CULTURAL LAG AND ATTITUDES OF HEALTH EDUCATION STUDENTS TOWARDS CONTEMPORARY HEALTH PRACTICES IN ANAMBRA STATE

[1]Chioma Precious Alozie

[2]Jane Oluchukwu Obele

[3]Ebele Nneka Anyaeji

Abstract

The study examined the influence of cultural lag on the attitudes of Health Education students toward contemporary health practices in tertiary institutions in Anambra State. Two research questions guided the stud and one hypothesis was tested. The study adopted a descriptive survey design. A population of 350 third-year Health Education students from selected tertiary institutions in Anambra State participated in the study. Two researcher-developed questionnaires were used to collect data: one on cultural lag and the other on attitudes toward contemporary health practices. The study was guided by two research questions and one hypothesis. Data were analysed using mean scores, standard deviation, and simple regression analysis. The findings revealed a high prevalence of cultural lag and a significant influence of cultural lag on students' attitudes toward modern health practices. It was concluded that despite exposure to health education, cultural lag significantly influences Health Education students' attitude towards contemporary health practices in tertiary institutions in Anambra State. Curriculum planners, institutional heads, and health education stakeholders should develop culturally responsive strategies that bridge the gap between traditional beliefs and modern health practices.

Keywords: Cultural lag, Health education, Contemporary health practices, Student attitudes, Tertiary institutions.

Introduction

In contemporary society, the rapid advancement of science and technology continues to reshape human understanding and approaches to health and wellness. However, the acceptance and integration of these innovations are often hindered by the persistence of outdated cultural norms and values, a phenomenon referred to as cultural lag. Cultural lag is a concept popularized by sociologist William Fielding Ogburn. Ogburn (1922) defines cultural lag as the delay or resistance in societal norms, beliefs, and practices adapting to technological and scientific innovations in his cultural lag theory. In discussing the challenges posed by rapid technological advancements, Cultural lag is primarily the result of the inability of some people to understand technology and science and to take advantage of the technological changes (Ugwu & Okpala, 2024). Brinkman and Brinkman (1997) expanded on Ogburn's theory, emphasizing that cultural lag involves both cultural and social elements. They introduced the term "socio-cultural lag" to describe situations where "the material part of culture moves ahead of the non-material part," leading to a period of maladjustment. This lag creates a gap between what is technically possible and what is socially accepted, often obstructing progress, particularly in the health sector.

In Nigeria, cultural lag significantly affects the healthcare sector, particularly in the realm of mental health. Despite the increasing prevalence of mental health disorders, there remains a substantial gap in the acceptance and utilization of mental health services. Fadele et al. (2024) reveal that approximately 80% of individuals with severe mental health needs in Nigeria do not receive adequate care, primarily due to stigma and negative societal attitudes toward mental health issues. This resistance is deeply rooted in cultural beliefs that often associate mental illness with supernatural causes, leading to a preference for traditional healers over modern medical interventions (Williams et al., 2024).

Health education students, as future advocates and practitioners of public health, are expected to be at the forefront of adopting and promoting contemporary health innovations such as digital health platforms, telemedicine, vaccination campaigns, reproductive health education, and mental health awareness. However, studies have shown that cultural beliefs and traditional values still play a significant role in shaping their attitudes and practices (Ikechukwu et al., 2020; Igbokwe et al., 2024). In many Nigerian communities, including those in Anambra State, traditional perceptions of health often rooted in superstition, religion, and ancestral practices clash with modern scientific health innovations, creating tension in how health information is received, interpreted, and applied (Suntai & Daniel, 2024). Despite being trained in modern health education, many students subconsciously carry culturally ingrained scepticism toward practices such as organ donation, mental health counselling, contraceptive use, or even immunization. Ugwu and Okpala (2024) assert that these contradictions between acquired academic knowledge and long-held cultural values can result in conflicted attitudes, selective adoption of health innovations, or even outright rejection of proven health interventions. Furthermore, the lack of formal training in cultural competence among healthcare professionals exacerbates this issue. Ogunlana et al. (2023) reveal that a substantial number of hospital-based healthcare providers in Nigeria lacked formal training in cultural competence, highlighting a gap in the healthcare education system. This deficiency sometimes leads to misunderstandings and resistance when introducing health innovations that conflict with traditional beliefs, thus resulting in suboptimal health outcomes, perpetuation of health myths, and a general reluctance to adopt beneficial health practices. Given these challenges, there is a pressing need to investigate how cultural lag influences the attitudes of health education students toward health innovations and practices in Anambra State's tertiary institutions.

This study investigates the influence of cultural lag on the attitudes of health education students toward contemporary health practices in tertiary institutions in Anambra State. It specifically identifies prevalent cultural lag among health education students that may affect their perception of modern health innovations in tertiary institutions in Anambra State as well as examine how the cultural lag influences attitudes of these health education students.

Theoretical Framework

The theoretical framework for the study was based on the Cultural Lag Theory. The Cultural Lag Theory is propounded by William Fielding Ogburn in 1922. The theory posits that cultural lag

occurs when non-material aspects of culture, such as beliefs, values, attitudes, and social practices, fail to keep pace with material or technological advancements. In other words, while society may quickly adopt new technologies or innovations, the accompanying changes in social norms and attitudes often take longer to manifest, resulting in a gap or "lag". This theory is highly relevant to the present study on the influence of cultural lag on the attitudes of health education students towards contemporary health practices in Anambra State tertiary institutions, as it provides an explanatory lens for understanding why some students may resist or show ambivalence towards modern health practices despite exposure to scientific knowledge and innovations in healthcare. It highlights how entrenched cultural beliefs and traditional orientations can slow the acceptance of beneficial health practices, which could shape the attitudes and behaviours of students in health education.

Literature Review

Ugwu and Okpala (2024) conducted a survey-based study in Anambra State to investigate the relationship between cultural beliefs and healthcare utilisation. Using a structured questionnaire administered to a cross-section of community members, they found that cultural orientations strongly determined individuals' choice of treatment options, with many respondents preferring traditional medicine due to its perceived affordability, accessibility, and efficacy. This aligns with Nwangwu and Ukwueze (2023), who employed a qualitative and descriptive design to explore the influence of cultural health beliefs on communication between healthcare providers and patients in primary health centres across Anambra State. Through interviews and focus group discussions, they observed that deeply rooted cultural perceptions shaped the way patients interacted with providers and influenced adherence to medical advice. Their study further suggests that integrating harmless traditional practices into biomedical care could strengthen trust and improve service uptake.

Similarly, Onuoha, Okereke, Ngwoke, and Ekpechu (2024), using a community-based survey in Ishiagu-Ebonyi, report that cultural factors, such as: values, traditions, and social norms significantly influence health-seeking behaviour, often delaying or discouraging the adoption of modern medical services. Igbokwe et al. (2024) corroborate these findings in Benue State through a large-scale quantitative study involving 896 mothers of under-five children. Using a standardised questionnaire on maternal, newborn, and child health services, they show that cultural beliefs significantly influence service utilisation, with many respondents still favouring traditional practices despite access to modern care. Supporting this, Ikechukwu, Ofonime, Kofoworola, and Asukwo (2020) adopted a comparative cross-sectional design in both rural and urban communities of Cross River State. By combining surveys and focus group discussions with mothers and traditional birth attendants, they reveal that cultural and traditional beliefs continue to shape maternal and child health practices, with rural communities more strongly adhering to traditional methods compared to urban settings. In addition, Suntai and Daniel (2024) employed a mixed-methods approach in Taraba State, drawing on questionnaires and interviews with healthcare providers and patients, and found that cultural health beliefs affect both patients' expectations and providers' communication strategies.

Although previous studies show that cultural beliefs strongly influence healthcare utilisation and practices, they largely focus on patients, mothers, or community members. No attention has been given to health education students, who are future health practitioners but remain influenced by the cultural orientations of their families and communities. This lack of empirical evidence on how cultural lag shapes students' attitudes towards contemporary health practices create the gap that necessitates the present study in tertiary institutions in Anambra State.

Methodology

The study adopts a descriptive cross-sectional survey design to investigate the influence of cultural lag on the attitudes of Health Education students toward contemporary health practices. This design is appropriate for assessing the prevalence and relationships between variables within a specific population at a single point in time. The study centres on Anambra State, southeastern Nigeria, which hosts several tertiary institutions offering health education programs, including Nnamdi Azikiwe, Awka; Chukwuemeka Odumegwu Ojukwu University, Uli; and Anambra State College of Health Technology, Obosi. The population of the study comprising of 350 third-year undergraduate Health Education students enrolled in 2024/2025 academic session was drawn from these institutions. The entire population was used for the study because it was manageable. The null hypothesis tested at 0.05 level of significance is: *There is no significant influence of cultural lag on the attitudes of health education students toward contemporary health practices in tertiary institutions in Anambra State*.

Data were collected using two structured questionnaires: The first questionnaire titled *Cultural Lag Assessment Questionnaire* (CLAQ) assessed the extent to which traditional cultural beliefs and practices persisted among Health Education students. It covered areas such as beliefs about traditional medicine, perceptions of modern healthcare practices, and the influence of cultural norms on health decisions. The second questionnaire titled *Attitude Towards Contemporary Health Practices Questionnaire* (ATCHPQ) evaluated students' attitudes toward modern health practices, including the use of digital health tools, acceptance of modern contraceptive methods, and openness to mental health services. Both questionnaires utilized a 5-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree". To ensure content validity, the questionnaires were reviewed by experts in Health Education and Sociology. A pilot study was conducted with 20 Health Education students from a tertiary institution not included in the main study. The reliability of the instruments was determined using Cronbach's alpha, yielding coefficients of 0.82 for the CLAQ and 0.85 for the ATCHPQ, indicating acceptable internal consistency.

After obtaining ethical clearance and necessary permissions, the questionnaires were administered to the selected students. Participants were assured of confidentiality, and informed consent was obtained. The questionnaires were distributed and collected during scheduled class periods to ensure a high response rate. Out of 350 copies of questionnaire distributed, 305 copies were returned in good condition and used for analysis of data. Collected data were analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics (means, standard

deviations) summarized the data. Simple regression analysis was employed to examine the significant influence of cultural lag on attitudes of health education students toward contemporary health practices. A significance level of 0.05 was used to determine statistical significance.

Results

Research Question One

What are the cultural lags that are prevalent among health education students' tertiary institutions in Anambra State?

Table 1: Respondents Mean Ratings on the cultural lags that are prevalent among health education students' tertiary institutions in Anambra State (N=305)

S/N	Cultural Lag Item	Mean	SD	Remark
1	Preference for traditional medicine over modern healthcare practices	3.80	0.85	High
2	Belief in spiritual causes of diseases leading to delayed medical intervention	3.65	0.90	High
3	Reluctance to accept modern contraceptive methods due to cultural beliefs	3.70	0.88	High
4	Dependence on family elders for health decisions rather than medical advice	3.55	0.92	High
5	Scepticism towards mental health services due to cultural stigmatization	3.60	0.87	High
6	Resistance to blood transfusion and organ donation based on cultural taboos	3.50	0.95	High
7	Preference for traditional birth attendants over hospital deliveries	3.45	0.89	Moderate
8	Avoidance of vaccination due to cultural myths and misinformation	3.40	0.91	Moderate
9	Gender-based restrictions affecting women's access to healthcare services	3.35	0.93	Moderate
10	Reliance on community healers for health issues instead of trained professionals	3.30	0.90	Moderate
	Grand Mean	**3.53**		**High**

The grand mean of 3.53 indicates a generally high prevalence of cultural lags among Health Education students in tertiary institutions Anambra State. Items 1 through 6, with mean scores ranging from 3.50 to 3.80, fall into the 'High' category, highlighting significant adherence to traditional beliefs and practices. Items 7 through 10, with mean scores between 3.30 and 3.45, are categorized as 'Moderate', suggesting a moderate level of cultural lag in these areas. The standard deviation values, ranging from 0.85 to 0.95, indicate a relatively consistent agreement among respondents on these cultural lag items.

Research Question Two

How does cultural lag influence attitudes of health education students toward contemporary health practices in tertiary institutions in Anambra State?

Table 2: Respondents' Mean Ratings on the Influence of Cultural Lag on Attitudes Toward Contemporary Health Practices Among Health Education Students in Tertiary Institutions in Anambra State (N=305)

S/N	Influence of Cultural Lag on Attitudes Toward Contemporary Health Practices	Mean	SD	Remark
1	Preference for traditional medicine over modern healthcare services	3.85	0.80	High
2	Belief in spiritual causes of diseases leading to delayed medical intervention	3.75	0.85	High
3	Reluctance to accept modern contraceptive methods due to cultural beliefs	3.70	0.82	High
4	Dependence on family elders for health decisions rather than medical advice	3.65	0.88	High
5	Scepticism towards mental health services due to cultural stigmatization	3.60	0.84	High
6	Resistance to blood transfusion and organ donation based on cultural taboos	3.55	0.90	High
7	Preference for traditional birth attendants over hospital deliveries	3.50	0.86	High
8	Avoidance of vaccination due to cultural myths and misinformation	3.55	0.89	High
9	Gender-based restrictions affecting women's access to healthcare services	3.60	0.87	High
10	Reliance on community healers for health issues instead of trained professionals	3.65	0.85	High
	Grand Mean	**3.64**		**High**

The grand mean of 3.64 indicates a high overall influence of cultural lag on the attitudes of Health Education students toward contemporary health practices in tertiary institutions Anambra State. All items scored above 3.50, reflecting a consistent and significant impact of traditional beliefs and practices on students' acceptance and utilization of modern healthcare services. The standard deviation values, ranging from 0.80 to 0.90, suggest a relatively uniform agreement among respondents regarding these influences.

Hypothesis One

There is no significant influence of cultural lag on the attitudes of health education students toward contemporary health practices in tertiary institutions in Anambra State.

Table 3: Simple Linear Regression Analysis on the Influence of Cultural Lag on Attitudes Toward Contemporary Health Practices Among Health Education Students in Tertiary Institutions in Anambra State.

Model Summary	**R**	**R^2**	**Adjusted R^2**	**Std. Error of the Estimate**
	0.68	0.46	0.45	0.52

ANOVA	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Regression	78.32	1	78.32	289.74	0.000
Residual	91.68	303	0.30		
Total	170.00	304			

Coefficients	**Unstandardized B**	**Std. Error**	**t**	**Sig.**
(Constant)	1.25	0.12	10.42	0.000
Cultural Lag	0.75	0.04	17.03	0.000

The regression analysis reveals a significant positive relationship between cultural lag and students' attitudes toward contemporary health practices. The R^2 value of 0.46 indicates that approximately 46% of the variance in attitudes can be explained by cultural lag. The F-statistic ($F = 289.74$, $p < 0.05$) confirms the model's overall significance. The unstandardized coefficient ($B = 0.75$) suggests that for each unit increase in cultural lag, there is a corresponding 0.75 unit increase in resistance toward contemporary health practices. Given that the p-value is less than 0.05, we reject the null hypothesis. This indicates a significant influence of cultural lag on the attitudes of health education students toward contemporary health practices in tertiary institutions in Anambra State.

Discussion

The finding of the study reveals high prevalence of cultural lags among Health Education students in tertiary institutions Anambra State. Several factors contribute to this phenomenon. Deep-rooted cultural beliefs play a significant role; in many Nigerian communities, health and illness are often interpreted through cultural and spiritual lenses. For instance, certain ailments are believed to be caused by supernatural forces, leading individuals to seek traditional healers rather than modern medical practitioners. Additionally, students are often influenced by the beliefs and practices of their families and communities. If their immediate environment favours traditional medicine over contemporary healthcare, students may internalize these preferences, leading to a reluctance to adopt modern practices despite their education. Economic considerations also reinforce the reliance on traditional practices. Traditional healthcare options are often more affordable and accessible than modern medical services. This economic factor can be particularly influential among students with limited financial resources. Moreover, there is a prevailing belief in the potency of traditional medicine. This perception can lead to a preference for traditional remedies, even when modern alternatives are available and scientifically proven to be effective. The finding is in agreement with Ugwu and Okpala (2024) who found that cultural beliefs significantly affect healthcare utilization in Anambra State, with many individuals favouring traditional medicine due

to its perceived efficacy and affordability. Similarly, Nwangwu and Ukwueze (2023) observe that cultural health beliefs influence patients' medication adherence and health-seeking behaviour in Anambra State. Nwangwu and Ukwueze (2023) further note that integrating harmless traditional medicines with modern healthcare could enhance healthcare delivery. Furthermore, Onuoha et al. (2024) reported that cultural factors, such as beliefs, values, traditions, and social norms, significantly influence health-seeking behaviour.

The finding of the study reveals a high overall influence of cultural lag on the attitudes of Health Education students toward contemporary health practices in tertiary institutions Anambra State. IT may have resulted because health education students are often influenced by the beliefs and practices of their families and communities. If their immediate environment favours traditional medicine over contemporary healthcare, students may internalize these preferences, leading to reluctance to adopt modern practices despite their education. The finding is in agreement with Igbokwe et al. (2024) who found that cultural beliefs significantly affect healthcare utilization in Benue State, with many individuals favouring traditional medicine due to its perceived efficacy and affordability. Similarly, Suntai and Daniel (2024) observed that cultural health beliefs influence patients' medication adherence and health-seeking behaviour. Furthermore, Ikechukwu et al. (2020) reported that cultural factors, such as beliefs, values, traditions, and social norms, significantly influence health-seeking behaviours. Furthermore, finding of the study revealed a significant influence of cultural lag on the attitudes of health education students toward contemporary health practices in tertiary institutions in Anambra State.

Conclusion

Based on the findings of the study the researcher concludes that there is a significant influence of cultural lag on the attitudes of Health Education students toward contemporary health practices in tertiary institutions in Anambra State. Despite exposure to modern health education, students continue to uphold traditional beliefs and practices that may hinder the adoption of contemporary healthcare methods. This cultural lag is influenced by deeply rooted cultural beliefs, community influences, economic considerations, and the perception of traditional medicine's efficacy.

Recommendations

The following recommendations are made based on the findings of the study:

1. Curriculum Developers should integrate cultural competence and sensitivity into the health education curriculum. This integration will equip students with the skills to navigate and reconcile traditional beliefs with modern healthcare practices.
2. Tertiary Institution Administrators should organize workshops and seminars that involve community leaders and traditional healers. Such engagements can bridge the gap between traditional and modern healthcare systems, fostering trust and facilitating the acceptance of contemporary health practices.
3. Policymakers should consider integrating safe and effective aspects of traditional medicine into the formal healthcare system. This integration can enhance healthcare accessibility and acceptance among populations with strong cultural ties.

4. Public Health Educators should implement community-based awareness initiatives to educate the public on the benefits of contemporary health practices while respecting cultural beliefs. These initiatives can promote informed decision-making and encourage the adoption of modern healthcare methods.

[1]Chioma Precious Alozie
Department of Health Promotion and Public Health Education
Faculty of Education
Nnamdi Azikiwe University, Awka.
Email: chiomaalozie2019@gmail.com

[2]Jane Oluchukwu Obele
Nnamdi Azikiwe University, Awka.
Email: janeoluchi16@yahoo.com

[3]Ebele Nneka Anyaeji
Nnamdi Azikiwe University, Awka.
Email: anyaeji@unizik.edu.ng

References

Brinkman, R. L., & Brinkman, J. E. (1997). *Cultural lag: Conceptual foundations and relevance for understanding the "crisis" in American values*. Greenwood Publishing Group.

Igbokwe, C. C., Ihongo, J. T., Abugu, L. I., Iweama, C. N., & Ugbelu, J. E. (2024). Influence of cultural beliefs on the utilization of integrated maternal, newborn, and child health services in Benue State, Nigeria. *Cureus, 16*(1), e52808. https://doi.org/10.7759/cureus.52808

Ikechukwu, H. U., Ofonime, N. U., Kofoworola, O., & Asukwo, D. E. (2020). Influence of cultural and traditional beliefs on maternal and child health practices in rural and urban communities in Cross River State, Nigeria. *Annals of Medical Research and Practice, 1*(4). https://doi.org/10.25259/ANMRP_4_2019

Nwangwu, I. E., & Ukwueze, F. O. (2023). Influence of cultural health beliefs on healthcare providers/patients communication in primary healthcare centres in Anambra. *International Journal of Language, Literature and Translation*, 3(1). Retrieved from https://www.gojamss.net/index.php/IJLIT/article/view/1049

Ogburn, W. F. (1922). *Social change with respect to culture and original nature*. B. W. Huebsch.

Ogunlana, M. O., Oyewole, O. O., Aderonmu, J. A., Onyeso, O. K., Faloye, A. Y., & Govender, P. (2023). Patterns and predictors of cultural competence practice among Nigerian hospital-based healthcare professionals. *BMC medical education*, *23*(1), 933. https://doi.org/10.1186/s12909-023-04910-0

Onuoha, O. O., Okereke, O. J., Ngwoke, G. O., & Ekpechu, J. O. A. (2024). Influence of cultural factors on health seeking behaviour in Ebonyi State, South East, Nigeria: The Ishiagu-Ebonyi exemplar. *Nigerian Journal of Social Psychology*, 7(2). Retrieved from https://www.nigerianjsp.com/index.php/NJSP/article/view/154

Suntai, D. I., & Daniel, H. C. (2024). Cultural health belief and healthcare providers' communication strategies in Taraba State, Nigeria. *African Journal of Social and Behavioural Sciences, 14*(3). Retrieved from https://journals.aphriapub.com/index.php/AJSBS/article/view/2657

Ugwu, U. T., & Okpala, C. O. (2024). Cultural beliefs and healthcare utilization in Anambra State, Nigeria. *African Journal of Social and Behavioural Sciences*, 14(6). Retrieved from https://journals.aphriapub.com/index.php/AJSBS/article/view/2839.

Williams, S. A., Baldeh, M., Bah, A. J., Robinson, D. R., & Adeniyi, Y. C. (2024). *Pathways to mental health services across local health systems in sub-Saharan Africa: Findings from a systematic review* [Preprint]. medRxiv. https://doi.org/10.1101/2024.01.11.24301103