

When Faith and Health Collide: The Correlation Between the Level of Faith and Medical Intervention Refusals

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Abstract — This study sought to determine the variation in the level of faith and the pattern in the tendency to refuse medical interventions among individuals from diverse religions within three barangays of Dagupan, specifically Barangay II, Lucao, and Tapuac.

The study employed a Sequential Explanatory Mixed-Method Design, with a sample size of 390 determined through Slovin's Formula. Quantitative data were collected via stratified random sampling and analyzed using statistical methods including Frequency and Percentage, Four-point Likert Scale, Average Weighted Mean, Chi-square, and Pearson's R. Qualitative data, obtained through stratified purposive random sampling, underwent thematic analysis. The instruments used were validated by a panel of experts, with reliability confirmed using Cronbach's Alpha.

Results show all five religions exhibited high faith levels, with IVF, DNR, and Contraceptives having the highest refusal tendency scores. A significant relationship exists between religion and refusal tendencies, supported by a chi-square value of 109.076 and p-value < 0.05. Pearson correlation coefficients indicated varying strengths of the relationship between faith levels and refusal tendencies within each religious group. Overall, a moderate positive correlation (0.519) was observed, with Jehovah's Witnesses showing the strongest positive correlation (0.923). This indicates that as faith levels increase, refusal of specific medical interventions also increase.

This study also generated two themes with seven sub themes in the qualitative phase; for the participants' reason for refusal, it can be seen that Holy Scriptures and Faith in God were vital foundations in the decision-making. For the alternatives used, the participants conducted devotional prayers, anointing of the sick, use of medicine, supplements, a healthy lifestyle, natural contraceptives, and legal certification. It is recommended to further expand the demographic profile of the participants in order to have a wider perception and results and to integrate nursing care strategies to improve care.

***Keywords* — Level Of Faith; Medical Refusals; Religion; Alternatives; God**

I. Introduction

In recent years, modern medicinal interventions have revolutionized healthcare by delivering optimal care for the client to achieve overall wellness. These interventions are defined as treatments or procedures that may cure or prevent further exacerbations of a disease. Nurses are pivotal and at the forefront of rendering patient-centered care by maximizing resources and incorporating a holistic approach to care for clients in need.

Imperative to this is Betty Neuman's theory of the Health Care Systems Model, where it is stated that "the person is a layered multidimensional being where each layer consists of the person's variables or subsystems, which include: physical/physiological, psychological, socio-cultural, developmental, and spiritual." In planning holistic care, it is integral that nurses care for the physical body and mind and also need to care in ways that are sensitive to the client's spirit (O'Brien, 2018). It is with evidence from research conducted (Jim et al., 2015; Koenig, 2015; Lucette, Ironson, Pargament, & Krause, 2016; Salsman et al., 2015) that when a client's spiritual health needs are met and taken care of, it will help promote other dimensions of health. Faith is hailed as an effective coping mechanism as it can provide a calm, positive, and soothing attitude which lessens anxiety during management and treatment (Toledo et al, 2021). Even so, with the basis of autonomy decisions, an individual is within their right to decide whether to proceed or decline a medical intervention. Religious fundamentalists tend to prohibit some practices as they believe that prayers are a better substitute and more effective than medical treatments, they also believe that faith alone can cure any type of illness. Although some refusals have led to unfortunate deaths of children even from readily treatable diseases like pneumonia, appendicitis, or diabetes (Antommara et al, 2016).

Despite existing studies conducted on the relationship between an individual's religion and the tendency to refuse medical interventions, there are significant gaps that remain unaddressed. There is a lack of assessment of an individual's level of faith in their religion, which can make a difference in their refusal to proceed with the treatment since a person's level of faith may vary based on their own beliefs and religious practice and how they value and carry its meaning. Its relevance is crucial, especially in the Philippines, where the majority of the population is religious and part of various religions like the Born-Again Christian, Iglesia ni Cristo, Islam, Jehovah's Witness, and Roman Catholic. It is necessary to conduct a thorough assessment of a client's spiritual preference so as to deliver the proper care in terms of an individual's diet, procedures and interventions during life-or-death situations, medications, and courtesies on behalf of the client's belief. It is a stepping stone for nurses as well as other health care professionals to fully recognize and understand the spiritual beliefs of various religions residing here in the Philippines in order to uphold the true holistic care provided for clients. As Filipinos are known to place religion with high regard and respect, nurses must also uphold ingenuity and compassion for those who reject modern medical interventions because of their faith and belief system.

Forming a plan of care that caters to the client's whole-being is rooted in upholding the principles of giving optimum care and due regard to an individual's decision to refuse or accept any medical intervention. As consequences might arise from declining interventions, nurses must face these challenges with consideration for their client's spiritual needs and allow them to participate in planning their care that is deemed appropriate for their own well-being without neglecting any of their physiological needs. In the case of designing a plan of care where a holistic approach is essential to accomplishing the optimum care provided, encompassing faith, spirituality, and religion can allow an individual to understand and make sense of what their experiences mean to them, especially with their health or illness.

This study aimed to determine the relationship of an individual's religion, level of faith, and the tendency to refuse medical interventions.

II. Methodology

Research Design

This study followed a sequential explanatory mixed-method design, starting with the collection and analysis of quantitative data, followed by qualitative data. This design is ideal for less-explored research areas, allowing for a deeper understanding through qualitative insights after initial quantitative findings.

In the quantitative phase, a descriptive correlational design was employed to capture religion, variations in the level of faith, and patterns of medical intervention refusals based on religious grounds among individuals in the selected barangays of Dagupan City. Standardized surveys served as the primary data collection instrument to gather quantitative insights into participants' religious affiliations, variations in faith levels, and prevalent refusal patterns.

On the other hand, a qualitative narrative inquiry design was adopted in the qualitative phase to delve into participants' underlying reasons for refusing medical interventions and the alternatives they consider or pursue based on their religious beliefs. In-depth interviews were conducted to collect qualitative data, allowing participants to share their narratives, experiences, and perspectives on refusal decisions stemming from religion and level of faith and their alternative means when refusing recommended medical interventions.

The integration of quantitative and qualitative findings occurred during the analysis phase, facilitating a comprehensive understanding of the relationship between religion, faith, and health in the context of medical intervention refusals. This mixed-methods approach offers a detailed explanation of the research questions, combining quantitative rigor with qualitative depth to yield valuable insights in the field of healthcare and research.

Methodological Triangulation

The methodological triangulation began with the structured collection of demographic information through surveys, systematically obtaining essential data from individuals representing diverse religions—Born Again Christian, Iglesia ni Cristo, Islam, Jehovah’s Witness, and Roman Catholic—within the study area. This initial quantitative phase established a foundational understanding of general trends and patterns.

The quantitative approach continued with the implementation of the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ) as the first instrument. The SCSRFQ assessed the strength of participants' religious faith, contributing insights to the data obtained from demographic surveys.

Following this, participants engaged in another quantitative phase, responding to a questionnaire developed by the researchers designed to systematically probe their tendencies to refuse specified medical interventions based on religious grounds. This methodological triangulation ensured a structured and chronological progression from demographic insights to the assessment of religious faith strength, concluding with the quantification of participants' inclinations to refuse medical interventions.

More so, the subsequent qualitative phase involved structured in-depth interviews with the participants, utilizing an instrument crafted by the researchers. This qualitative aspect systematically explored the reason behind their refusal while addressing the experience and alternatives offered by the participants based on religious grounds. The insights obtained in this phase provided a detailed understanding of situations involving religious intervention refusal of different religious sectors.

Lastly, this methodological triangulation ensured a logical and organized approach to data collection, moving from foundational demographic insights to nuanced assessments of religious faith strength and concluding with a comprehensive exploration of the relationship between religion, faith, and medical intervention refusal.

Sources of Data

This study’s quantitative phase gathered information from registered voters residing in three particular barangays in Dagupan City: Barangay II, Lucao, and Tapuac, involving a total population of 15,800, with a sample size of 390 determined through Slovin's formula.

Stratified random sampling was employed, dividing the sample into five strata representing the prevalent religions (Born-again Christian, Iglesia Ni Cristo, Islam, Jehovah's Witness, and Roman Catholic), ensuring 78 respondents per religion. Hence, 26 respondents per religion in one barangay. This method assured diverse representation across religious groups while maintaining randomness within each stratum for a comprehensive analysis.

For the qualitative phase, a stratified purposive sampling approach was utilized to select participants for in-depth interviews. 15 participants were chosen from the quantitative participants, with one individual selected from each religion in each barangay—Barangay II, Lucao, and Tapuac—in Dagupan City. This stratified purposive sampling approach ensured a deliberate representation of individuals who have experienced refusing a medical intervention due to their religion and/or faith. By targeting participants with this specific experience, the study aimed to facilitate a comprehensive explanation of diverse perspectives on medical intervention refusal within the targeted communities.

Instrumentation and Data Collection

A preliminary pilot study involved 30 participants: 27 for the quantitative phase (9 per barangay) and 3 for qualitative interviews. The decision to include 30 participants in the pilot study was based on recommendations by Isaac and Michael (1995) and Hill (1998), who suggested a range of 10 to 30 participants for pilot studies in survey research. While the pilot study sample is typically advised to be 10% of the projected sample for the larger parent study, as noted by Hertzog (2008), determining the exact size involves considerations of various influencing factors. In this case, with a total projected participant count of 390 for the main study, 30 participants were deemed sufficient to provide meaningful feedback, identify potential issues, and reflect the diversity of the target population, without compromising the necessity of a full-scale survey.

The pilot study helped assess the questionnaire's clarity, relevance, and effectiveness, identify potential challenges, and refined the data collection process before the main study. Participants for both phases were randomly selected, while still ensuring representation within each stratum. Before data collection, participants of the pilot study received an informed consent form outlining transparency, ethical considerations, and voluntary participation. This pilot study design was tailored for the research's initial step for validity and reliability checking, ensuring the main study is methodologically sound and capable of providing insights into the intersection of religion, level of faith, and medical interventions. Following the pilot study, the researchers assessed the validity by having 5 professionals assess the instrument. This was followed by a reliability test using Cronbach's alpha which resulted in a value of 0.875, suggesting high internal consistency reliability.

Subsequently, the researchers implemented the formal gathering data procedure. Prior to actual data collection, participants received a detailed informed consent form, emphasizing transparency and ethical considerations. The form outlined the study's purpose, procedures, risks, benefits, confidentiality measures, and the voluntary nature of participation. Participants were assured of their right to withdraw without repercussions, prioritizing privacy and confidentiality throughout.

For the quantitative phase, the questionnaire's first segment identified each participant's religion and level of faith using an adopted questionnaire. The Santa Clara Strength of Religious

Faith Questionnaire (SCSRFQ), developed by Thomas G. Plante, is a suitable 4-point likert scale instrument to quantify an individual's level of faith. This 10-item self-report measure demonstrated reliability with Cronbach Alpha scores ranging from 0.94 to 0.97 and split-half reliability scores from 0.90 to 0.96 (Plante, 2010). Its validity is evident through significant correlations with established religious faith instruments, aligning with intrinsic and extrinsic religiousness measures (Plante, 2010).

The SCSRFQ's utility extended to diverse international settings, making it a practical choice for the researchers' study's context. Its predictive capacity in areas such as coping and forgiveness aligns with the dynamics of religious faith concerning medical interventions. The 5-item brief version of the SCSRFQ adds to its efficiency for the researchers' brief assessments (Plante, 2010).

The single-factor structure simplifies its application in the researchers' study, providing a consistent measure of religious faith strength. Thomas G. Plante's work ensures the SCSRFQ's relevance and reliability for our explanation of the relationship between religious faith and medical intervention refusal in our selected context.

Moreover, the researchers sought the authors permission via email to incorporate these to the study, given that these questionnaires were used to determine the level of faith of a participant.

Meanwhile, the second part employed a self-made instrument to identify patterns in patients' refusals of specific medical interventions based on religious grounds. Interventions include DNR/DNI, vaccination, blood transfusion, organ transplantation, IVF, contraceptives, and pork-derived medications. The decision of the inclusion of these interventions were based on the studies that the researchers have cited in Chapter 2. Taking the five religions included in this study into consideration, these are the medical interventions commonly refused. This quantitative approach aimed to capture the prevalence and patterns of religious-based intervention refusal.

In the qualitative phase, the researchers utilized structured interviews with a self-made instrument to probe the underlying reasons for participants' refusal of medical interventions. This approach involved designing a set of questions aimed at eliciting detailed responses regarding factors like religious beliefs, level of faith, and personal values. The use of a self-made instrument was deemed suitable for this study as it allowed for tailored questions aligned with the research objectives. By designing interview questions internally, the researchers ensured relevance to the study's focus and captured participants' decision-making processes thoroughly. The structured interviews facilitated consistent data collection while enabling exploration of various aspects of participants' experiences. This method aimed to offer insights into the complexities surrounding religion, faith, and medical intervention refusal.

Tools for Data Analysis

a. Quantitative

The statistical tools that were used in this study in order to derive interpretations from the collected data, which rejected the null hypothesis are 4-point Likert Scale, Average Weighted Mean, Chi-square, and Pearson's R.

Likert scale was used to measure the responses for the level of faith and tendency to refuse specified medical interventions, an average weighted mean was employed to measure the capacity of an individual's level of faith and their attitude towards certain medical procedures. The decision to use a 4-point Likert scale was substantiated by the observation that the absence of a neutral option typically encourages respondents to express clear preferences rather than opting for a neutral stance. This deliberate omission aimed to elicit more definitive responses, enhancing the clarity and interpretability of collected data.

Furthermore, the Chi-square analysis was used to assess the relationship between religion and the tendency to refuse medical interventions. While religion is inherently categorical, this statistical tool accommodates the ordinal nature of medical intervention refusal data, treating it as categorical for analysis purposes. The Chi-square test was well-suited for examining associations between categorical variables, providing insights into the significant associations between religious affiliations and refusal tendencies.

It is important to note that medical intervention refusal, initially treated as ordinal data for Chi-square analysis, was utilized as interval data in Pearson's correlation coefficient (r) analysis. This transition underscored the versatility of Chi-square analysis, allowing for the exploration of associations between categorical variables, and highlights the complementary nature of statistical methods in elucidating complex relationships within the study framework.

Pearson's correlation coefficient (r) was utilized as the statistical tool for analyzing the relationship between the interval data representing the level of faith and the tendency to refuse medical interventions. Despite the Likert scale's categorical nature, it provided interval data in this study due to its structured continuum, uniform spacing between response options, and the equal intervals between categories. This treatment allows for the Likert scale responses to be interpreted as interval data in this situation, making Pearson's r suitable for examining the linear correlation between the two variables. By using Pearson's r , the researchers were quantitatively assessed the strength and direction of the relationship between faith levels and medical intervention refusal tendencies. This method ensures that the numerical values assigned to each response category are considered, facilitating an in-depth study of how variations in faith levels, measured on a Likert scale, may influence the likelihood of refusing medical interventions.

Legend: Four-Point Likert Scale Interpretation for Level of Faith

Range	Scale Category	Interpretation
1.00-1.75	Low	Indicates a low level of connection or importance attributed to religious faith. Individuals in this category likely prioritize other factors over religious beliefs in their decision-making processes and daily activities.
1.76-2.50	Moderately Low	Indicates a slightly higher but still relatively low level of connection or importance to religious faith. Individuals falling into this category may acknowledge the presence of religious faith in their lives, but it is not a dominant or central aspect.
2.51-3.25	Moderately High	Indicates a moderate level of connection or importance to religious faith. Individuals falling into this category likely incorporate religious beliefs into their lives and decision-making processes to some extent.
3.26-4.0	High	Indicates a high level of connection or importance attributed to religious faith. Individuals in this category prioritize religious faith as a significant aspect of their lives, viewing religious beliefs as essential guides for their actions and decisions.

This table presents a legend detailing the interpretation of scores on the four-point Likert scale employed to evaluate the level of faith. Each scale category is delineated by score ranges, accompanied by corresponding interpretations. This reference guide assists in deciphering respondent scores pertaining to their level of faith, thereby enhancing comprehension of this aspect.

Legend: Four-Point Likert Scale Interpretation for Medical Intervention Refusal

Range	Scale Category	Interpretation
1.00-1.75	Strongly Accept	Indicates strong acceptance of the medical intervention, indicating a willingness to undergo it if necessary.
1.76-2.50	Accept	Indicates acceptance of the medical intervention, but perhaps with some reservations.
2.51-3.25	Refuse	Indicates refusal of the medical intervention, suggesting a reluctance or unwillingness to undergo it.
3.26-4	Strongly Refuse	Indicates a strong refusal of the medical intervention, indicating a firm stance against undergoing it under any circumstances.

This table presents a legend delineating the interpretation of scores on the four-point Likert scale utilized to assess medical intervention refusal. Each scale category is defined by specific score ranges, aiding in comprehending respondent scores related to their tendency to refuse medical interventions, contributing to a deeper understanding of this critical aspect within the study.

Legend: Interpretation of Pearson's r Coefficient for Direction and Strength of Correlation

Range of r	Direction and Strength of Correlation
$-1.0 \leq r \leq -0.7$	Strongly Negative Correlation
$-0.7 \leq r \leq -0.3$	Moderately Negative Correlation
$-0.3 \leq r \leq -0.1$	Weakly Negative Correlation
$-0.1 \leq r \leq +0.1$	No Correlation
$+0.1 \leq r \leq +0.3$	Weakly Positive Correlation
$+0.3 \leq r \leq +0.7$	Moderately Positive Correlation
$+0.7 \leq r \leq +1.0$	Strongly Positive Correlation

This table serves as a legend depicting the interpretation of Pearson's r coefficient for both direction and strength of correlation. It ranges from Strongly Negative Correlation to Strongly Positive Correlation, providing a clear guide for understanding the relationship between variables based on the magnitude and direction of the correlation coefficient.

b. Qualitative

Thematic Analysis research was utilized in order to explore patterns and significant perspective and insights to the participant's agreement to refusing medical interventions. The researchers developed a code that represents the patterns shown through the data that collected, then categorized and reviewed to properly interpret the data. As an in-depth explanation on the participant's response was collected, a flexible approach for thematic analysis was used in order to thoroughly explore and provide a wide-angle view on the significant patterns in their refusals to treatment based on their level of faith.

Ethical Considerations

This study adhered to the ethical standards under The Belmont Report, Declaration of Helsinki, and other ethical guidelines to ensure that this research will be conducted ethically, responsibly, and also to keep the integrity of the research process.

An informed consent was provided to the participants including the comprehensive information regarding the study – its description, its potential risks and benefits, and their rights as participants. The researchers conveyed the information in a language and manner that suited the participants' capacity and level of understanding. Hence, the written consent proved that the principle of autonomy will be exercised – that the participants participated in the study according to their will; with the absence of coercion and undue influence.

As for the principle of justice, the researchers treated every participant in accordance with what is right and proper. The participants were not subjected to any negative consequences if they wished to withdraw from the study at any point in time.

Throughout the research process, all identifiable information was kept anonymous and confidential. Moreover, every data that was disclosed was presented in an aggregate form so that no individual can be identified. This was done to protect the participants' confidentiality and privacy.

The researchers refrained from practices that are likely to worsen unjust conditions. In addition, they guaranteed the protection of the participants from any physical or psychological risks that may arise. There are measures that were taken to avoid such risks and proper assessment was done to deter these perils.

Furthermore, the researchers took into account cultural sensitivity issues as well as abided by research procedures that respected the norms and values of the participating cultures – this involved the use of inclusive language, adapting study materials to suit the culture, and putting into consideration how it would affect the community.

Establishing Trustworthiness

Studying the correlation between spiritual beliefs and medical interventions' intersection is an intricate subject. A respectful discussion regarding this matter will only be achieved when trust is established. Having said that, the researchers strive to uphold objectivity, accuracy, principle of ethics, and transparency of reports to ensure veracity so that readers are engaged with the results and findings of the study with confidence and trust.

To preserve the study's credibility, the researchers employed an efficient methodology that adhered to academic integrity's standards to recognize potential biases that may arise throughout the research process.

To establish the validity of the research instrument, a validation process was undertaken. The said process was done through the critiques by the panel of esteemed and high-caliber personnels such as Doctorate degree holders, who have contributed a lot in the line of research. The criteria for the selection of the said validators were based on their clinical experience, expertise in the academe, and most especially their commitment in pursuit of quality education and research. Through this collaborative effort, it can be safely said that the instruments employed in this study are valid and appropriate; thereby enhancing the credibility of research findings.

Following the validation process by five professionals, the subsequent step involved evaluating the reliability of the research instrument. This entails tallying the scores and employing statistical techniques such as Cronbach's alpha coefficient to assess internal consistency. Cronbach's alpha provides a quantitative measure of the extent to which items within the instrument consistently measure the same underlying construct. Its significance lies in providing a dependable indicator of the instrument's consistency and reliability across multiple administrations. A high Cronbach's alpha value signifies strong internal consistency among the items, thereby strengthening the credibility and integrity of the research outcomes. Consequently,

conducting reliability analysis using Cronbach's alpha is imperative for substantiating the reliability of the r.

Reliability Statistics

Cronbach' Alpha	N of items
0.875	9

Results for reliability statistics indicate that the Cronbach's alpha value for the reliability test is 0.875, which suggests high internal consistency reliability. This value indicates that the items in the test are measuring the same underlying construct consistently, providing evidence of reliability.

Moreover, transparency is one of the most crucial components to establish trustworthiness. The researchers meticulously documented every step especially in data collection, analysis, and interpretation. This openness guarantees accountability and reliability for the participants and the future readers as well.

As the researchers explored the intersection between religious beliefs and medical interventions refusals, these principles served as their guide in pursuit of accurate and reliable knowledge in this complex and sensitive field.

III. Results and Discussion

This chapter presents the findings of the study, data presentation, and data analysis from the data gathered, with careful and expanded analysis and interpretation of the data collected from the three barangays of Dagupan City. The data gathered was treated and interpreted in order to answer the problems raised at the beginning of the study, specifically the statement of the problem.

a. Quantitative Phase

The first part is the quantitative data collected through questionnaires from five religions: Born Again Christian, Iglesia ni Cristo, Islam, Jehovah's Witness, and Roman Catholic. This phase employed a descriptive correlational design to examine religion, variations in faith levels, tendencies to refuse specific medical interventions based on religious beliefs, and their relationships. Statistical tools, including Likert scale, chi-square, and Pearson's correlation coefficient, were utilized for data analysis. The process involved administering standardized surveys, including the Santa Clara Strength of Religious Faith Questionnaire, to registered voters in selected barangays. Through statistical analysis, this phase aimed to provide comprehensive insights into the relationship between religious beliefs, faith levels, and medical intervention refusal tendencies among the studied population.

Table 1. Level of Faith Among the Five Religions

Religion	Mean	Scale Category
Islam	3.9077	High
Iglesia ni Cristo	3.841	High
Jehovah's Witness	3.7218	High
Born Again Christian	3.491	High
Roman Catholic	3.4192	High

Table 1. shows that Islam with an average of 3.9077, Iglesia ni Cristo with an average of 3.841, Jehovah's Witness with an average of 3.7218, Born Again Christian with an average of 3.491, and Roman Catholic with an average of 3.4192, all fall under the scale category of high which indicating a high level of connection or importance attributed to religious faith. Individuals in this category prioritize religious faith as a significant aspect of their lives, viewing religious beliefs as essential guides for their actions and decisions.

Table 2.1. Tendency to Refuse Medical Interventions Among the Five Religions

Medical Intervention	Mean	Scale Category
IVF	3.17	REFUSE
Do Not Resuscitate (DNR)/ Do Not Intubate (DNI)	3.07	REFUSE
Contraceptives	2.74	REFUSE
Organ Transplant	2.68	REFUSE
Blood Transfusion	2.6	REFUSE
Medications Derived From Pork	2.55	REFUSE
Vaccination	1.73	STRONGLY ACCEPT

Table 2.1. presents the mean scores for likelihood of refusing medical interventions across the five religions, with in vitro fertilization averaging 3.17, do not resuscitate at 3.07, contraceptives at 2.74, organ transplant at 2.68, blood transfusion at 2.6, and medicines derived from pork at 2.55. These averages categorize them under the refusal scale, indicating a collective reluctance or unwillingness to undergo these interventions. Additionally, the average vaccination score of 1.73 falls within the strongly accept category, indicating a willingness to undergo this medical intervention if necessary.

Table 2.2. Tendency to Refuse Medical Interventions Among Born Again Christians

Medical Intervention	Mean	Scale Category
Do Not Resuscitate (DNR)/ Do Not Intubate (DNI)	3.21	REFUSE
In Vitro Fertilization	3.21	REFUSE
Contraceptives	3.12	REFUSE
Vaccination	2.18	ACCEPT
Organ Transplant	2.1	ACCEPT
Blood Transfusion	1.82	ACCEPT
Medications Derived From Pork	1.71	STRONGLY ACCEPT

Table 2.2. presents the mean scores indicating the likelihood of refusing medical interventions among Born-Again Christians. Notably, Do Not Resuscitate and In Vitro Fertilization both average 3.21, while Contraceptives average 3.12. These scores align with the refusal scale, suggesting a collective reluctance or unwillingness to undergo these medical interventions. Additionally, vaccination averages 2.18, organ transplant at 2.1, and blood transfusion at 1.82 fall within the acceptance category, albeit potentially with some reservations. Furthermore, medications derived from pork, averaging 1.71, strongly indicate acceptance, reflecting a strong willingness to undergo this medical intervention if necessary.

Table 2.3. Tendency to Refuse Medical Interventions Among Members of Iglesia ni Cristo

Medical Intervention	Mean	Scale Category
In Vitro Fertilization	3.54	REFUSE
Medications Derived From Pork	2.59	REFUSE
Do Not Resuscitate (DNR)/ Do Not Intubate (DNI)	2.38	ACCEPT
Organ Transplant	2.12	ACCEPT
Contraceptives	2.01	ACCEPT
Blood Transfusion	1.81	ACCEPT
Vaccination	1.41	STRONGLY ACCEPT

Table 2.3. presents the likelihood of refusing medical interventions among Iglesia Ni Cristo. In vitro fertilization, averaging 3.54, and medicines derived from pork, averaging 2.59, categorize under the refusal scale, indicating reluctance or unwillingness to undergo these interventions. Additionally, Do Not Resuscitate, averaging 2.38, Organ Transplant at 2.12, Contraceptives at 2.01, and Blood Transfusion at 1.81 fall within the acceptance category, albeit possibly with reservations. Moreover, vaccination, with an average of 1.41, falls under strong acceptance, indicating a readiness to undergo this intervention if necessary.

Table 2.4. Tendency to Refuse Medical Interventions Among Muslims

Medical Intervention	Mean	Scale Category
Medications Derived From Pork	3.95	STRONGLY REFUSE
Do Not Resuscitate (DNR)/ Do Not Intubate (DNI)	3.63	STRONGLY REFUSE
Organ Transplant	3.55	STRONGLY REFUSE
Blood Transfusion	3.03	REFUSE
In Vitro Fertilization	2.92	REFUSE
Contraceptives	2.92	REFUSE
Vaccination	2.17	ACCEPT

Table 2.4 displays the likelihood of medical intervention refusal among Muslims. Medications derived from pork, averaging 3.95 and categorized as strongly refuse, indicate a firm rejection of the medical intervention, suggesting a steadfast stance against undergoing it under any circumstances. Additionally, In Vitro Fertilization, averaging 2.92, Do Not Resuscitate at 3.63, Organ Transplant at 3.55, Blood Transfusion at 3.03, and Contraceptives at 2.92 fall within the refuse category, indicating reluctance or unwillingness to undergo these interventions. Furthermore, Vaccination, averaging 2.17 and categorized as accept, indicates an acceptance of the medical intervention, albeit possibly with some reservations.

Table 2.5. Tendency to Refuse Medical Interventions Among Jehovah's Witnesses

Medical Intervention	Mean	Scale Category
Blood Transfusion	3.94	STRONGLY REFUSE
Do Not Resuscitate (DNR)/ Do Not Intubate (DNI)	3.33	STRONGLY REFUSE
Contraceptives	3.22	REFUSE
Organ Transplant	3.12	REFUSE
In Vitro Fertilization	3.22	REFUSE
Medications Derived From Pork	2.36	ACCEPT
Vaccination	1.15	STRONGLY ACCEPT

Table 2.5. presents the likelihood of medical intervention refusal among Jehovah's Witnesses. Blood transfusion, averaging 3.94, and Do Not Resuscitate, averaging 3.33, are categorized as strongly refuse, indicating a firm rejection of these medical interventions, even under extreme circumstances. Additionally, contraceptives, averaging 3.22, organ transplants at 3.12, and in vitro fertilization at 3.22, fall within the refuse category, suggesting a reluctance or unwillingness to undergo these interventions. Moreover, Medications Derived from Pork, with an average of 2.36, are categorized as accept, indicating a general acceptance of this medical intervention, albeit possibly with some reservations. Furthermore, vaccination, averaging 1.15 and categorized as strongly accept, demonstrates a strong willingness to undergo this medical intervention if necessary.

Table 2.6. Tendency to Refuse Medical Interventions Among Roman Catholics

Medical Intervention	Mean	Scale Category
Do Not Resuscitate (DNR)/ Do Not Intubate (DNI)	2.79	REFUSE
In Vitro Fertilization	2.65	REFUSE
Organ Transplant	2.53	REFUSE
Contraceptives	2.42	ACCEPT
Blood Transfusion	2.41	ACCEPT
Medications Derived From Pork	2.14	ACCEPT
Vaccination	1.74	STRONGLY ACCEPT

Table 2.6. presents the likelihood of medical intervention refusal among Roman Catholics. Notably, Do Not Resuscitate, averaging 2.79, In Vitro Fertilization at 2.65, and Organ Transplant at 2.53 fall within the refuse category, indicating a reluctance or unwillingness to undergo these interventions. Additionally, contraceptives, averaging 2.42, blood transfusions at 2.41, and medications derived from pork at 2.14 are classified as accept, suggesting a general acceptance of these medical interventions, albeit with some reservations. Furthermore, vaccination, averaging 1.74, is categorized as strongly accepted, reflecting a strong willingness to undergo this medical intervention if necessary.

Table 3.2. Religion * Tendency to Refuse Medical Intervention Cross Tabulation

Count		Tendency to Refuse Medical Intervention			Total
		2	3	4	
Religion	Born Again	26	51	1	78
	Christian				
	Iglesia Ni Cristo	49	17	12	78
	Islam	4	30	44	78
	Jehovah's Witness	9	56	13	78
	Roman Catholic	43	19	16	78
Total		131	173	86	390

Table 3.3. Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	158.022 ^a	8	<.001
Likelihood Ratio	166.030	8	<.001
N of Valid Cases	390		
0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.20.			

The chi-square test indicates a significant relationship between religion and the tendency to refuse specified medical interventions. This means that there are notable differences in refusal rates across different religious groups. The chi-square value of 158.022 signifies that these disparities are considerable and unlikely to arise solely from random chance. Additionally, the p-value of less than .001, which is below the conventional threshold of 0.05, further confirms the statistical significance of this relationship. Moreover, the chi-square tests table reveals that none of the cells have expected counts less than 5, with the minimum expected count being 17.20. This indicates that the data satisfies the assumption of the chi-square test, ensuring the reliability of the findings. Overall, these results provide strong evidence that an individual's religion influences their tendency to refuse certain medical interventions.

The positive correlation coefficient of 0.519 indicates a moderately positive linear

Table 3.1. Correlation Between Level of Faith and Tendency to Refuse Medical Interventions Among the Five Religions

		Level of Faith	of Tendency to Refuse Medical Interventions
Level of Faith	Pearson Correlation	1	0.519**
	Sig. (2-tailed)		0.000
	N	390	390
Tendency to Refuse Medical Interventions	Pearson Correlation	0.519**	1
	Sig. (2-tailed)	0.000	
	N	390	390

relationship between the level of faith and the likelihood of refusing specific medical interventions. This suggests that as the level of faith increases, the likelihood of refusing specific medical interventions also tends to increase. Total score of each individual for level of faith and likelihood to refuse medical intervention was used in the Pearson correlation.

Table 3.2. Correlation Between Level of Faith and Tendency to Refuse Medical Interventions Among Born Again Christians

		Level of Faith	of Tendency to Refuse Medical Interventions
Level of Faith	Pearson Correlation	1	0.569**
	Sig. (2-tailed)		<0.001
	N	78	78
Tendency to Refuse Medical Interventions	Pearson Correlation	0.569**	1
	Sig. (2-tailed)	<0.001	
	N	78	78

The positive correlation coefficient of 0.569 indicates a moderately positive linear relationship between the level of faith and the likelihood of refusing specific medical interventions. This suggests that as the level of faith of Born Again Christian increases, the likelihood of refusing specific medical interventions also tends to increase. Total score of each Born Again Christian individual for level of faith and likelihood to refuse medical intervention was used in the Pearson correlation.

Table 3.3. Correlation Between Level of Faith and Tendency to Refuse Medical Interventions Among Members of Iglesia ni Cristo

		Level of Faith	of Tendency to Refuse Medical Interventions
Level of Faith	Pearson Correlation	1	0.162
	Sig. (2-tailed)		0.157
	N	78	78
Tendency to Refuse Medical Interventions	Pearson Correlation	0.162	1
	Sig. (2-tailed)	0.157	
	N	78	78

The positive correlation coefficient of 0.162 indicates a weakly positive linear relationship between the level of faith and the likelihood of refusing specific medical interventions. This suggests that as the level of faith of Iglesia ni Cristo increases, the likelihood of refusing specific medical interventions also tends to increase. Total score of each Iglesia ni Cristo individual for level of faith and likelihood to refuse medical intervention was used in the Pearson correlation.

Table 3.4. Correlation Between Level of Faith and Tendency to Refuse Medical Interventions Among Muslims

		Level of Faith	of Tendency to Refuse Medical Interventions
Level of Faith	Pearson Correlation	1	0.556*
	Sig. (2-tailed)		<0.001
	N	78	78
Tendency to Refuse Medical Interventions	Pearson Correlation	0.556*	1
	Sig. (2-tailed)	<0.001	
	N	78	78

The positive correlation coefficient of 0.556 indicates a moderately positive linear relationship between the level of faith and the likelihood of refusing specific medical interventions. This suggests that as the level of faith of Muslim increases, the likelihood of refusing specific medical interventions also tends to increase. Total score of each Muslim individual for level of faith and likelihood to refuse medical intervention was used in the Pearson correlation.

Table 3.5. Correlation Between Level of Faith and Tendency to Refuse Medical Interventions Among Jehovah's Witnesses

		Level of Faith	of Tendency to Refuse Medical Interventions
Level of Faith	Pearson Correlation	1	0.923**
	Sig. (2-tailed)		<0.001
	N	78	78
Tendency to Refuse Medical Interventions	Pearson Correlation	0.923**	1
	Sig. (2-tailed)	<0.001	
	N	78	78

The positive correlation coefficient of 0.923 indicates a strongly positive linear relationship between the level of faith and the likelihood of refusing specific medical interventions. This suggests that as the level of faith of Jehovah's Witnesses increases, the likelihood of refusing specific medical interventions also tends to increase. Total score of each Jehovah's Witnesses individual for level of faith and likelihood to refuse medical intervention was used in the Pearson correlation.

Table 3.6. Correlation Between Level of Faith and Tendency to Refuse Medical Interventions Among Roman Catholics

		Level of Faith	of Tendency to Refuse Medical Interventions
Level of Faith	Pearson Correlation	1	0.333**
	Sig. (2-tailed)		0.003
	N	78	78
Tendency to Refuse Medical Interventions	Pearson Correlation	0.333**	1
	Sig. (2-tailed)	0.003	
	N	78	78

The positive correlation coefficient of 0.333 indicates a weakly positive linear relationship between the level of faith and the likelihood of refusing specific medical interventions. This suggests that as the level of faith of Roman Catholic increases, the likelihood of refusing specific medical interventions also tends to increase. Total score of each Roman Catholic individual for level of faith and likelihood to refuse medical intervention was used in the Pearson correlation.

Table 3.7. Summary of Correlation between Faith Levels and Refusal Tendencies for Each Religion

Religion	Pearson's r Coefficient	Direction and Strength of Correlation
Jehovah's Witness	0.923	Strongly Positive Correlation
Born Again Christian	0.569	Moderately Positive Correlation
Islam	0.556	Moderately Positive Correlation
Roman Catholic	0.333	Weakly Positive Correlation
Iglesia ni Cristo	0.162	Weakly Positive Correlation

Table 3.7. presents the summary of Pearson correlation coefficients among the five religions, arranged in descending order from the strongest positive correlation to the weakest positive correlation. The correlation values reflect the direction and strength of association between faith levels and the refusal of specific medical interventions among individuals of different religions. Jehovah's Witnesses yielded the highest correlation with a Pearson's r coefficient of 0.923, while Iglesia ni Cristo yielded the lowest with a Pearson's r coefficient of 0.162.

a. Qualitative Phase

The second part entails the qualitative data collected, in which the researchers conducted a structured interview with 15 participants, three for each religion, who have answered the survey questionnaire and experienced the refusal of medical interventions based on their level of faith and religious belief.

The following data were carefully interpreted through the used of the thematic analysis approach, wherein an in-depth exploration of the participant's responses was interpreted into codes with themes and subthemes in order to further explore the patterns and provide a wide-angle view of the data collected. To maximize rigor and trustworthiness, each interview was recorded with permission from each participant, which was presented in the informed consent that was signed before starting. A transcript file was generated and read meticulously and precisely three times in order to properly identify codes and create the themes surrounding the interview.

Findings were described with codes according to the transcript file to aid the researchers in remembering the scenario and the individual, and an inductive approach was used to formulate the themes. Transferability was supported by the discussion and sharing of the exact verbatim of the participants with essential contents for the readers to be able to understand and comprehend the findings.

Theme 1: The Reasons of Individuals on their Refusal to Certain Medical Interventions Based on Religious Grounds

Subtheme 1: Holy Scriptures

According to participants from the five religions, their basis for rejecting some medical interventions such as IVF, Blood Transfusion, and Pork-derived medications is their belief with the sacred texts in the Bible or the Quran for Islam.

The grounds for refusal of IVF treatment mentioned by participants from Iglesia ni Cristo where they claimed that God is the only one allowed to create life in this world, thus viewing IVF as a way to conceive life between barren couples is going against the word of God. In addition to that, they affirmed their stance by stating,

"Bawal talaga yan para sa amin kasi dapat natural talaga ang paggawa ng baby kasi yun ang nakasulat sa Bibliya hindi yung science" - INC P3, 2024

"Diba may batayan din sa Bibliya, yung baog at matanda na eh pinangakuan ng Diyos dahil sa pananampalataya nila nagkaroon din ng anak." -INC P2, 2024

This demonstrates that Iglesia ni Cristo participants are a firm believer that God is the only creator of mankind and furthermore, men should not cause any dissaray to how humans are naturally created and that it is futile to go against the teachings of the Bible which they heavily believe in as part of their doctrine.

The participants from Born Again Christian also had the same reason for refusing the procedure as they agreed that it goes against the will of God to bring into being a child without His blessing. In addition to that, they have also stated their refusal against the use of contraceptives alluding to their belief that hindering a process on the creation of life is against His law.

"Tulad po ng nakasaad sa bibliya, ang mga anak ay biyaya mula sa Diyos na kusa Niyang ibinibigay. No need na pwersahin o pilitin. Maraming ibang alternative way, pero never po namin matatanggap 'yang IVF or any procedure na unethical." - Born Again P1, 2024

"As a Born Again Christian, naniniwala talaga kami sa Scriptures. So ayang contraceptives whether natural or artificial medyo ano [disagree] talaga kami d'yan. Pati 'yang withdrawal, may passage kasi dun na in-example na ayang withdrawal ay nag-cause ng kamatayan nung mga character doon. Basically, pinagbabawal 'yun ni Lord, parang yang contraceptives is hinahadlangan yung will ni Lord na mag bigay ng buhay, which is isang napakabanal na proseso. It is a very sacred procedure dapat." - Born Again P2, 2024

This emphasizes their dedication to their belief and the Scriptures where they based their teachings. As it is a sensitive topic for a lot of religions, they firmly have faith in their doctrines

where it forbids them to participate in medical treatments that are known to be against their teachings.

Participants from Roman Catholic were also very adamant in specifying that any use of contraceptives are a form of defiance against God's will to create life and prevent the natural process of mankind.

“Hindi ako sumasang-ayon diyan sa contraceptives kasi nasa Bible yan na sabi humayo kayo at magpakarami, kaya if titigilan iyan parang lumalabag ka na sa Bible ” **-ROMAN CATHOLIC P3, 2024**

The Catholic participants traditionally oppose any form of contraceptives because it goes against the teachings on the sanctity of life and preserving one's self until marriage. With that being said, Roman Catholics use theological reasons for the refusal in the use of contraceptives pertaining to Bible verse Genesis 1:28. However, there is a range of opinion since others are opting and are being open to contraceptives due to health and personal reasons.

For the participants of Islam, they refused stating their reason as *“Sa contraceptives naman talagang sinabi ng prophet namin tsaka tatanungin kasi siya here after ang sabi niya magiging proud daw siya kung mas marami yung magiging followers niya so yon yung naging basehan namin kaya pinopromote ng Islam yon na magparami at mayroon din sa holy Quran namin na derived sa messenger ang sabi dun “And do not kill your children for fear of poverty. We provide for them and for you, Indeed, their killing is ever a great sin. (Quran 17:31)”* **-ISLAM P1, 2024**

“...Sa paggawa ng desisyon sa amin nakabase sa Quran at Hadith at pinaguusapan ng mga ulama (scholar) **-ISLAM P2, 2024**

“...Sa pagkonsider ng mga desisyong ito ay nakabatay sa aming pananampalataya at pag konsulta sa aming Imam (Leader) at mga Ulama (scholars)” **-ISLAM P3, 2024**

As Muslims they adhere to the teachings of the Quran which they consider as their Bible and the Hadith which is a book that contains their traditions and customs written by the Prophet Muhammad which they strictly adhere to follow in their religious community. They also seek for additional counseling to their “Imam” and “Ulama” which refers to leaders and scholars respectively, that gives them advice whenever they are having a difficult time in their life. Stated by the participant, it was taught to them that contraceptives will hinder the will of their Prophet to spread their religion throughout the world if they use contraceptives will abstain them from conceiving their own children.

Jehovah's Witness participants are known for their disapproval of Blood transfusion and according to the study of Pavlikova, B. & van Dijk, JP., 2021, accepting a blood transfusion willingly and without regret is seen as a sin. Participants were also in agreement to this statement further by citing the infamous bible verse, Leviticus 17:14 *“For blood is sacred and it represents*

life.” However, they are not opposed to getting other medical treatments and will actively seek medical treatments for their sickness with the exception of blood transfusion.

“We solely base in the bible and the facts that it holds, abstaining from blood is one of the important commands of Jehovah our God that we continue to exercise even nowadays.” - JW P1, 2024

Moreover, participants from Jehovah’s Witnesses are generally accepting of modern medicinal advancements except for transfusions.

Members of Islam have concretely refuse pork-derived medications instead opting for alternatives such as coumadin in place for heparin as they stated that in their Quran there are lawful (Halal) and unlawful (Haram) which are the standard for what should be avoided or consumed in their religion and along with pork, snake and dogs are also considered as haram within their community. Moreover, participants with a high level of faith regard pork as a “dirty thing” and therefore should not be ingested by someone who is claiming to be holy and pure as it will taint their soul

“...Mayroon siyang nabanggit patungkol sa DVT yata yon ano ba yon (Deep Vein Thrombosis) na kung saan gagamitan ng heparin eh hindi ko naman alam yon pero nung nagkaroon kami ng masinsinang paguusap kasama sila imam at mga ulama (scholars) , yung isang ulama (scholar) nabanggit niya na ang heparin ay may halong pork na kung saan ito ay nakalagay sa aming Quran under ng haram na kung saan ipinagbabawal ang karne sa anumang pagkain o bagay. Kaya nabahala kami agad ang sinuggest ng mga ulama ay gumamit na lamang ng ibang klaseng gamot nalang basta walang karne kaya sinabi agad namin sa aking doktor na kung maari ay ibang klase nalang ng gamot basta walang karne at ang nairekomenda naman ng aming doktor ay warfarin na kung saan ito ay walang halong karne at mabisa rin sa paggamot ng DVT kaya yon na rin yung ginamit ko.” -ISLAM P3, 2024

Subtheme 2: Faith in God

DNR/DNI was mostly refused for the reason that participants were willing to entrust their life to a higher being they believe in. As participants have stated from three religions (Born Again, Iglesia ni Cristo, Roman Catholic) that they believe that if their time will come then who are they to refuse the will of God and they think that it will only prolong the suffering of an individual as some participants have explicitly stated that they have experienced one of their relatives going through with the said procedure

"Kasi sa ating pananampalataya ang Diyos na ang bahala sayo, dahil kung mabubuhay ka pa edi talagang mabubuhay ka pa.” - INC P2, 2024

“Ang pinanghahawakan ko ay may nakatakda na ang hangganan ang buhay natin dito sa mundo. Kaya if time comes na kailangan pa tubuhan for the sake na ma-prolong ang buhay, wag

*na lang diba? Kasi if will talaga ni Lord na hanggang du'n na lang, tatanggapin ko nang maluwig sa puso kasi alam ko naman na makakapiling ko ang Diyos pa huling araw ko na” - **Born Again P3, 2024***

*“About doon sa DNI, for me kasi i think na if its your time, in God’s will, then you can’t really do anything about it anymore, kaya for me with my faith in God, I want to trust in him so I don’t really want to prolong my sufferings.” -**ROMAN CATHOLIC P3, 2024***

This shows that their level of faith and devotion to God goes beyond what they think of their life here on Earth. In the event that prolonging their life is needed, they would rather pray to God and put all of their trust in Him as they believe that everything goes according to His will and that if it comes down to their own life in sacrifice, choosing to accept that fate allows them the belief that they would be reunited with him in the afterlife.

Vaccinations in Born Again Christians are rarely encouraged as it stands with some of the members, it delays what God has planned in the last days.

*“Sa vaccines naman, actually hindi ko po nakompleto yung sa COVID, parang napilitan lang din kasi requirement po sa trabaho, kasi against siya sa paniniwala namin na bakit mo kakailanganin ng additional protection na parang wala kang tiwala kay Lord” -**BORN AGAIN P2, 2024***

This demonstrates that participants from Born Again Christians have an unyielding faith towards their belief to place God in everything, even in their decisions involving medical interventions. This supports the study conducted by Lahav et al, (2022), where high levels of faith results in a decline in getting vaccination in comparison to those that have a low or moderate level of faith to prioritize their health. But nowadays, some are leaning towards being open to such interventions such as vaccinations for compliance purposes as recommended by the government, which was more evident during the surge of the CoVid-19 pandemic.

For Muslim participants, they are also against the idea of intercepting the birthing process, specifically for some situations implemented in the Philippine Healthcare system where tubal ligation is performed when family planning is provided or recommended by the physician in charge, as it contradicts their belief that the blessings of Allah should not be declined instead should be welcomed.

*“....Actually kagagaling ko lang sa panganganak sa ika-tatlo kong anak at yung doktor ko nirekomenda sa akin na magpatubal ligation e syempre kapag ligate diba puputulin na so hindi na kami makakabuo e sa aming relihiyon hindi ito nirerekomenda na gawin kasi dapat magparami at sa pamilya kasi namin walo kaming magkakapatid at hindi rin naman ligate si nanay atsaka parang pinuputol na rin yung will ni Allah so sinabi namin na hindi nalang” -**ISLAM P3, 2024***

Theme 2: Alternatives to the Medical Interventions they Refused

Subtheme 1: Conducting Devotional Prayers

Born Again Christian participants disagree with any form of artificial conception. Every participant who belonged to the said religion will refuse In Vitro Fertilization, as it was stated in their scriptures.

"Yung sa amin kasi, matagal na kaming nagta-try makabuo. Pero 'yun nga, inabot kami ng sampung taon, nagpacheck up na rin kami sa Doktor. Ang paulit-ulit na sinasabi, ay dahil sa stress dahil pareho kaming may trabaho ng asawa ko. Pero nung nag-quarantine, syempre nasa bahay lang kami kaya nagkaroon kami ng time para sa isa't isa. Ginawa naming devotion ito s araw-araw, at pinagpe-pray over din kami ng mga kasamahan namin sa church. After ilang months, by God's grace, na-bless na kami ng baby." - BORN AGAIN P2, 2024

This demonstrates that participants from Born Again Christian are highly devoted with their teachings in alignment to the Holy Scriptures they believe in. A process they used is to conduct an Intercession for their members who are in need of spiritual encouragement against the challenges in their life.

Members of the Iglesia Ni Cristo participants oppose all forms of artificial conception. Participants in the said religion will refuse in vitro fertilization.

"Kaso 'yun nga, may tumor ako, kaya lumabo 'yun posibilidad na makabuo kami. Lumapit kami sa ministro at sinabi niya na kung 'di naman labag sa kalooban namin, mag-ampon na lang kami. Nag-usap muna kami mag-asawa, hanggang sa nakapag-decide kami na mag ampon na. Ngayon, patuloy naming ipinagpa-panata na ang aming pamilya ay maging mas matatag sa kahit anong pagsubok ang dumating sa buhay. Dahil naniniwala kami na ito talaga ang gusto ng Diyos para sa amin" -INC P1, 2024

Another proposed alternative is by adopting a child. It gives the participant the opportunity to raise a child and it also allows them to avoid going against what they believe in as well as what is written in the Bible.

Muslim participants heavily believe in conducting devotional prayers as they go with their daily lives. They also believe in prophecies and destinies where they think that an individual's fate is already written and sealed the moment they were conceived by their parents.

"Naniniwala kasi kaming kahit anong itake mong gamot kung walang dasal ganoon parang wala lang din, naniniwala rin kasi na destiny since nasa sinapupunan pa siya ng nanay niya nakasulat na lahat kung kailan siya mamatay o kung anong blessings ang makukuha niya kaya hindi na namin tinatanong kung may namatay kahit na healthy naman, naniniwala rin kami na yung prayers makakapagbago ng destiny. Sa pagdarasal naman 5 times yung daily prayers

namin mayroon din yung perspective time like yung 4 am bago sunrise, mayroon din yung sa sunset.” - ISLAM P1, 2024

The muslim participants conduct their prayers five times a day or the “Salah” as a form of their religious routine daily in order to fulfill the command of Allah to his Noble Prophet, Muhammad, especially as a form of consolation whenever they are going through tough situations in their life. As it is known, pork-derived medications are forbidden to them and they have heavily implied a strong refusal against porcine medications so they resort to finding peace and comfort through their prayers as it serves as a connection of their faith to Allah. These obligatory prayers are accomplished every day as part of their routine which begins at dawn and ends early in the night where they would face the direction of the Mecca for every prayer.

Subtheme 2: Anointing of the Sick

Roman Catholic and the Iglesia ni Cristo participants have practiced the ritual of anointing the sick through oil and prayer.

For the Catholics, the oil is prepared and prayed over and then the priest will apply the oil to the sick individual. There is a little variation with how Iglesia ni Cristo carry out the process as it can be done with a gathering or in private. In a gathering, they would treat it as if it is a worship service then they would prepare the oil, then they would conduct a prayer and then church officers would go around to anoint the sick by reciting a short prayer then applying it to their members.

There have been numerous accounts by participants who has experienced the process and had said that it generated a positive feedback giving the individual encouragement and the will to continue fighting for their life

“Mayroon yung oras na kinailangan kong magpatanggal ng pancreas kasi napansin ng mga kasama ko na naninilaw ako lubos akong nabahala nun tsaka nalungkot kasi paano kung hindi kayanin ng katawan ko at bigla nalang bumigay diba kaya araw-araw akong nagpupunta sa simbahan para manalangin at magpapahid ng oil kasi parang nararamdan ko yung presence niya sa ganoong paraan at labis akong nagpapasalamat sa Diyos at dininggini niya ang panalangin ko na maging maayos ang kalalabasan ng operasyon ko at maging ok ako.” - Roman Catholic P1, 2024

The Anointing of the Sick is considered a vital sacrament in the Catholic Church. It is a ceremony intended for the provision of spiritual strength, especially to those who are seriously ill and in danger of impending death. It offers the patient comfort of God’s presence during this trying time.

“Pagpapahid ng Langis” na kung saan ipapanalangin ka ng isang ministro o may tungkulin tapos ipapahid yung langis sa katawan mo kung saan ka man nakakaramdam ng sakit.

Very effective siya talaga, kasi mayroon kaming tiwala sa Diyos na siya ang magpapagaling sa mga sakit namin." - INC P1, 2024

It is evident that their faith has surely healed their spiritual being and is able to persevere through any kind of hindrances in their life. Lead by their unwavering faith to have confidence with their religious sacraments, it is a significant practice symbolizing the impartation of the Holy Spirit's guidance and blessing upon the members.

Subtheme 3: Medicine, Supplements, and Healthy Lifestyle

In replacement to medical interventions and procedures that are prohibited to their teachings and doctrines, medicines and supplements are considered as another alternative to interventions.

Vitamins and minerals are widely known to be essential to the body. It helps the body with its metabolic processes which gives the body energy to fight infection and restore normal physiological functions.

"Di naman masamang magpagamot sa hospital, lalo na if magpapagaling ka naman. Yung pagtake ng vitamins na kailangan ng body like vitamin C for immunity and yung mga iba pa." - INC P3, 2024

"But di ko din naman tatanggihan pag may alternative na mabubuhay pero yung sa paraan lang, pwede pa siguro pag gamot or syempre diba sabi nila prevention is the key, kaya yang pagtatake ng vitamins at pagkakaroon ng malusog na pangangatawan ay isa din sa mga dapat gawin syempre." -Born Again P3, 2024

"...But I do believe that taking care of one's body is as important as going to the doctor and this can be implemented by eating vegetables, taking vitamins, and having a healthy lifestyle" - ROMAN CATHOLIC P2, 2024

In light of taking supplements and medicines, this could also be a way to prevent exacerbation of illnesses that may result in interventions that are prohibited in one's faith and belief as it would help make their physiological needs function normally.

Another medicinal alternative is the erythropoietin-stimulating agents (ESA) as a replacement for blood transfusions in light of Jehovah's Witness strong refusal against the procedure. A study conducted by Crowe & DeSimone, 2022, ESA was used as replacement therapy for preoperative patients to decrease RBC transfusions with the combination therapy of IV iron, erythropoietin alpha, Vitamin B12, and folic acid administered the day before surgery has significantly decreased blood transfusion, But there are risks especially for oncology patients as it could potentially promote tumor growth and decreased overall survival rate.

This is in alignment to the statement by one of the participants by Jehovah's Witness which they communicated that "...*There are a lot safer alternative ways to blood transfusion like drugs that helps the body to produce more blood.*" - **JW P2, 2024**

Likewise this can be an effective way to avoid prohibitions set by one's faith while still maintaining the individual's autonomy for their own body

Subtheme 4: Natural Contraceptive - Abstinence

On the subject of contraceptives, participants from Born Again Christian, Islam, and Roman Catholic, have stated abstinence for a more natural alternative for contraceptives as it was mentioned in the first theme that it goes against their belief and doctrines.

"Since tulad nga ng nasabi ko, dini-discourage ang contraceptives sa amin, abstinence lang po talaga. Kasi po as an active member of the church, hindi enough na hanggang salita lang, hindi sapat 'yung hanggang sa apat na sulok lang ng church namin prina-practice 'yung teachings. At uulitin ko po, parang pinipigilan po ng contraceptives 'yung mga biyaya na bigay Niya. Lagi't lagi po kaming susunod sa turo ng Panginoon." - **BORN AGAIN P2, 2024**

"Parang sa contraceptives talagang bawal ang puwedeng alternative ay abstinence so hanggang sa may alternative." - **ISLAM P1, 2024**

"Yes, yung sa abstinence for contraceptives. Mas effective nga siya kaysa sa mga condom and pills kasi yon wala siyang effect in your body and sa condom kasi pwede siyang mabutas and pwede din magkaroon ng STD's. So for me, mas secure talaga ang papractice ng abstinence." - **ROMAN CATHOLIC P3, 2024**

Participants preferred a more natural way of preventing fertilization by naturally abstaining from coitus and refusing to give in on one's desire as doing so can inhibit any unwanted pregnancy and possible transaction of Sexually Transmitted Diseases. In a study conducted by Deese, et al, 2021, chlamydia and gonorrhea risk may vary with every contraceptive use as findings state that chlamydia prevalence was 18% and gonorrhea prevalence was 5%. This puts into perspective that the use of contraception may vary depending on the methods used as well as for every individual.

Subtheme 5: Legal certification

Jehovah's Witnesses are known to refuse blood transfusion as it contradicts with their teachings and holy scriptures. A way for them to avoid going against their teachings is to acquire a legal certification which they carry with them wherever they go in cases of unfortunate accidents. In these certifications, a "NO BLOOD TRANSFUSION" sign is written accompanied by the individual's signature confirming the refusal. This is a way for members of JW to let health care professionals know that in the event of an unforeseen circumstance they are not allowed to perform the procedure even if the individual is in need of help due to their loss of blood.

“I’ve prepared a legal certification in my wallet when the time comes that for example, I’m unconscious where the front says “no blood.” The certification explains why we abstain from blood and do not accept blood transfusion, and it bears witness for the legalization of the certificate.” - JW P1, 2024

“In our religious organization, there is called a “No Blood Transfusion Card” that is always kept by a member in a wallet or bag just in case there is an accident and is unaware. This card can be read by any present medical doctors.” - JEHOVAH’S WITNESS P2, 2024

IV. Conclusion

This study sought out the correlation between an individual’s level of faith and their tendency to refuse medical interventions and by using sequential explanatory mixed-method design, a survey questionnaire and structured interview was used to collect data. In light of the findings, it is clear that there is a significant relationship between an individual’s level of faith and their tendency to refuse medical interventions which rejects the null hypothesis. Furthermore, the pearson’s r correlation results stated that there is a moderately positive correlation across all five religions between the level of faith and refusal, indicating that the higher the faith the higher the chance to refuse a certain procedure. For the qualitative aspect of findings, it was indicated that a common theme for an individual’s reason to refuse was based on their doctrines and their faith in God. As for alternatives, it was concluded that the chosen participants had multiple substitutes such as conducting prayers, anointing of the sick, medicines, abstinence, and legal certification, highlighting that the participant’s had a high reliance and trust to their religious practices and doctrines that may lead to their unwillingness to cooperate to certain medical procedures that is prohibited to their religious belief and faith.

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