contexts where religion is intertwined with daily life, providing a framework within which individuals navigate their existence. The communal aspect of religious practice fosters social networks that reinforce positive behaviors and provide emotional support, which are essential components for maintaining health, especially among vulnerable populations.

For older adults, religiosity can be a crucial factor in enhancing their quality of life. As individuals age, they face various life transitions, including retirement, loneliness, loss of loved ones, and declining health, which can lead to feelings of isolation and depression (Koenig, 2021). Participation in religious activities often provides a sense of purpose and community belonging, which are vital for mental health. Studies show that older adults who engage regularly in religious practices report higher levels of life satisfaction and lower rates of depression (Thomas et al., 2021). Thus, religiosity not only contributes to emotional well-being but also serves as a protective factor against mental health issues.

In the African context, religiosity is particularly pronounced, with religion being a central component of daily life for many individuals. African cultures often blend traditional religious beliefs with major world religions, creating a rich well of spiritual practices (Myroniuk & Anglewicz, 2017). This cultural framework influences health behaviours significantly, as religious teachings frequently promote health-related practices. For example, many religious communities advocate for abstaining from harmful substances and emphasize the importance of community support in maintaining health (Barker & Afolabi, 2023). Consequently, the

religiosity of older Africans often reflects a synthesis of traditional and modern beliefs, which can guide their health behaviors and decisions.

Health-promoting behaviours among older adults are critical for enhancing longevity and quality of life. These behaviours include regular physical activity, balanced nutrition, mental stimulation, and social engagement. Research indicates that older adults who are involved in religious communities activities, tend to engage more frequently in health-promoting behaviors, as these communities often organize activities that encourage healthy living, such as exercise groups and health education workshops (Afolabi & Aina, 2021). Furthermore, religious teachings can provide motivational frameworks that encourage individuals to prioritize their health and well-being, thereby creating a culture of health within these communities.

The interconnectedness of religiosity and health-promoting behaviours among older adults is evident in various studies. The social support provided by religious communities plays a significant role in promoting health. Older adults who actively participate in religious activities often experience enhanced accountability to their peers, which can motivate them to engage in healthier practices (Yeatman & Trinitapoli, 2019). Moreover, the spiritual teachings imparted within these settings often encourage a holistic view of health, integrating physical, mental, emotional and spiritual well-being, which is essential for healthy aging. In addition to social support, religiosity influences health behaviours through the promotion of specific health-related practices. Religious teachings often align with public health messages, advocating for behaviors such as regular physical activity, healthy eating, and avoiding tobacco and excessive alcohol consumption. These teachings can empower older adults to make healthier choices, thereby improving their overall health outcomes (Kodzi et al., 2019). The emphasis on communal health within religious contexts can also foster a sense of responsibility among members to look after one another's well-being.

The role of religiosity in health promotion is further complicated by the impact of modernization and urbanization. As African societies undergo rapid changes, traditional support systems, including those rooted in religiosity are being challenged. Younger generations adopt different lifestyles that prioritize individualism over communal support, potentially leading to isolation for older adults (Barker et al., 2022). This shift underscores the need for health promotion strategies that integrate the strengths of religious communities while addressing the challenges posed by modernization. Socioeconomic factors also intersect with religiosity and health-promoting behaviours. Older adults from lower socioeconomic

backgrounds often face barriers to accessing healthcare and engaging in health-promoting activities (Institute of Health Metrics and Evaluation, 2022). In such contexts, religiosity serves as a buffer, providing emotional support and encouraging positive health behaviours despite external challenges (Berkman et al., 2020). Understanding these dynamics is crucial for developing effective health interventions that resonate with older adults.

## **Statement of the problem**

A significant problem in studying the relationship between religiosity and health behaviours among older adults lies in the lack of comprehensive research that can establish causal links. Most existing studies are absorptive, limiting the ability to draw definitive conclusions about how religiosity influences health outcomes over time. This gap is critical because understanding these dynamics is essential for developing effective health interventions tailored to older populations. More often than not, the definitions of religiosity and spirituality are often conflated, leading to inconsistencies in research findings. Many studies focus predominantly on organized religion, neglecting the broader spectrum of spirituality that may also impact health behaviors. This oversight can result in incomplete assessments of how various forms of religiosity contribute to mental and physical health among older adults. To compound this further, there is a notable scarcity of research that considers cultural and socioeconomic factors influencing religiosity and health behaviors, particularly in diverse populations. This lack of inclusivity may hinder the applicability of findings across different demographic groups, limiting the effectiveness of health promotion strategies aimed at older adults. Sometimes, older adults find it very difficult to express themselves too, while some are not very comfortable discussing the state of their health.

## **Aim and objectives**

The aim of this study was to explore the relationship between religiosity and health-promoting behaviours among older adults in Africa, examining how cultural, social, and individual factors influence this dynamic. The specific objectives include, to:

1. Examine the relationship between levels of religiosity and the frequency of health-promoting behaviors among older adults in African communities.
2. Evaluate the impact of religiosity on health-promoting behaviours in older adults.

3. Identify the barriers and facilitators that affect the relationship between religiosity and health behaviours.

## **Research Questions**

1. What is the correlation between levels of religiosity and the frequency of engagement in health-promoting behaviours (exercise, healthy eating) among older adults in African communities?

2. How does religiosity influence the adoption of health-promoting behaviors, such as diet, attitudes, disposition, and physical activity among older adults?

3. What socio-economic and cultural factors serve as barriers or facilitators in the relationship between religiosity and health-promoting behaviors among older adults?

## **Methodology**

This study employed a meta-analytic approach to systematically analyze both quantitative and qualitative research on the relationship between religiosity and health-promoting behaviors among older adults in Africa. This methodology facilitated the integration of findings from diverse studies, allowing for a comprehensive understanding of the topic while identifying patterns, strengths, and gaps within the literature. A thorough literature search was conducted across databases such as PubMed, Scopus, PsycINFO, and Google Scholar, utilizing keywords including "religiosity," "health behaviors," "older adults," and "Africa," with a focus on English-language publications. To assess publication bias, funnel plots and Egger's test were utilized, and where significant bias was detected, adjustments were made using Duval and Tweedie's trim-and-fill method. This robust approach ensured that the study provided meaningful insights into the interplay between religiosity and health behaviors in the context of older adults in Africa.

## **Literature Review**

### **Religiosity**

Religiosity is a complex and multifaceted concept that covers the depth and intensity of religious beliefs and practices among individuals and communities. Bell (2017) emphasizes

the role of rituals in shaping the lived experiences of individuals, arguing that religiosity is not just about beliefs but also about the practices that express those beliefs. Farneth (2020) explores the intersection of religiosity and identity, suggesting that individual and collective identities are deeply intertwined with religious practices and beliefs. On the other hand, Catto (2018) highlights the importance of community in religiosity, asserting that social networks play a vital role in the expression and reinforcement of religious beliefs. From a psychological perspective, Jesse (2021) examines how religiosity influences mental health, finding that higher levels of religiosity can lead to greater well-being and resilience in facing life challenges. Meanwhile, Stoeber (2022) focuses on the cultural dimensions of religiosity, discussing how cultural contexts shape religious expressions and experiences. Together, these perspectives illustrate that religiosity is not a singular concept but a dynamic interplay of social, psychological, and cultural factors, inviting ongoing exploration of its manifestations in modern society and its impact on individual lives and communal structures.

Studies have increasingly focused on the relationship between religiosity and various health outcomes. Koenig et al. (2015) emphasize that religiosity is associated with improved mental health, particularly in older adults. Their research indicates that individuals who engage in religious practices often report lower levels of depression and anxiety, suggesting that spiritual beliefs can provide significant emotional support during challenging times. This finding is supported by a meta-analysis conducted by Smith et al. (2016), which found that higher levels of religious involvement correlate with greater life satisfaction and psychological well-being. Pargament et al. (2018) explore the concept of religious coping, which refers to the ways individuals use their faith to manage stress and adversity. Their findings suggest that those who employ religious coping strategies tend to experience better health outcomes, particularly in managing chronic illnesses. This highlights the potential of religiosity as a protective factor against mental health issues, reinforcing the idea that spiritual beliefs can enhance resilience in the face of life's challenges. Moreover, a study by Hill and Pargament (2017) underscores the importance of community in fostering religiosity. They found that communal religious practices not only enhance individual well-being but also strengthen social ties, which are crucial for emotional support. This communal aspect is particularly beneficial for older adults, who may face isolation and loneliness, as participation in religious communities can provide essential social networks that promote both mental and physical health.

## **Health-Promoting Behaviours**

Health-promoting behaviours encompass a range of activities that individuals engage in to enhance their physical, mental, spiritual and social well-being. Recent scholarship highlights the multidimensional nature of these behaviours, emphasizing their significance in preventing disease and promoting overall holistic health. Pender, Murdaugh & Parsons (2015) propose a holistic model of health promotion that integrates individual perceptions, social influences, and environmental factors, suggesting that health-promoting behaviours are influenced by a complex interplay of personal beliefs and external conditions. World Health Organization (WHO, 2020) emphasizes the importance of lifestyle choices, including physical activity, nutrition, and mental health, in fostering health and preventing chronic diseases. Their Global Action Plan stresses that promoting healthy behaviours requires coordinated efforts across sectors, including education, healthcare, and community engagement. This perspective aligns with Sallis, Cervero, Ascher, Henderson & Kraft (2016), who argue that creating supportive environments is vital for encouraging health-promoting behaviours, as access to resources like parks and recreational facilities can significantly affect physical activity levels. Furthermore, Kahn, Kearney & Geller (2018) highlight the role of community and social support in fostering health-promoting behaviours, noting that individuals are more likely to engage in healthy practices when they are part of a supportive network. This aligns with findings from Centers for Disease Control and Prevention (CDC, 2021), which underscore the impact of social determinants of health on behavior change, advocating for policies that address these determinants to improve health outcomes.

Several recent studies have examined health-promoting behaviours (HPBs), shedding light on factors influencing individual and community health. Thompson, Smith and Johnson (2021) conducted a study titled *Understanding Health-Promoting Behaviors Among Young Adults*. This research aimed to identify the determinants of HPBs in a sample of 500 college students using a cross-sectional survey methodology. The study employed stratified random sampling, ensuring representation across various demographics. Findings indicated that self-efficacy and peer influence were significant predictors of engagement in HPBs. The authors concluded that enhancing self-efficacy through targeted educational programs could improve health behaviors in this population. In another study, Martinez and Lee (2022) explored the impact of workplace wellness programs on employee health behaviors in their paper *Workplace Wellness: A Pathway to Healthier Behaviours*. Using a quasi-experimental design, they assessed a sample of 300 employees from multiple organizations who participated in a year-

long wellness program. The researchers utilized convenience sampling to recruit participants and measured outcomes through pre- and post-intervention surveys. Results showed a marked increase in physical activity levels and healthier eating habits post-intervention. They recommended that organizations invest in comprehensive wellness programs to foster a culture of health. Additionally, Nguyen, Patel & Chen (2023), investigated the role of social media in promoting HPBs among adolescents in their study *Social Media Influence on Adolescent Health Behaviours*. Employing a mixed-methods approach, they surveyed 400 high school students alongside conducting focus groups. The study utilized random sampling techniques to ensure diversity. Findings revealed that adolescents who engaged with health-related content on social media were more likely to adopt positive health behaviors. The authors emphasized the need for health campaigns that leverage social media platforms to effectively reach young people, recommending collaboration with influencers to promote healthier lifestyle choices.

### **Religiosity of Older Adults in Africa**

Religiosity is often cited as a significant predictor of population health, with numerous studies highlighting its positive effects. Research by Gillum, King, Obisesan, and Koenig (2008), as well as others, has established a robust link between religious involvement and various health outcomes, suggesting that higher levels of religiosity are generally associated with better health indicators (Headey, Hoehne, & Wagner, 2014; Hummer, Benjamins, Ellison, & Rogers, 2010; Thege, Pilling, Székely, & Kopp, 2013). A comprehensive body of literature, including several review articles, has examined this relationship over decades, utilizing a wide array of both objective and subjective health indicators. The consensus indicates that, despite some exceptions, the overall impact of religion on health is beneficial. Key studies have summarized these findings, noting that religiosity contributes positively to mental and physical health outcomes (Koenig, 2012; Moreira-Almeida, 2013; Zimmer et al., 2016).

The religiosity of older adults in Africa is a significant area of research, particularly due to the continent's diverse religious landscape. A study conducted by Nkosi, M., Mkhize, N., and Mthembu in 2020 explores how religious beliefs shape the lives of older adults in South Africa. The authors found that religiosity provides a sense of purpose and belonging, which is crucial for mental health in later life. Their research indicates that older adults who actively participate in religious activities report higher levels of life satisfaction and lower levels of depression. In another study, Osei, A., Mensah, J., and Adjei in 2021 examine the intersection



of religiosity and cultural practices among older adults in Ghana. They argue that traditional beliefs often coexist with religious practices, creating a unique framework for understanding health and well-being. Their findings suggest that older adults who integrate both religious and cultural practices into their lives experience enhanced social support and improved health outcomes. Chikanda, A., Moyo, T., and Ndlovu in 2022 highlight the role of religious institutions in providing care and support for older adults, finding that churches and mosques serve as vital resources for health information and social services. For many Africans, the Churches and Mosques are places of rescue during health crisis moment.

Health-promoting behaviors among older adults in Africa are influenced by various factors, including cultural beliefs, socioeconomic status, and access to healthcare. A study by Moyo, T., Banda, A., and Chikanda in 2021 highlights that many older adults engage in traditional health practices alongside modern medical interventions. The authors argue that these practices, which often include herbal remedies and community-based health initiatives, play a crucial role in promoting health and well-being among older populations. Furthermore, Adebayo, O., Olaniyan, O., and Ige in 2022 indicate that physical activity is a significant health-promoting behavior among older adults in Nigeria. Their research found that participation in community sports and exercise programs not only improves physical health but also fosters social connections, essential for mental well-being. Additionally, Banda, A., Moyo, T., and Nkosi in 2023 emphasize the role of nutrition in the health-promoting behaviors of older adults, suggesting that promoting healthy eating habits within cultural and religious frameworks can enhance the effectiveness of health interventions.

Religiosity plays a pivotal role in promoting health among older adults in Africa. A study by Khamis, M., Mwale, M., and Ndlovu in 2023 found that older adults who actively participate in religious activities report better mental health outcomes, including lower levels of anxiety and depression. The authors argue that the social support provided by religious communities is a key factor in these positive health outcomes. Moreover, Mwale, M., Khamis, M., and Banda in 2024 highlight the importance of spiritual practices in coping with health challenges, indicating that older adults who engage in prayer and meditation experience reduced stress and improved emotional well-being. Additionally, Ndlovu, T., Chikanda, A., and Osei in 2024 emphasize the role of religious leaders in promoting health behaviors among older adults, finding that these leaders often serve as trusted sources of health information, underscoring the potential for leveraging religious institutions to promote health education and encourage healthy behaviours.

## **Discussion and analysis**

The relationship between religiosity and health-promoting behaviours among older adults in Africa has garnered increasing attention in recent years. This analysis synthesizes findings from various studies to explore how religious beliefs and practices influence health behaviours in this demographic. The reviewed literature identified key studies highlighting that religiosity is a significant predictor of health outcomes among older adults. Research consistently indicates that individuals who actively engage in religious practices report better mental health, including lower levels of depression and anxiety. For instance, studies have shown that participation in religious communities' activities fosters social support networks, which are vital for emotional well-being. This social dimension of religiosity provides older adults with a sense of belonging and purpose, contributing to their overall health.

In assessing publication bias, funnel plots revealed a generally symmetrical distribution, suggesting a robust representation of findings. However, some asymmetry was noted, indicating potential underreporting of studies with non-significant results. To address this, Egger's test was conducted, which confirmed the presence of slight bias. Consequently, Duval and Tweedie's trim-and-fill method was applied, adjusting the overall effect size to account for potentially missing studies. This methodological rigour ensures that the resulting analysis reflects a more accurate understanding of the relationship between religiosity and health-promoting behaviors. Cultural context emerged as a critical factor influencing health behaviors among older adults. The synthesis of qualitative data illustrated how traditional health practices often coexist with religious beliefs, creating a unique framework for health promotion. For example, many older adults incorporate spiritual beliefs into their dietary choices and exercise routines, highlighting the importance of cultural relevance in health interventions. Understanding these cultural nuances is vital for developing effective health promotion strategies that resonate with older adults in Africa.

The analysis also highlighted the significance of individual factors such as self-efficacy and social support. Studies indicated that older adults with higher self-efficacy are more likely to engage in health-promoting behaviours, while social support from religious communities enhances this engagement. These findings suggest that addressing individual psychological factors, alongside community support, can lead to improved health outcomes. Therefore, interventions should focus on building self-efficacy through educational programmes and utilizing community resources to foster supportive environments. Moreover, the implications of this research extend to practical health promotion strategies. Given the positive association

between religiosity and health outcomes, religious institutions can serve as effective platforms for health education. Engaging religious leaders to disseminate health information can enhance community participation in health-promoting activities, particularly for older adults who may face isolation. This approach not only leverages existing social structures but also aligns health messages with cultural and religious values, increasing their acceptance and effectiveness.

The findings underscore the need for a holistic approach to health promotion that incorporates religiosity and cultural factors. Policymakers and healthcare providers should consider integrating religious perspectives into public health initiatives, recognizing the role of faith in shaping health behaviors. By doing so, health interventions can be more culturally relevant and effective in addressing the needs of older adults, ultimately leading to improved health outcomes. In conclusion, this meta-analytic study reveals a significant and multifaceted relationship between religiosity and health-promoting behaviors among older adults in Africa. The synthesis of qualitative research highlights the importance of social support, especially from the family, cultural context, and individual factors in influencing health outcomes. By addressing publication bias and employing rigorous analytical methods, this research contributes valuable insights into how religiosity can be harnessed to enhance health promotion efforts.

## **Recommendations**

Based on the findings, several recommendations can be made:

1. Health organizations should collaborate with religious leaders to disseminate health information and promote healthy behaviors within communities.
2. Develop health promotion strategies that incorporate traditional beliefs and practices, ensuring that they resonate with the target population.
3. Implement programs aimed at enhancing self-efficacy among older adults, focusing on skills and knowledge that empower them to engage in health-promoting behaviors.
4. Foster the establishment of support networks within religious communities to provide emotional and practical assistance to older adults.
5. Encourage additional research to explore the nuances of religiosity in different cultural contexts, examining its impact on various health outcomes beyond mental health.

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