*Journal of Experimental Research*

*JUNE 2026, Vol 14 No 2*

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***Received***: May, 2026
***Accepted for Publication***: June, 2026

# INFLUENCE OF FAITH-BASED COUNSELING ON CARDIOVASCULAR DISEASE AWARENESS AND PREVENTIVE HEALTH BEHAVIOR AMONG RELIGIOUS COMMUNITIES IN ABUJA, NIGERIA

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**ABSTRACT**

Cardiovascular diseases (CVDs) remain a major public health concern globally and are increasingly prevalent in Nigeria. Despite growing incidence rates, awareness and preventive health practices remain inadequate in many communities. Given the significant influence of religious institutions on social attitudes and behavior, this study examined the role of faith-based counseling in promoting cardiovascular health awareness in Abuja, Nigeria. A qualitative research design was adopted using in-depth interviews with religious leaders, healthcare professionals, and congregants selected from churches and mosques within the study area. Data were analyzed thematically to identify prevailing perceptions and experiences regarding cardiovascular health education within faith-based settings. Findings revealed that awareness of cardiovascular diseases exists among participants; however, such awareness is often reactive and develops following personal or family health experiences. Religious leaders were found to play an important role in influencing health-related decisions through sermons, counseling, and community outreach activities. Nevertheless, challenges including limited health literacy among some religious leaders, financial constraints, and misconceptions regarding medical treatment were identified. The study concludes that faith-based institutions represent valuable platforms for cardiovascular health promotion. Enhanced collaboration between healthcare professionals and religious organizations is recommended to strengthen preventive health education, encourage early medical consultation, and reduce the burden of cardiovascular diseases in the community.

**Keywords: Faith-based counseling, cardiovascular disease, health awareness, preventive health behavior**

## INTRODUCTION

Cardiovascular diseases (CVDs) remain the leading cause of mortality globally and constitute a major public health challenge, particularly in low- and middle-income countries. According to the World Health Organization (WHO, 2024), approximately 17.9 million people die annually from cardiovascular diseases, accounting for nearly one-third of all global deaths. These diseases include hypertension, coronary artery disease, stroke, heart failure, and other disorders affecting the heart and blood vessels. The increasing burden of cardiovascular diseases poses significant social, economic, and healthcare challenges worldwide.

In Nigeria, cardiovascular diseases have become increasingly prevalent due to rapid urbanization, population growth, sedentary lifestyles, unhealthy dietary patterns, tobacco use, alcohol consumption, obesity, and psychosocial stress (Ogah et al, 2026). Hypertension, a major risk factor for cardiovascular disease, affects a considerable proportion of the adult population and remains one of the most common non-communicable diseases in the country (Ojo, et al., 2024). Despite advances in medical knowledge and treatment, awareness of cardiovascular diseases and their associated risk factors remains inadequate among many Nigerians. Cardiovascular health awareness refers to knowledge and understanding of cardiovascular disease risk factors, warning signs, preventive measures, and available treatment options. Adequate awareness is essential for promoting preventive behavior, encouraging early diagnosis, and reducing disease-related complications.

However, studies have shown that many individuals possess limited knowledge regarding cardiovascular disease prevention and often seek healthcare only after symptoms become severe (Adeola et al., 2023).

The Nigerian sociocultural environment presents unique challenges to cardiovascular health promotion. In many communities, illness is interpreted not only through biomedical explanations but also through spiritual and religious frameworks (Egwuaba et al., 2025). Health conditions, including cardiovascular diseases, are sometimes attributed to supernatural forces, divine punishment, ancestral influences, or spiritual attacks. Consequently, some individuals seek spiritual interventions such as prayers, fasting, prophetic consultations, and anointing rituals before considering professional medical care. Although spirituality may provide emotional support and coping mechanisms, excessive reliance on spiritual explanations may delay diagnosis, treatment, and preventive health practices. Religion occupies a central position in Nigerian society and significantly influences attitudes, beliefs, and behavioral choices. Churches and mosques function not only as centers of worship but also as institutions for counseling, social support, moral instruction, and community mobilization (Tan et al, 2022). Religious leaders are often regarded as trusted authorities whose guidance influences important decisions relating to family life, education, finance, and health. Consequently, faith-based institutions represent important platforms through which health information can be disseminated and behavioral change promoted.

Faith-based counseling refers to a structured process of guidance and support that integrates spiritual beliefs, religious teachings, moral principles, emotional encouragement, and practical advice to address the various challenges individuals encounter in life (Famodu, 2023). It is grounded in the understanding that human wellbeing encompasses spiritual, psychological, social, and physical dimensions, all of which interact to influence overall health outcomes. Within faith communities, religious leaders such as pastors, priests, imams, and other spiritual mentors often function as trusted counselors who provide direction on personal, family, social, and health-related issues. Through sermons, counseling sessions, religious education programs, and pastoral care activities, these leaders help shape the attitudes, beliefs, and behaviors of their followers. Contemporary scholarship increasingly recognizes faith-based counseling as an important social and behavioral determinant of health. Religious institutions remain among the most trusted community structures in many parts of the world, particularly in Africa, where faith plays a central role in everyday life and decision-making (World Health Organization, 2023). Because religious leaders frequently enjoy high levels of credibility and social influence, their messages often shape how individuals perceive illness, assess health risks, and make healthcare decisions. Koenig (2023) argues that faith-based counseling can significantly affect health-related behaviors by influencing individuals' coping mechanisms, health beliefs, treatment decisions, and engagement with healthcare services. Similarly, the growing body of evidence on religion and public health demonstrates that faith communities can serve as effective platforms for health promotion, disease prevention, and community mobilization (VanderWeele, 2022).

In Nigeria and other sub-Saharan African countries, where religious participation is high, faith-based counseling represents a potentially valuable avenue for promoting cardiovascular health awareness and preventive behaviour (Aderoju, 2025). Faith-based counseling can encourage healthier lifestyles by promoting values such as self-discipline, moderation, responsibility, and stewardship of the body. Many religious traditions emphasize the importance of caring for one's physical wellbeing as part of spiritual responsibility. Through counseling and religious instruction, leaders may encourage healthier dietary practices, regular physical exercise, avoidance of harmful substances, stress management, and adherence to healthy behavioral norms. Studies have shown that health messages delivered within trusted faith environments often produce stronger behavioral responses than conventional public health campaigns because they are reinforced by moral and spiritual authority (Mike, 2025). Furthermore, faith-based counseling can strengthen adherence to medical recommendations and treatment regimens. Individuals are often more likely to accept health advice when it is endorsed by respected religious

leaders who understand the cultural and spiritual context of their communities. Research by Perez, et al. (2025) found that collaboration between healthcare providers and faith leaders improved participation in health screening programs and increased adherence to preventive interventions among community members. In the management of cardiovascular diseases, where long-term medication adherence and lifestyle modification are essential, faith-based support can contribute significantly to improved health outcomes.

Another important role of faith-based counseling is the promotion of preventive health practices and routine medical screening. Hypertension and several cardiovascular conditions often develop without obvious symptoms and may remain undetected for years. Through educational sermons, counseling sessions, and health awareness programs, religious leaders can encourage congregants to undergo regular blood pressure checks, blood glucose testing, cholesterol screening, and other preventive assessments. Recent evidence suggests that community-based interventions implemented through religious organizations can significantly improve awareness of cardiovascular risk factors and increase participation in screening activities (Sanusi et al., 2023). Faith-based counseling also contributes to emotional and psychological wellbeing among individuals affected by cardiovascular conditions. Chronic illnesses frequently generate anxiety, fear, uncertainty, and emotional distress. Religious counseling can provide spiritual reassurance, hope, meaning, and coping resources that help individuals manage the psychological burden associated with illness. According to Koenig (2023), religious coping mechanisms have been associated with improved emotional resilience, reduced stress, and better adaptation to chronic disease conditions. These psychological benefits are particularly important because chronic stress and poor mental health have been identified as significant contributors to cardiovascular morbidity and mortality (Martin et al, 2024).

While faith-based counseling possesses significant potential for promoting positive health outcomes, its influence is not always uniformly beneficial. Challenges may arise when religious interpretations of illness conflict with biomedical explanations and evidence-based healthcare practices. In some faith communities, cardiovascular conditions may be viewed primarily through spiritual lenses, leading individuals to attribute illness to supernatural causes such as spiritual attacks, divine punishment, or insufficient faith. As a result, some individuals may rely exclusively on prayer, faith healing, fasting, or other spiritual interventions while delaying or avoiding professional medical consultation. Such delays can be particularly dangerous in the context of cardiovascular diseases, where early detection, timely diagnosis, and appropriate treatment are essential for preventing severe complications, disability, and premature death. Recognizing these challenges, contemporary scholars advocate for integrative approaches that encourage collaboration between religious leaders and healthcare professionals. Such models seek to ensure that spiritual care complements rather than substitutes for evidence-based medical treatment, thereby enabling faith and medicine to work together in promoting holistic wellbeing (VanderWeele, 2022).

Notwithstanding these challenges, faith-based counseling remains a powerful mechanism for influencing cardiovascular health awareness and health-related behavior. By combining spiritual guidance with health education, emotional support, and community engagement, faith-based counseling can encourage healthier lifestyles, improve adherence to medical advice, promote routine health screening, and strengthen psychological resilience among individuals living with or at risk of cardiovascular diseases. Given the extensive reach, social influence, and trusted status of religious institutions in Nigeria and many other African societies, faith-based counseling provides a culturally relevant and community-centered platform for cardiovascular disease prevention and health promotion. Despite the growing burden of cardiovascular diseases in Nigeria and the acknowledged influence of religious institutions on community attitudes and behaviors, there remains limited empirical evidence on how faith-based counseling specifically shapes cardiovascular health awareness and preventive health practices within faith communities. Existing studies have focused predominantly on the epidemiology, prevalence, risk factors, and clinical management of cardiovascular diseases, while research on religion

and health has generally examined broader relationships between spirituality and health outcomes. Consequently, there is insufficient understanding of how religious counseling, faith-based teachings, and the influence of religious leaders affect cardiovascular health knowledge, healthcare-seeking behavior, treatment adherence, and preventive practices among members of churches and mosques, particularly within the socio-cultural context of Abuja. This study seeks to address this gap by examining the relationship between faith-based counseling and cardiovascular health awareness among selected faith communities in Abuja, Nigeria. Specifically, the study aims to investigate how religious counseling influences health perceptions, decisions, and behaviors related to cardiovascular disease prevention and management. The overarching goal is to identify opportunities through which faith-based institutions can contribute more effectively to cardiovascular health promotion, enhance preventive health awareness, and support efforts to reduce the growing burden of cardiovascular diseases within the community.

Abuja provides an important context for examining the relationship between faith-based counseling and cardiovascular health awareness. As a rapidly growing urban center characterized by religious diversity, socio-economic contrasts, and increasing exposure to lifestyle-related diseases, Abuja faces growing challenges associated with non-communicable diseases. At the same time, churches and mosques remain influential institutions within the social fabric of the city. Understanding how faith-based counseling shapes cardiovascular health awareness in this context may provide valuable insights for developing culturally appropriate health promotion strategies. This study therefore examines the influence of faith-based counseling on cardiovascular health awareness among religious communities in Abuja, Nigeria.

## OBJECTIVES OF THE STUDY

The study sought to:

1. Assess the level of cardiovascular health awareness among members of faith-based communities in Abuja.
2. Examine how faith-based counseling influences health behaviors related to cardiovascular diseases.
3. Determine the extent to which faith-based teachings align with modern medical advice on cardiovascular health.
4. Identify challenges faced by faith-based institutions in promoting cardiovascular health awareness.
5. Explore strategies for strengthening cardiovascular health promotion within faith-based settings.

### Research Questions

The study was guided by the following questions:

1. What is the level of cardiovascular health awareness among faith-based communities in Abuja?
2. How does faith-based counseling influence cardiovascular health-related behaviors?
3. To what extent do faith-based teachings align with modern medical advice regarding cardiovascular health?
4. What challenges hinder faith-based institutions from promoting cardiovascular health awareness?
5. What strategies can strengthen cardiovascular health promotion within faith-based communities?

## MATERIALS AND METHODS

### Research Design

The study adopted a qualitative descriptive research design within an interpretive paradigm. Qualitative descriptive research is appropriate for obtaining detailed accounts of participants' experiences, perceptions, and meanings regarding a phenomenon under investigation (Aluka, 2025). The design enabled the researcher to explore how faith-based counseling influences cardiovascular health awareness within religious communities.

### Study Area

The study was conducted in Abuja, Federal Capital Territory, Nigeria, including selected urban and peri-urban communities. Abuja was selected because of its demographic diversity, religious plurality, rapid urban growth, and increasing burden of non-communicable diseases. Six geographical clusters were purposively selected: Kubwa–Bwari, Maitama–Gwarinpa, Mararaba–Nyanya, Gwagwalada–Kuje, Kabusa–Mabushi, and Suleja–Madala. These

locations reflect variations in socio-economic characteristics, healthcare access, and religious representation.

**Study Population**

The study population comprised individuals directly involved in faith-based counseling and cardiovascular health awareness activities within selected religious institutions. Participants were drawn from three categories: religious leaders (pastors and imams), healthcare professionals associated with faith-based or community health programs, and congregants who regularly receive faith-based counseling and health-related messages.

**Sample Size and Sampling Procedure**

Purposive sampling was employed to select information-rich participants capable of providing relevant insights into the study objectives (Samuel & Merkebu, 2026). Ten religious institutions comprising six churches and four mosques were selected. A total of forty participants were recruited, including twenty-four participants from churches and sixteen participants from mosques. Selection was based on participants' knowledge, experience, and involvement in faith-based counseling or health promotion activities.

**Instrument for Data Collection**

Data were collected using a semi-structured interview guide developed from the study objectives and relevant literature. The interview guide contained open-ended questions covering participants' knowledge of cardiovascular diseases, awareness of cardiovascular risk factors, perceptions of faith-based counseling, relationships between religious teachings and medical advice, institutional challenges, and strategies for improving cardiovascular health promotion. The semi-structured format ensured consistency across interviews while allowing flexibility for probing and clarification of emerging issues.

**Validity and Trustworthiness**

The interview guide was subjected to expert review by specialists in counseling, public health, and research methodology to ensure content validity. Recommendations from reviewers were incorporated into the final instrument.

Trustworthiness of the study was enhanced through credibility, dependability, confirmability, and transferability (Ahmed, 2024). Credibility was strengthened through triangulation involving religious leaders, healthcare professionals, and congregants. Dependability and confirmability were supported through detailed documentation of data collection and analytical procedures.

**Data Collection Procedure**

Data collection was conducted over a six-week period. Approval to conduct the study was obtained through an official introduction letter from the National Open University of Nigeria. Permission was subsequently secured from the leadership of participating churches and mosques. Participants were informed about the purpose of the study, voluntary participation, confidentiality provisions, and their right to withdraw at any stage. Written or verbal informed consent was obtained before interviews commenced. Interviews were conducted face-to-face within participating institutions and, where necessary, via telephone. Each interview lasted approximately 30–45 minutes. With participants' consent, interviews were audio-recorded and supplemented with field notes.

**Ethical Considerations**

Ethical principles governing research involving human participants were strictly observed. Participants provided informed consent before participation. Confidentiality and anonymity were maintained through the use of identification codes rather than personal names. All information obtained was treated confidentially and used solely for academic purposes.

**Data Analysis**

Data were analyzed using thematic analysis as described by Braun and Clarke (2023). Interview recordings were transcribed verbatim and reviewed repeatedly to facilitate familiarity with the data. Relevant statements were coded and grouped into categories based on similarities and relationships. The categories were subsequently organized into broader themes that reflected the objectives and research questions of the study. Themes were reviewed, refined, and interpreted to explain the influence of faith-based counseling on cardiovascular health awareness and health-related behavior among religious communities in Abuja.

**Discussion and Findings**

This section discusses the findings of the study in relation to the research objectives, existing literature, and relevant theoretical perspectives. The discussion moves beyond the presentation of results to examine their meaning, implications, and contribution to knowledge. Particular attention is given to how faith-based counseling influences cardiovascular health awareness and behavior within churches and mosques in Abuja. The findings are compared with previous studies on religion, health promotion, and cardiovascular disease prevention in order to identify areas of convergence, divergence, and new insights. Through this analysis, the study highlights the opportunities and challenges associated with utilizing faith-based institutions as platforms for cardiovascular health promotion and disease prevention.

**i. Cardiovascular Health Awareness among Faith-Based Communities in Abuja**

The findings revealed that awareness of cardiovascular diseases exists within faith-based communities in Abuja, although the level of awareness remains limited in preventive and clinical dimensions. Participants demonstrated familiarity with conditions such as hypertension, stroke, heart failure, and diabetes. However, this familiarity was largely based on personal experiences, family illness, or community exposure rather than structured health education. Many respondents reported that awareness of cardiovascular diseases developed only after personal diagnosis or the illness of a close relative. This suggests that awareness is predominantly reactive rather than preventive. Similar observations have been reported in studies indicating that knowledge of non-communicable diseases in many developing contexts is often crisis-driven rather than prevention-oriented (World Health Organization, 2023). Participants also exhibited knowledge gaps regarding cardiovascular risk factors, asymptomatic progression of hypertension, and the importance of routine screening. Organized cardiovascular health education was found to be infrequent in most churches and mosques studied. Health-related messages, where available, were often linked to occasional events rather than incorporated into routine institutional activities.

**ii. Influence of Faith-Based Counseling on Cardiovascular Health Behavior**

The study found that faith-based counseling significantly influences health decisions and behaviors among members of churches and mosques in Abuja. Respondents consistently reported that religious leaders possess substantial authority and credibility, making their health-related advice highly persuasive. Health messages delivered during sermons, counseling sessions, and religious programs were associated with increased participation in blood pressure screening exercises, healthier dietary practices, reduced alcohol consumption, and greater willingness to seek medical care. Healthcare professionals who participated in the study also confirmed that collaboration with religious leaders increased attendance at health promotion activities. Nevertheless, the findings indicate that the influence of faith-based counseling is not universally positive. In some cases, counseling encouraged excessive reliance on prayer and spiritual remedies at the expense of timely medical consultation. Thus, the behavioral impact of faith-based counseling depended largely on the theological orientation and health literacy of the religious leaders involved.

**iii. Relationship between Faith-Based Teachings and Modern Medical Advice**

The findings revealed a mixed but generally improving relationship between faith-based teachings and modern medical advice. In many institutions, prayer and medical treatment were viewed as complementary approaches to healing. Religious leaders in such settings encouraged hospital attendance, medication adherence, and routine health screening while also promoting spiritual practices. However, tensions remained in some communities where medical dependence was perceived as a sign of weak faith. Such perspectives contributed to delayed diagnosis, poor treatment adherence, and reluctance to participate in preventive health activities. The findings therefore indicate partial alignment between faith teachings and biomedical recommendations. Challenges to Cardiovascular Health Promotion in Faith-Based Institutions Several barriers were identified. Limited medical

literacy among religious leaders was a major challenge. Many leaders expressed willingness to promote health awareness but lacked sufficient technical knowledge about cardiovascular diseases. Financial constraints also limited the ability of institutions to organize regular health education and screening programs. Other challenges included doctrinal resistance, low perception of cardiovascular risk among congregants, and weak partnerships with healthcare institutions. Together, these factors reduced the effectiveness and sustainability of cardiovascular health promotion efforts.

**iv. Strategies for Strengthening Cardiovascular Health Promotion**

Participants identified several strategies for improving cardiovascular health promotion. These included formal partnerships between faith-based institutions and healthcare providers, routine integration of health education into religious activities, training for religious leaders, periodic health screening programs, and doctrinal clarification regarding the compatibility of faith and medical treatment. Respondents emphasized that collaboration with healthcare professionals would improve knowledge, increase trust in medical services, and encourage preventive behavior among congregants.

**v. Religious Interpretations of Cardiovascular Illness**

The study further revealed that cardiovascular illnesses are frequently interpreted through spiritual categories. Some participants associated hypertension, stroke, and other cardiovascular conditions with spiritual attack, divine warning, or weakness in faith. Such interpretations often influenced help-seeking behavior and sometimes delayed medical consultation. Nevertheless, variation existed across institutions. In some communities, spiritual interpretation coexisted with biomedical understanding, resulting in simultaneous use of prayer and medical treatment. The findings therefore suggest that the issue lies not in spirituality itself but in whether spiritual interpretations support or discourage responsible health behavior.

**Analysis of Findings**

The findings demonstrate that cardiovascular health awareness among faith-based communities in Abuja remains inadequate despite increasing familiarity with common cardiovascular conditions. Awareness was largely reactive and experiential rather than preventive. This finding supports earlier studies that reported limited cardiovascular literacy despite widespread recognition of disease labels (Kanejima et al., 2022). The results further corroborate the World Health Organization's position that awareness of non-communicable diseases in many low- and middle-income countries is often driven by visible illness rather than sustained preventive education (World Health Organization, 2023). The study also confirms the significant influence of faith-based counseling on health behavior. Religious leaders function as trusted authority figures whose recommendations strongly shape congregants' attitudes toward prevention, screening, and treatment. This finding aligns with previous research which identified religion as an important social determinant of health behavior (Tiwana & Smith, 2024). The influence observed in this study suggests that faith-based institutions possess substantial potential for community-based cardiovascular health promotion. The findings regarding the relationship between faith and medicine reveal both opportunities and challenges. While many participants reported complementary relationships between prayer and medical treatment, doctrinal tensions remained evident in some settings. This finding is consistent with previous studies indicating that certain religious interpretations may delay healthcare-seeking behavior (Alao, 2022). However, the present study demonstrates that the relationship between faith and medicine is not inherently antagonistic but depends largely on theological interpretation and leadership orientation. The challenges identified in the study further highlight the need for institutional strengthening. Limited health literacy among religious leaders, financial constraints, weak partnerships, and doctrinal resistance collectively reduce the effectiveness of health promotion efforts. These findings support sociological perspectives that religious institutions often possess significant social influence but limited technical capacity for health intervention (Molla et al, 2025). The strategies proposed by participants provide practical pathways for improvement.

Formal collaboration between healthcare providers and faith-based institutions could facilitate sustainable health education and screening programs. Training religious leaders in cardiovascular health literacy would enhance their ability to provide accurate guidance while maintaining their spiritual responsibilities. Similar faith-health partnership models have demonstrated positive outcomes in several public health initiatives globally (Williams, 2024). The findings concerning spiritual interpretations of illness reveal the importance of understanding cultural and religious meaning systems in health promotion. Consistent with African religious worldviews many participants viewed illness through interconnected spiritual and physical frameworks (Ned & Ohajunwa, 2022). While such interpretations may provide psychological comfort and existential meaning, they can become problematic when they discourage timely medical intervention. Effective cardiovascular health promotion must therefore engage these belief systems constructively rather than dismiss them. Overall, the findings suggest that cardiovascular health behavior in faith communities is shaped by the interaction of belief systems, religious authority, health knowledge, and access to healthcare services. Public health interventions that ignore these realities are unlikely to achieve optimal outcomes within faith-based settings.

## CONCLUSION

The study concludes that faith-based counseling plays a significant role in shaping cardiovascular health awareness and behavior among members of churches and mosques in Abuja. Although awareness of cardiovascular diseases is increasing, it remains largely superficial and reactive, with considerable deficiencies in preventive knowledge and health literacy. Religious leaders exert substantial influence on health-related decisions and therefore represent valuable partners in cardiovascular disease prevention and health promotion. However, doctrinal tensions, limited medical knowledge, financial constraints, and weak institutional partnerships continue to hinder the effectiveness of faith-based health interventions. The study further concludes that faith and medicine need not exist in opposition. Where religious teachings support responsible healthcare-seeking behavior, faith-based institutions can serve as powerful platforms for cardiovascular health education, early detection, and disease prevention. Sustainable progress will require collaboration between healthcare professionals, government agencies, non-governmental organizations, and faith-based institutions. Ultimately, the findings demonstrate that effective cardiovascular health promotion within faith communities depends on integrating spiritual influence with evidence-based medical knowledge. Such integration offers a culturally relevant and sustainable approach to improving cardiovascular health outcomes in Abuja.

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