Noncommunicable Conditions among Religious Leaders in Jamaica

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INTRODUCTION

Design and methods

The current study employed objectivist epistemology by way of a correlational cross-sectional design (Babbie, 2010; Crotty, 2005; Leedy and Osmond, 2016; Neuman, 2014). The population for this research was leaders who serve in the Seventh-day Adventist churches in Central Jamaica (St. Catherine, Clarendon, and Manchester). Initially, the researchers chose a simple random probability sample of the number of pastors, associate pastors, and first elders in the various Churches in Central Jamaica. A sample size was calculated based on the number of pastors, associate pastors and first elders in Central Jamaica (approximately 240 people), a 95% confidence interval and a 5% margin of error. The result was a sample size of 148 leaders, which is smaller than the stipulated recommended number of people by different scholars for logistic regression analyses. Long, 1997. Hence the researcher changed the sample design to one of total population-selection. For total-population selection, the researcher expanded the sample unit to all board members who serve in the churches in Central Jamaica. This decision was taken as it provided more leaders than initially sought, and this makes it generalizable to the population of leaders in the churches in Central Jamaica. Accordingly, all leaders serving in the churches in Central Jamaica were given a copy of the instrument. It was estimated that there are 350 board members. As such, an instrument was sent to all board members by way of their Pastors and/or First Elders to be completed and returned for data analysis. The response rate was approximately 60%.

A standardized questionnaire was developed to evaluate the various research objectives. This was administered from September to December 2019. The general instrument consists of two major established questionnaires (The Multifactor Leadership Questionnaire (MLQ 5X) and Self-reported health status (SF-36), which were designed by Bass and Avolio (1989, 1996, 1997, 2000) and RAND Corporation respectively.

FINDINGS

Of the respondents, the majority were females (61 per cent) and married (66.1 per cent), with the average age being 52.1 years. Furthermore, 56.9 per cent of the leaders self-reported at least one noncommunicable disease (Table 1).

Table 1
Demographic characteristics of sampled respondents, n=266

Details	N (%)
Gender	
Male	76 (39.4)
Female	117 (60.6)
Marital Status	
None/Single	36 (18.1)
Married	133 (66.8)
Common-Law	6 (3.0)
Widowed	6 (3.0)
Divorced	11 (5.5)
Separated	1 (0.5)
Visiting	1 (0.5)
Non-communicable diseases	
No	88 (43.1)
Yes	116 (56.9)
Healthcare seeking behaviour	
No	66 (32.4)
Yes	134 (67.6)
Religiosity	4 times (range = 91 days)
Age cohort	
Children (Less than 14 years)	3 (1.6)
Young adults (14-30 years)	39 (20.7)
Older adults (30-64 years)	108 (57.1)
Young old (65-74 years)	23 (12.2)
Old-old (75-84 years)	14 (7.5)
Oldest-old (85+ years)	1 (0.5)

Table 2 shows a cross-tabulation between aggregate self-reported noncommunicable disease and health care seeking behaviour of religious SDA leaders who served in Central Jamaica. Seventy-two and two tenths per cent of those who reported having a noncommunicable disease sought medical care in the studied period compared to 84.5 per cent of those who did not report a noncommunicable condition (χ 2(df=1)=4.231, P = 0.042).

Table 2:
Aggregate self-reported noncommunicable diseases by healthcare-seeking behaviour, n=199

Details	Noncommunicable		Total
	No	Yes	N (%)
	N (%)	N (%)	
Healthcare seeking behaviour			
No	73 (75.3)	72 (57.6)	45 (33.4)
Yes	24 (24.5)	53 (42.4)	164 (77.4)
Total	84	113	199

Table 4 presents the disaggregation of the responses of the sampled respondents on the two aforementioned variables. Of those who self-reported having at least a noncommunicable disease, 59.1 per cent of them reported being ill/sick in the survey period compared to 33.7 per cent of those who did not report a noncommunicable disease (Table 3). Furthermore, 48.5 per cent of the sampled religious SDA leaders who serve in Central Jamaica reported being ill/sick in the studied period.

Table 3:
Aggregate self-reported noncommunicable diseases by reported being ill, n=198

Details	Noncommunicable		Total
	No	Yes	N (%)
	N (%)	N (%)	
Reported being ill			
No	55 (66.3)	47 (40.9)	102 (51.5)
Yes	28 (33.7)	68 (59.1)	96 (48.5)
Total	83	115	198

$\chi 2(df=1)=12.620$, P < 0.0001, ϕ=0.251).

Using Independent sample-t-test of selected noncommunicable diseases and the age of respondents, the results are presented in Table 4. Based on the analyses, only particular noncommunicable diseases (sickle cell, sickle cell traits, chronic respiratory conditions, and major depression) were there no statistical difference in age for those who self-reported and not reported cases of the illness (P > 0.05).

FINDINGS CONT'D

Table 4:
Selected noncommunicable diseases among sampled respondents, n=

Details		Age in years (Mean±SD)	t_{value}
Heart disease	Yes	70.3±16.0	t_{197}=3.943, P<0.0001
	No	49.0±12.1	
Diabetes mellitus	Yes	60.9±10.3	t_{197}=2.913, P<0.018
	No	49.1±16.0	
Hypertension	Yes	58.4±13.1	t_{197}=5.213, P<0.0001
	No	46.0±16.5	
High Cholesterol	Yes	59.7±12.8	t_{197}=4.076, P<0.0001
	No	47.7±16.4	
Stroke	Yes	62.0±6.1	t_{197}=3.752, P<0.019
	No	49.8±16.5	
Kidney disease	Yes	30.4±7.0	t_{197}=4.419, P<0.001
	No	50.4±16.4	
Major depression	Yes	51.9±21.0	t_{197}=0.496, P=0.620
	No	49.9±16.1	
Enlarged Cancer	Yes	61.1±8.4	t_{197}=3.276, P<0.001
	No	49.2±16.2	
Chronic respiratory	Yes	51.1±19.5	t_{197}=0.487, P=0.632
	No	49.8±16.1	
Sickle Cell	Yes	58.2±11.5	t_{197}=1.630, P=0.175
	No	49.8±16.5	
Sickle Cell traits	Yes	51.1±14.8	t_{197}=0.221, P=0.826
	No	50.0±16.6	
Arthritis	Yes	53.3±16.5	t_{197}=2.8.44, P<0.004
	No	48.2±16.0	
All noncommunicable diseases*	Yes	56.4±15.0	t_{197}=7.388, P<0.0001
	No	40.8±11.9	

*Excluded major depression

The most prevalent noncommunicable diseases reported by the respondents were hypertension (28.9 per cent), high cholesterol and arthritis (18.6 per cent, respectively), chronic respiratory disease or failure (8.8 per cent), and diabetes (8.5 per cent)-Table 5.

Table 5:
Selected noncommunicable diseases among sampled respondents, n=

Details	Gender		Total
	Male	Female	N (%)
	N (%)	N (%)	
Heart disease	2 (2.6)	6 (5.1)	10 (4.9)
Diabetes mellitus	3 (4.3)	8 (10.9)	11 (8.5)
Hypertension	19 (26.1)	37 (31.4)	59 (28.9)
High Cholesterol	14 (18.4)	24 (20.3)	38 (18.6)
Stroke	2 (2.6)	2 (1.7)	4 (2.0)
Kidney disease	0 (0.0)	3 (2.5)	4 (2.0)
Major depression	2 (2.6)	5 (4.2)	7 (3.4)
Enlarged Cancer	10 (13.0)	8 (8.0)	10 (4.9)
Chronic respiratory	7 (9.2)	10 (8.5)	18 (8.8)
Sickle Cell	1 (1.3)	4 (3.4)	5 (2.5)
Sickle Cell traits	5 (6.6)	5 (4.2)	10 (4.9)
Arthritis	10 (13.2)	27 (22.9)	38 (18.6)
All noncommunicable diseases*	40 (58.1)	69 (58.5)	116 (56.9)

Fifty-nine (n=111) per cent of the respondents reported having been diagnosed with at least one noncommunicable condition. Of those who reported having at least one noncommunicable condition (59%, n=111), 51% were of 31-64 years, 31.5% were at least 65 years old (elderly), 16.2% young adults, and 1.8% children (Table 6).

Table 6
Age cohort of respondents by self-reported noncommunicable conditions, n=188

Details	Reported being diagnosed with at least one noncommunicable condition	
	No	Yes
	n (%)	n (%)
Age cohort		
Children (< 14 years)	1 (1.3)	2 (1.8)
Young adults (14-30 years)	21 (27.3)	18 (16.2)
Other aged adults (31-64)	52 (67.5)	56 (50.5)
Young-Old (65-74)	1 (1.3)	22 (19.8)
Old-Old	2 (2.6)	12 (10.8)
Oldest-Old	0 (0.0)	1 (0.9)
Total	77	111
x2	22.650	
P value	<0.0001	

DISCUSSION AND CONCLUSION

In concluding, noncommunicable diseases among religious SDA leaders in Jamaica are a source of concern and are undoubtedly affecting the cognitive and decision-making capabilities of these leaders. This reality is a cause for concerns as NCDs is retarding lifestyle expectancy of Jamaicans including SDA leaders, and as such this research provides the bedrock/ foundation for more inquiries to address the NCD pandemic among religious and non-religious Jamaicans.

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