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FAITH BASED ORGANIZATIONS APPROACH TO HEALTH CARE AMONG OLDER ADULT IN NIGERIA

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ABSTRACT

Prior to the emergence of modern industrial society, care for the elderly has been the responsibility of the family members in Nigeria. However, because of advance in medicine and the resultant effect of increase in aging populations the care for the elderly has become a challenge for governments across the world. On the other hand, it has also been observed that the combination of spirituality, religious practice, and health has a long and very much documented history. Thus, it was on this basis that the paper was conceived to examine faith-based approach to elderly care in Nigeria. The research technique used is a desk study design with the use of content analysis, in which data were gathered from secondary sources such as journals, books, and online resources. The method is considered most appropriate due to the nature of the study which is the review of related literature of Faith Based organizations approach to health care among older adult in Nigeria. It was observed that FBOs have had a long presence in delivering health care services to many rural and vulnerable populations in the country. Surprising however their contributions, role and approach have received cursory attention and poor visibility thus not sufficiently mapped and recognized. The paper identified approaches such as creating communication channels, training, evaluation etc. that will create better synergy for FBOs and the state healthcare system. The paper concludes that faith-based organizations remain a key stakeholder in delivery health care in third world nations such as Nigeria particularly in this era of expanded aging populations. Finally, the paper recommended amongst others that faith-based organization and Nigeria should try and bridge the gaps that separate faith-based organizations and health care system in the country.

Keywords: *Faith Based Organizations, Approach, Older Adults, Health Care and Nigeria*

INTRODUCTION

Prior to the coming of the Whites or Europeans and before the emergence of industrial society in most third world countries of Africa such as Nigeria, intergenerational relationships are recognized as a fundamental source of health care and social support in later life. However, because of demographic changes across the world population aging has become a crucial challenge for the 21st century. Today, people are living longer than expected as a result of advance in medicine, further the number of older adults is expected to increase exponentially over the coming decades, besides it is also evaluated that there will be 2 billion peoples beyond 60 years by 2050 and 80% of them will be occupants in developing nations like Nigeria. Health care delivery system has come with its own complex challenges particularly to the aging populace.

In addition, these older folks frequently have complex care needs that can be met outside of the traditional health care delivery system. This is because an aging population tends to have a higher prevalence of chronic diseases, physical disabilities, mental illnesses and other co-morbidities. Thus, the health needs and health related problems of elderly people cannot be viewed in isolation. It has been observed that the combination of spirituality, religious practice, and health has a long and very much archived history. Evidence from antiquated Egyptian and Greek suggest an integration of physical and spiritual areas to advance wellbeing and forestall illness, a merging of religious leadership and health practice, and physical structures that upheld this enmeshed world of spirituality and health (Levin, 2014).

Furthermore, in Europe and America, the premier hospitals were conceptualized, built, and managed by religious organizations and practitioners. For a considerable length of time, church filled in as health care practitioners, authorized by the religious order in which they served. Such a combination of recuperating and religion continues in various settings in the contemporary world including faith healing, religiously affiliated hospital systems, and congregational health ministry (Bopp, Peterson, & Webb, 2012). Similarly, faith-based organizations and health care organizations have similar objectives which are to heal. Although they may have different practitioners, vocabularies and tools, they share concern for the healthcare of the people they serve particularly the aging populace. Thus, as major aspect of a current trend and activities supporting the reinforcing of health systems in the developing nations, is

an expanding enthusiasm in evaluating the contribution of non-governmental sectors for example, the private sector in the provision of health care (United States Agency for International Development, 2015). In this regard, several researches have attempted to appraise the contribution of faith-based organizations (FBOs) to health service delivery in the third world nations. For instance, claims have surfaced in the most recent decade or so that that somewhere in the range of 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations up to up to half of the market share on beds and health facilities are identified with FBOs, or they contribute to healthcare somewhere in the range of 12% and 50% among ten evaluated African Christian Health Association Member countries (The African Religious Health Assets Program, 2016).

Although faith-based organizations (FBOs) have had a long presence in teaching health care providers and delivering health care services to many rural and remote populations in third world countries such as Nigeria. Surprising however their contributions, role and approach have received cursory attention and poor visibility thus not sufficiently mapped and recognized. These poor visibilities can be attributed to number of factors. Faith based organizations (FBOs) usually keep a low profile because of belief system, sometime they be mistaken with non-religious non-governmental organizations (NGOs), or excluded from reviews since respondents may not have a clue of the affiliation of the healthcare facility from which they last received services. It has been contended that their enormous networks, logistics concurrence with governments, and mission-driven stance carry them closer to the communities they serve and that their services have been a higher quality than average. Additionally, a study by the Pew Charitable Trusts, shows that majority of individuals in sub-Saharan Africa distinguish themselves as adherents of Christianity or Islam, the world's 2 biggest religions. Other proof demonstrates that around 75%Africans trust their religious leaders (Haakenstad, 2015). These findings demonstrate that utilizing the impact of religious leaders and advancing faith-based or faith- motivated health services could be a viable method for addressing the challenges to elderly health in Africa.

Accordingly, faith-based organizations can assume a key role in keeping older individuals in their congregations as healthy as possible and living in the setting they like. They can fill in as connectors among volunteers and

people who need major assistance. Through faith-based organizations nursing, government healthcare providers and other non-governmental organizations can promote advance wellbeing and prosperity. By providing these services, houses of worship may make, or restore, their links to members of their own communities (Steptoe, Shankar, Demakakos, and Wardle, 2013). However, building these new relationships will not be easy as it comes with several challenges; this is because hospitals and elderly care providers approach their services in vastly different ways in comparison to faith-based organizations. They even communicate in an alternate language one of clinical outcomes rather than prayer and belief. And while health care payment models are evolving, they are creating uncertainty and aversion to risk and change (Health Care Innovations Exchange, 2014). These new models of collaboration can be a success for all: for clinics, senior specialist organizations, faith communities and seniors themselves. Put differently; if Health care organizations and faith-based organizations communities cooperate and work together, they can accomplish the shared objective of improving heal body, mind and spirit. It was against this background this paper examines faith-based organization approach to health care delivery particularly among older adults in Nigeria.

Specifically the research objectives were to identify the role and contribution of faith-based organization to health care delivery particularly among older adults in Nigeria, examine the approach of faith-based organization to health care delivery particularly among older adults in Nigeria and identify the constraints of faith-based organization to health care delivery particularly among older adults in Nigeria, further, the following research questions were also raised to guide the paper; what is the role and contribution of faith based organization to health care delivery particularly among older adults in Nigeria?, What are the approaches of faith-based organization to health care delivery particularly among older adults in Nigeria? And what are the constraints of faith-based organization to health care delivery particularly among older adults in Nigeria?

Conceptual Issues

Aging Populations

Population aging entails changes in the age characteristics of a population such that there is an increase in the proportion of older persons or individuals.

Put differently aging population is defined as a rising average age within a population that inevitable result in longer life expectancies and lower birthrates. Globally population aging has resulted in remarkable demographic changes as world population will soon have older people than children and more people at extreme old age than ever before (Ezeh, 2012).

In Nigeria, the extent of the aging population has been expanding, before Nigeria gained independence in 1960, there was a population census conducted in 1952/53. Since independence, the country had only conducted three successful population censuses in 1963, 1991 and 2006. The total number of persons aged 60 years and above in 1952/53 was 2,448,000. In 1963, 1991 and 2006 population census the total number of persons aged 60 years and above was 3,617,000 and 8,227,782 and 19,580,204. The issue of social support system family and care to the elderly is one of such qualities, which is socially established and regarded (Ezeh, 2012). In addition, Nigeria, the nation with the biggest populace in Africa (over 200 million), has an older anticipated populace growth pace of 3.2% (Population Reference Bureau 2012, 2017) a rate that has been assessed to double by 2050 (Age Platform Europe, 2016). This pattern calls for worry as it presents major economic, psychological, health, and social difficulties to the Nigerian state. What truly elevates the test is the absence of clear formal social support policy, or functional social security service, for the old individuals in Nigeria. Thus, social arrangement for the old individuals stays tempestuous, particularly with the retrenchment of the welfare system in favor of the adoption of neoliberal policies in Nigeria.

This implies that in Nigeria, the number of aging populations to be supported and cared for will increase significantly in the coming decades (Okoye, 2012). This will certainly have social, health, and economic implications for all age groups across the country hence, the role approaches of faith-based organization that addresses the wellbeing of aging population is important. Also, the growth in the numbers of aging populations inevitably will bring about an increase in the range and intensity of their problems and needs (Olubunmi, 2012).

Healthcare System

In similar vein Health care is the maintenance or improvement of health via the diagnosis, treatment and prevention of disease, illness, injury, and other physical and mental impairments in human beings. Again, World Health Organization, (2015) define health care as services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring or restoring health. The health system is intended to deliver the healthcare services. It constitutes the management sector and involves organizational matters and the totality of resources a population or community distributes in the organization and delivery of healthcare services. Healthcare can be described as a response to equilibrium. In other words, when there is an alteration in a system, those devices used to ensure equilibrium is healthcare (Jegede, 2016).

Furthermore, the medical system of a given state, community or nation refers to the available health care facilities in place for the management of health problems. The existing health care system is defined by the culture and belief of the members of the community (Owumi, 2013). In Nigeria the Healthcare service is provided through the various hospitals and clinics by the federal, State and Local Government. Thus any entity with the primary motivation behind tending to conveyance of wellbeing and medical services including, yet not restricted to individual health care experts, group practices, community-based health centers, home health agencies, free clinics, state and local public health programs, private clinics, hospitals, vertically integrated health care systems, managed care organizations, professional associations and university medical, dental, nursing and other health professional schools.

Faith Based Organizations (FBOs)

Faith based organizations entails organizations created for the purpose of uplifting the religious and/or spiritual life of her members. However, to Encyclopedia.com, faith-based organization might be conceptualized as group prosperity, when they demoralize of people united on the basis of religious or spiritual beliefs. Generally, faith-based organizations have coordinated their members toward meeting their spiritual, social, and cultural needs. Be that as it may, when ministry advances physical and mental illicit or careless conduct, and when they advocate moral direct, they are additionally by implication advancing individuals' wellbeing.

Davis, Jegede, Leurs, Sunmola and Ukiwo, (2011) Conceptualize Religious Civil Society or what is commonly known as Faith Based Organizations as Non-state actors that have a focal religious or faith center to their way of thinking, participation, or automatic methodology, despite the fact that they are not simply missionary.

Then again, Clarke and Jennings (2018) defined Faith Based Organizations as organizations that determine motivation and direction for its activities from the lessons and standards of the faith or from a specific interpretations or way of thinking inside the faith. In this regard, Faith Based Organizations are considered as determining their cause and practice from conventions and statutes set up by partnered assemblages in the general public. Berger (2013) gave the definition generally acknowledged in this field of study. He viewed Faith based Organizations as a formal organization whose identity and mission are self-consciously got from the teachings and lessons of one or more religious or spiritual traditions and which works on a non-benefit, free, deliberate premise to advance and acknowledge on the whole explained thoughts regarding the open great at the national or worldwide level. This view indicates that the inborn value of religious civil society organizations goes beyond religious practice to other wide areas of advancement and social functioning. In any case, in contrast to their counterpart secular NGOs, they are regularly impacted or inspired by their faith-based qualities to perform compassionate errands.

Incorporating faith-based organization and health care organizations can support particularly vulnerable people in villages, the fragile old. Our nation's populace is rapidly aging, and many older persons are living with different chronic sicknesses. These older people may live alone, segregated from their communities. They may live with family guardians who are themselves maturing and who are frequently overpowered. While good clinical care is significant, research shows that social and spiritual connections also play a critical role in the health of older people (Moberg, 2015). Faith based organization and health care partnerships have the unique capacity to heal body, mind and spirit.

Role of Faith Based Organizations to Healthcare Delivery in Nigeria

Globally, the activities of Faith Based Organizations cut across almost all sphere of life, ranging from education, health to social development. Just like every other Sub-Saharan African countries, in Nigeria the role of

Faith Based Organizations in healthcare delivery largely evolved from colonial-era Christian missionaries. Today, this sector comprises of several of providers of varying religious foundations including faith-oriented non-governmental organizations (NGOs), non-organized offices, informal faith-based activities and the Ahmadiyya Muslim Mission (AMM), amongst others. In any case, it is verifiably and as of now dominated by mainstream Christian health facilities networked (Koenig and Carson, (2012).

Put differently Christian missionary organizations historically, were the main providers of human development services such as education, healthcare and other social services. This goes back to 1842 AD when Christianity arrived. Christian missionaries built up mission schools, mission hospitals, farm projects, orphanages, training centres as well as development projects to advance proselytizing and mission work. However, in 1916, Ahmadiyya movement began as a Muslim organization planned for switching specific patterns. According to Balogun (1989) in Baiyeri, (2013) the Ahmadiyya group ascended to sabotage the accepted coordinated effort between British colonial masters and Christian missionaries who mutually established schools as a fabulous plan to convert muslim followers to Christianity. Meanwhile, it is perfectly clear that Islamic faith arrived Nigeria before Christianity. This reality, likely, clarifies the contention set forth by Odumosu, Olaniyi and Alonge (2019) that the “the "most seasoned of the Muslim FBOs in Nigeria is the Qadiriyya, while the second oldest is the Tijaniyya.

As indicated by World Health Organization in Odumosu, Olaniyi and Alonge, (2019) the provision of healthcare services remains one of the huge activities of FBOs in Nigeria for example, The Christian Health Association of Nigeria (CHAN) gives forty percent (40%) of medicinal services benefits in rural regions of Nigeria. Earlier, Agboola (1998) in Leurs, (2012) contended that Christian Missionaries accounted for 60 percent of schools and medical clinics in colonial Nigeria. To buttressed this, point the scholar further affirmed that Missionary schools outnumbered government owned schools in southern Nigeria in addition Christian schools regularly often were preferred run over their government counterparts and parents and guardians scrambled to send their children to them regardless of their religious predisposition. Social empowerment projects like gender issues, reproductive and girl-child education, women empowerment occupy the centre- phase of

development programmes run by many FBOs in Nigeria. One close example that easily comes to mind is the The El-Shaddai Widow's Outreach (ELWO) of Suleja, Niger State is. ELWO targets advancing the privileges of minorities and underestimated populace, support, activation and making mindfulness on wellbeing, such as, HIV/AIDS, reproductive wellbeing, family arranging and pre-adult wellbeing (Nwakolo, 2017).

However, since independence, faith-based organizations have encountered significant shifts in this role. New national governments took a strong governance role and public systems expanded rapidly amidst a series of health sector reforms. Administration of most Faith based organizations was moved from universal denominational bodies to neighborhood houses of worship, bringing about considerably decreased help from conventional sources and now and again diminished development of faith-based organizations services (Dimmock, Olivier and Wodon, 2012). Despite these incredible changes, these days (board) a (dangerous) observation exists that somewhere in the range of 30% to 70% of social insurance administrations are given by religious elements of different structures worldwide and in Africa. Albeit some recorded and observational reason for these announcements exists, the causes of such gauges are ineffectively recognized, and these appraisals are regularly exaggerated (Olivier and Wodon, 2012).
It however remains a critical player in the Nigeria healthcare delivery system and self-reports that its network gives 35–40% of the medicinal services in the nation with only 5.5% of the infrastructure (Ejughemre, 2014).

Constraints Militating Against Faith Based Organizations in Health Care Delivery in Nigeria.

Despite its overwhelming advantages that FBOs provide in health care delivery in Nigeria it has also come with its own challenges in Nigeria majorly because of the various religious faiths that characterized the Nigeria society. For instance, in a report presented on HIV/AIDS project in Sub-Sahara Africa, Action-Aid international (2009) observed that working with Faith Based Organizations (FBOs) presented different difficulties. The report shows that apart from the limited comprehension of the precepts and fundamentals of various groups, acknowledgment of working with different religious groups proved troublesome. This supported the earlier postulation of Beed and Beed (1999) in Reuben

(2011) that in a religiously diverse nation civil unrest may occur because of clash amongst different religious faiths.

These difficulties are manifested in the acceptance of the various programmes which can be viewed from two perspectives. For example, a donor's programmes might be seen with doubt and such be dismissed. Also, the programmes Also, the program group might be dismissed in the event that they don't have a place with a similar religious faith.
It is likewise seen that some faith groups are seen as to be insensitive and less thoughtful to women privileges and this keep on representing an extraordinary challenge in working in the development of women rights.

Smith and Sosin, (2011) likewise contended that few fundamental basic religious beliefs restrict the qualities and standards of modern-day health care system and mainstream financial matters. Tolling their contention, conceivable negative impacts of religion on advancement remember strict limitations for capital collection, benefit making, credit markets and premium. Also, they saw that some religion will in general limit any penetration of globalization and the chief substance of advancement. Terchek (2018) noticed that these strict gatherings in furthest point will in general scrutinize the standards of advancement since they engender secularism which denounces the innovation and consecrated substance of religion. For these gatherings' secularism is neo-radicals tenet which has neglected to convey an effect on the enduring masses. The contention raised is that the ethical expenses of modernization needed to remember for explicit ways the alleged increment in political, financial, and social independence that modernization philosophy conceived. These perspectives are seen among fundamentalist developments who challenge the ideological substance of neo-radicalism.

Juergensmeyer (2010) saw that some faith organizations could be superseded with fundamentalist inclinations; fundamentalism is an idea that clarifies strict groups‟ activities against the belief system and regulation of innovation and secularism. The issue with strict fundamentalist common society bunches is their tendency to be legitimate in trying to activate all the assets of the general public for the acknowledgment of their own particular vision of the open great. Juergensmeyer (2010) further contended that realized fundamentalists have their own trademark highlights and impossible to miss types of talk comparable to its own work reference. The normal testing highlights

these fundamentalist developments or gatherings share is their ability to permit individuals to settle on their own good and political decisions and to live as needs be. Subsequently, the serious issue with any type of fundamentalism is that it denies individuals independence at an individual or aggregate, social, political, as well as financial level. It is from these points of view that researchers see some Faith-Based organizations as comprising a challenge to building spans to quality healthcare coverage.

Faith Based Organizations (FBOs) Approaches that can Support Aging Populations

In the light of the above the following approaches can be adopted by faith-based organizations and health care system in the Nigeria to improve or develop programmes that can take care of the frail elders in the society.

Support and Training Models

Our public healthcare system can work with faith-based organizations to provide support programs for older folks with incessant conditions and their family caregivers. Thus, trainings that show health care givers and others in our religious forums how to visit patients in hospitals nursing home occupant or home-bound senior; how to think about a fragile family member; and where to get data about both paid help and government should be structure and made to work. The return on investment, as far as better personal satisfaction for older persons and their families, and in cost investment funds to the health care system, can be high. Religious group themselves can likewise profit by it, for instance, a program to prepare individuals to visit the individuals who are sick. Individuals frequently maintain a strategic distance from these visits since they "don't have the foggiest idea what to state. But with some fundamental instruction from both medicinal services staff and pastor/imams or religious leaders, they are not just bound to visit friends, they may form a dependable group to enhance the pastorial consideration of others in the communities.

For instance, in America, Mother Angeline Ministries of Care, upheld by the Carmelite Sisters for the Aged and Infirm, has made projects to show chips in how to make pastoral visits to individuals with high personal and home care needs, to give spiritual solace to the dying and to arrange these activities. The Mother Angeline program has prepared volunteers in Vermont, New Hampshire, Florida and New York City, where it works

intimately with Archcare, the proceeding with care community of the Archdiocese of New York (Sally, Dianne, Caitlin, Lele and Anne, (2014). Thus, this pattern can also be replicated faith-based organizations in Nigeria especially in the area of elderly.

Communication Channel

William, Joseph, Kenneth and Albert, (2011) affirmed that there is the need to open dialogue via an established communication channels that will propel a synergy between the hospitals and senior health care providers and their and their local faith leaders is essential. Put differently the synergy should create a platform where for instance a member of a particular or congregation is admitted to hospital their pastors or imams or/and other faith leaders can be contacted.

Simultaneously, pastor/imams and other clergy men can contact medical clinics at neighborhood and healthcare organization to attempt to produce new relationships. For example, a church may have space that is unused during weekdays. Rather than remaining unfilled, it could be used as elderly day projects or wellbeing screenings, or fill in as study hall space for educational meetings or training. Or on the other hand, a faith-based organization could offer to send a member or staff part with pastoral preparing to visit a nearby helped living network. Such arrangements can open relationships that may eventually result in more ambitious endeavors. Therefore, Clergy men and faith leaders in Nigeria should meet informally with neighborhood hospital and elderly care providers to talk about the needs of aging people and other community needs, as well as the challenges and opportunities they create.

Getting Partners and Assembles New Connections

As suggested by Ejughemre, (2014) this approach is particularly necessary at the point when a church or mosque doesn't have the resources to help these programs or the minimum amount of members to make programming financially savvy, it ought to consider joining forces with other faith based organizations, including those of other denominations. Similarly, the FBOs involved and healthcare providers hoping to embark on a agreeable journey likewise ought to think about enrolling the assistance of other partners. Since social supports are once in a while incorporated with the organizational DNA of either FBOs or wellbeing systems, both may look to other community-based organizations as a formal or informal partner.

Identify Needs

Another approach that can be followed is to identify needs and gap. What is the care need the elderly populace usually faces? How can we mitigate these challenges? Are there opportunities for FBOs and their nearby hospitals or senior service providers to cooperate to serve those necessities, for example through a faith community nurse program, an infection self-administration course or a parental figure bolster program? Do devotees need assistance exploring the wellbeing framework labyrinth? This evaluation of necessities should be possible by the gathering, by a clinic as a major aspect of its locale wellbeing needs appraisal, or as a joint exertion between an assembly, an emergency clinic and a community-based association as an initial phase in cooperating (Ejughemre, 2014).

Evaluations

Track the quantity of gatherers chipping in for and served by these projects, the fulfillment/feeling of prosperity of people served and, if conceivable, measure whether new connections and upgraded administrations improve wellbeing results and additionally lower healthcare costs. Intermittently audit the nature of the relationship: Are correspondences working? Do partners see one another? Are objectives being met? Are any issues or difficulties being tended to? This data is vital to supporting projects and programmes targeted to the elderly healthcare services.

CONCLUSION AND RECOMMENDATIONS

In conclusion this paper has established that faith-based organizations remain a key stakeholder in delivery health care in third world nations such as Nigeria particularly in this era of expanded aging populations. In addition, it also concludes that there is an extraordinary knowledge and incredible advantage to the idea of healing the body, soul and brain. Thus, as we live longer, we are bound to require a caring community and spiritual help to supplement top notch high-quality medical care. Neither faith-based organizations or hospitals nor senior service providers can do this by itself, but together, they can improve the personal satisfaction for older individuals in their community. Accordingly, this paper recommends that faith-based organizations and Nigeria should try and bridge the gaps and divides that separate faith-based organizations and the health care system in the country.

Finally, the government should create an enabling environment for faith-based organizations to thrive in their provision of healthcare delivery in Nigeria.

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