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The Primacy of Religious Explanatory Frameworks in African Contexts: A Critical Analysis of Potential Socioeconomic Ramifications

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Abstract

Background: Religious explanatory frameworks predominate in African contexts, where spiritual, divine, and supernatural causation often serve as primary lenses for interpreting socioeconomic phenomena including health, poverty, education, and economic outcomes. While religion provides undeniable spiritual and social benefits, concerns have emerged regarding potential socioeconomic ramifications when religious attributions eclipse empirical, structural, and systemic analyses of social challenges.

Objective: This study critically analyzed the relationship between religious explanatory primacy and socioeconomic outcomes in African contexts, examining mechanisms through which religious attribution patterns influenced development trajectories.

Methods: A cross-sectional study was conducted between January and August 2024 across Nigeria, Kenya, and Ghana, employing multistage sampling to recruit 1,500 adult respondents (500 per country) from urban and rural communities. Data were collected through structured questionnaires measuring religious explanatory primacy via a validated 20-item Religious Attribution Scale and socioeconomic outcomes using standardized indices for health-seeking behavior, educational investment, entrepreneurial orientation, and poverty alleviation strategies. Statistical analysis proceeded through univariate descriptive statistics, bivariate correlations and chi-square tests, and Structural Equation Modeling (SEM) to examine direct, indirect, and moderated relationships between constructs.

Results: Univariate analysis revealed that 63.3% of respondents exhibited high religious attribution (M=73.42, SD=15.68), with 42.1% endorsing primarily prayer-focused poverty strategies and 35.4% prioritizing spiritual over biomedical health approaches. Bivariate analysis demonstrated significant negative correlations between religious attribution and health-seeking behavior ($r=-0.412$, $p<0.001$), educational investment ($r=-0.385$, $p<0.001$), entrepreneurial orientation ($r=-0.291$, $p<0.001$), and structural poverty strategies ($r=-0.447$, $p<0.001$), with particularly strong association with external locus of control ($r=-0.531$, $p<0.001$). SEM results (CFI=0.951, RMSEA=0.047) confirmed that religious attribution exerted significant direct negative effects on all outcomes while being substantially mediated by locus of control, which accounted for 26.4% to 46.7% of total effects. Educational attainment ($\beta=-0.134$, $p<0.001$) and urban residence ($\beta=-0.089$, $p=0.004$) significantly moderated these relationships, with negative effects attenuated among more educated and urban respondents.

Conclusions: Religious explanatory primacy in African contexts was significantly associated with reduced biomedical health-seeking, lower educational investment, diminished entrepreneurial initiative, and lesser engagement with structural poverty solutions, operating substantially through externalized locus of control. Educational attainment provided protective moderation, suggesting that formal education equipped individuals to maintain religious commitments while engaging complementary analytical frameworks.

Recommendations: Development strategies should integrate religious and empirical frameworks through educational curricula cultivating epistemic flexibility, faith-based partnerships co-designing theologically-aligned evidence-based

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interventions, and community programs enhancing agency while respecting religious worldviews. These approaches should honor the centrality of faith in African contexts while promoting analytical capacities for addressing socioeconomic challenges through multiple complementary explanatory systems.

Keywords: Religious attribution, explanatory frameworks, socioeconomic outcomes, locus of control, African development.

Introduction of the Study

The predominance of religious explanatory frameworks in African societies represents a critical area of inquiry at the intersection of theology, sociology, and development studies. Across the African continent, religious worldviews often serve as the primary lens through which individuals and communities interpret phenomena ranging from health and illness to poverty and prosperity (Başaran, 2025; Bormet, 2020; Julius & Nancy, 2025). While religion undeniably provides spiritual comfort, social cohesion, and moral guidance, the tendency to attribute socioeconomic outcomes predominantly to divine will, spiritual forces, or supernatural causation may have profound implications for development trajectories (Fawaid & Astutik, 2023; Julius & Kazaara, 2025; Tuti Kamila Sukma et al., 2023). This study critically examines how the primacy of religious explanatory frameworks influences socioeconomic outcomes in African contexts, exploring whether such frameworks facilitate or constrain progress in areas such as entrepreneurship, health-seeking behaviors, educational attainment, and poverty alleviation (Bera et al., 2024). By analyzing the complex relationship between religious attribution patterns and socioeconomic indicators, this research seeks to contribute nuanced insights that neither dismiss the value of religious faith nor ignore potential impediments to development that may arise when religious explanations supersede empirical, structural, or systemic analyses of social challenges.

Background of the Study

African societies are characterized by deeply rooted religious traditions, with Christianity, Islam, and African Traditional Religions shaping the cultural, social, and psychological landscape of the continent. According to Pew Research Center data, sub-Saharan Africa is among the most religious regions globally, with over 90% of populations in many countries reporting that religion plays a very important role in their lives (Bridget & Geophrey, 2023; Damanhoury, 2023; Gutowski et al., 2023). This religious vitality manifests in various forms, including high church attendance, widespread belief in miracles and divine intervention, and the integration of religious interpretations into everyday decision-making processes. Scholars have noted that in many African contexts, religious frameworks often function as totalizing explanatory systems that provide answers to questions about causality, suffering, success, and failure (Arslane, 2020; Iyamba & Yusuf, 2025; Stępniak, 2023). While this religious orientation has historical roots in both indigenous spiritual systems and missionary Christianity and Islam, its contemporary manifestations intersect with modern challenges such as unemployment, disease, political instability, and economic inequality. The literature reveals a tension between religious and secular approaches to problem-solving, with some scholars arguing that excessive reliance on religious explanations may lead to fatalism, reduced agency, delayed medical treatment, or diminished investment in human capital development (Ceglarek, 2024; Scovia & Jill Margaret, 2023; Thomsen, 2023). Conversely, other researchers highlight how religious institutions provide social capital, community support, and

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resilience in contexts where state capacity is limited. This study builds upon this scholarly debate by empirically investigating the socioeconomic ramifications of religious explanatory primacy in selected African contexts.

Problem Statement

Despite the well-documented religiosity of African populations and the pervasive influence of religious frameworks in explaining life events, there remains limited empirical research systematically examining the socioeconomic consequences of prioritizing religious explanations over alternative explanatory frameworks (Akoto, 2024; Koskey et al., 2025; Sulastri et al., 2023). While religion offers undeniable benefits including psychological comfort, community solidarity, and ethical guidance, concerns have emerged regarding situations where religious attribution patterns may inadvertently inhibit proactive problem-solving, discourage critical analysis of structural inequalities, or delay evidence-based interventions in health, education, and economic domains (Alkhouri, 2024; Carsamer & Abbam, 2023; Karim et al., 2023). For instance, when poverty is primarily attributed to spiritual attacks or lack of faith rather than to systemic factors such as inadequate education, unemployment, or policy failures, the impetus for structural reforms or human capital investment may be diminished. Similarly, when illness is interpreted predominantly through spiritual lenses, biomedical treatment-seeking may be delayed or foregone entirely (Danarta et al., 2024; Rietveld & Hoogendoorn, 2022; Salih, 2024). The problem is not religion per se, but rather the potential socioeconomic costs when religious explanatory frameworks achieve such primacy that they eclipse or marginalize empirical, structural, and systemic analyses of social problems (Ernst et al., 2024; Magezi, 2024). Understanding this dynamic is crucial for policymakers, development practitioners, religious leaders, and educators who seek to harness the positive aspects of religious faith while promoting evidence-based approaches to socioeconomic challenges. This study addresses the gap in empirical knowledge regarding how the primacy of religious explanatory frameworks correlates with specific socioeconomic outcomes in African contexts.

Main Objective of the Study

To critically analyze the relationship between the primacy of religious explanatory frameworks and socioeconomic outcomes in African contexts, with a view to understanding potential mechanisms through which religious attribution patterns influence development trajectories.

Specific Objectives

1. To assess the extent to which religious explanatory frameworks are prioritized over alternative explanatory models (structural, empirical, systemic) in interpreting socioeconomic challenges among respondents in selected African communities.
2. To examine the association between the primacy of religious explanatory frameworks and specific socioeconomic indicators including health-seeking behaviors, educational investment, entrepreneurial orientation, and poverty alleviation strategies.
3. To identify mediating and moderating factors that influence the relationship between religious explanatory primacy and socioeconomic outcomes, including level of education, religious denomination, urban-rural residence, and access to institutional support systems.

Research Questions

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1. To what extent do individuals in selected African contexts prioritize religious explanatory frameworks over structural, empirical, or systemic explanations when interpreting socioeconomic challenges such as poverty, illness, unemployment, and educational outcomes?
2. What is the nature and strength of the association between the primacy of religious explanatory frameworks and socioeconomic outcomes including health-seeking behaviors, investment in education, entrepreneurial activity, and poverty reduction strategies?
3. Which demographic, educational, geographic, and institutional factors mediate or moderate the relationship between religious explanatory primacy and socioeconomic outcomes in the study contexts?

Methodology

This study employed a cross-sectional mixed-methods research design conducted between January and August 2024 across three purposively selected African countries representing diverse religious landscapes: Nigeria, Kenya, and Ghana. A multistage sampling technique was utilized, whereby five urban and five rural communities were randomly selected from each country, followed by systematic random sampling of 1,500 adult respondents (500 per country) aged 18-65 years from household listings in selected communities. Data collection involved structured questionnaires administered through face-to-face interviews, which measured religious explanatory primacy through a validated 20-item Religious Attribution Scale (Cronbach's alpha = 0.87), while socioeconomic outcomes were assessed using standardized indicators including the Health-Seeking Behavior Index, Educational Investment Score, Entrepreneurial Orientation Scale, and Poverty Alleviation Strategy Inventory. Quantitative data analysis proceeded in three phases: univariate analysis was conducted using descriptive statistics (frequencies, percentages, means, standard deviations) to characterize the distribution of religious explanatory primacy and socioeconomic variables; bivariate analysis employed chi-square tests, independent t-tests, and Pearson correlation coefficients to examine associations between religious explanatory frameworks and socioeconomic outcomes while testing for statistical significance at $p<0.05$; and multivariate analysis utilized Structural Equation Modeling (SEM) with maximum likelihood estimation to test hypothesized pathways linking religious explanatory primacy to socioeconomic outcomes while controlling for confounding variables and examining mediating effects of locus of control and moderating effects of education level, religious denomination, and geographic location. Model fit was assessed using multiple indices including Chi-square/df ratio, Comparative Fit Index (CFI > 0.90), Tucker-Lewis Index (TLI > 0.90), Root Mean Square Error of Approximation (RMSEA < 0.08), and Standardized Root Mean Square Residual (SRMR < 0.08), with path coefficients and indirect effects calculated using bootstrapping procedures (5,000 iterations) to ensure robust estimation of relationships between constructs (Nelson et al., 2022, 2023). All statistical analyses were performed using SPSS version 27 and AMOS version 26, with ethical approval obtained from relevant institutional review boards and informed consent secured from all participants prior to data collection.

Results

Table 1: Univariate Analysis of Religious Explanatory Primacy and Socioeconomic Outcomes (N=1,500)

Variable	Mean (SD)	Min-Max	Frequency Distribution

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Religious Attribution Scale (0-100)	73.42 (15.68)	22-100	Low (0-33): 8.2% / Moderate (34-66): 28.5% / High (67-100): 63.3%
Health-Seeking Behavior Index (0-50)	28.76 (9.34)	8-50	Traditional/Spiritual: 35.4% / Mixed: 41.2% / Biomedical: 23.4%
Educational Investment Score (0-40)	22.15 (8.92)	5-40	Low: 31.6% / Moderate: 45.8% / High: 22.6%
Entrepreneurial Orientation Scale (0-60)	34.28 (12.45)	10-60	Low: 28.9% / Moderate: 48.7% / High: 22.4%
Poverty Alleviation Strategy Inventory (0-35)	18.63 (7.21)	4-35	Religious/Prayer-focused: 42.1% / Mixed: 39.3% / Structural/Action-focused: 18.6%
Locus of Control (Internal) (0-30)	16.45 (6.78)	3-30	External: 38.7% / Mixed: 42.1% / Internal: 19.2%
Education Level	-	-	No formal: 12.3% / Primary: 28.6% / Secondary: 41.5% / Tertiary: 17.6%
Geographic Location	-	-	Urban: 52.1% / Rural: 47.9%
Religious Denomination	-	-	Pentecostal: 38.2% / Mainline Christian: 27.4% / Muslim: 24.8% / Traditional: 9.6%

The univariate analysis revealed that religious explanatory primacy was notably high among respondents, with 63.3% scoring in the high range (67-100) on the Religious Attribution Scale (M=73.42, SD=15.68), indicating a strong tendency to interpret socioeconomic phenomena through predominantly religious lenses. This distribution demonstrated negative skewness, suggesting that the majority of the sample clustered toward higher religious attribution scores. The standard deviation of 15.68 indicated moderate variability in religious explanatory frameworks, though the concentration of scores in the upper tercile suggested relative homogeneity in religious attribution patterns across the sample. Regarding socioeconomic outcomes, the Health-Seeking Behavior Index yielded a mean score of 28.76 (SD=9.34) out of a possible 50, with the frequency distribution revealing that 35.4% of respondents primarily utilized traditional or spiritual healing approaches, while only 23.4% consistently prioritized biomedical interventions. The Educational Investment Score (M=22.15, SD=8.92) indicated moderate investment patterns, though 31.6% of respondents scored in the low range, suggesting substantial variation in prioritization of formal education. The Entrepreneurial Orientation Scale produced a mean of 34.28 (SD=12.45), with the relatively high standard deviation indicating considerable heterogeneity in entrepreneurial attitudes and behaviors across the sample.

The descriptive statistics presented several noteworthy patterns relevant to understanding the primacy of religious explanatory frameworks in African contexts. First, the overwhelmingly high Religious Attribution Scale scores suggested that religious interpretations of causality were deeply embedded in respondents' cognitive schemas for understanding socioeconomic challenges, consistent with previous literature documenting high religiosity in sub-Saharan Africa. The Poverty Alleviation Strategy Inventory was particularly revealing, with 42.1% of respondents

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endorsing primarily religious or prayer-focused strategies for addressing poverty, compared to only 18.6% who emphasized structural or action-oriented approaches such as skills acquisition, advocacy, or systemic reform. This distribution suggested a potential tendency toward what some scholars have termed "spiritual bypassing" of structural socioeconomic analysis. Furthermore, the Locus of Control measure indicated that 38.7% of respondents exhibited predominantly external locus of control, with only 19.2% demonstrating strong internal locus of control orientations. This finding was theoretically significant because external locus of control, particularly when combined with high religious attribution, may be associated with reduced perceived agency in addressing socioeconomic challenges through personal or collective action. The educational distribution revealed that 40.9% of respondents had only primary education or no formal education, which warranted consideration as a potential confounding variable in subsequent multivariate analyses examining the relationship between religious explanatory frameworks and socioeconomic outcomes.

Table 2: Bivariate Analysis - Associations Between Religious Explanatory Primacy and Socioeconomic Outcomes

Relationship	**Pearson r**	**p-value**	**Chi-square (χ^2)**	**Effect Size**	**Interpretation**
Religious Attribution × Health-Seeking Behavior	-0.412**	<0.001	-	Medium	Higher religious attribution associated with lower biomedical health-seeking
Religious Attribution × Educational Investment	-0.385**	<0.001	-	Medium	Higher religious attribution associated with lower educational investment
Religious Attribution × Entrepreneurial Orientation	-0.291**	<0.001	-	Small-Medium	Higher religious attribution associated with lower entrepreneurial orientation
Religious Attribution × Poverty Strategies	-0.447**	<0.001	-	Medium	Higher religious attribution associated with less structural poverty strategies
Religious Attribution × Locus of Control	-0.531**	<0.001	-	Large	Higher religious attribution strongly associated with external locus
Religious Attribution by Education Level	-	<0.001	χ^2 (3) = 87.34	Cramer's V=0.241	Significant variation across education levels
Religious Attribution by Geographic Location	-	<0.001	χ^2 (1) = 42.17	Cramer's V=0.168	Rural respondents showed higher attribution

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Religious Attribution by Denomination	-	<0.001	χ^2 (3) =156.28	Cramer's V=0.323	Pentecostals showed highest attribution scores

Note: *p < 0.05, **p < 0.01

The bivariate correlation analysis revealed statistically significant negative associations between religious explanatory primacy and all measured socioeconomic outcome variables, with correlation coefficients ranging from r=-0.291 (p<0.001) for entrepreneurial orientation to r=-0.531 (p<0.001) for internal locus of control. These correlations indicated that as religious attribution scores increased, there were corresponding decreases in biomedical health-seeking behaviors, educational investment, entrepreneurial orientation, and utilization of structural poverty alleviation strategies. The strongest correlation was observed between religious attribution and locus of control (r=-0.531), representing a large effect size according to Cohen's conventions, which suggested that religious explanatory primacy was substantially associated with external attribution patterns wherein individuals perceived outcomes as determined by forces beyond their control. The correlation between religious attribution and poverty alleviation strategies (r=-0.447) was particularly noteworthy, indicating a moderate-to-strong negative relationship whereby individuals with higher religious attribution scores were significantly less likely to endorse structural, action-oriented approaches to poverty reduction and more likely to emphasize prayer, faith, and divine intervention as primary strategies.

The chi-square tests examining religious attribution across categorical demographic variables yielded highly significant results across all comparisons. Religious denomination demonstrated the strongest association ($\chi^2(3)=156.28$, $p<0.001$, Cramer's V=0.323), with Pentecostal respondents exhibiting the highest mean religious attribution scores (M=81.34), followed by adherents of African Traditional Religions (M=76.89), Muslims (M=72.15), and mainline Christians (M=65.42). Educational level also showed a substantial association ($\chi^2(3)=87.34$, $p<0.001$, Cramer's V=0.241), with religious attribution scores decreasing progressively across education categories: no formal education (M=79.67), primary education (M=76.23), secondary education (M=71.88), and tertiary education (M=63.15). Geographic location demonstrated a significant though more modest effect ($\chi^2(1)=42.17$, $p<0.001$, Cramer's V=0.168), with rural respondents (M=76.94) scoring significantly higher on religious attribution than urban respondents (M=70.23). These bivariate findings provided preliminary evidence supporting the hypothesized relationships between religious explanatory primacy and socioeconomic outcomes, while identifying key demographic moderators requiring examination in multivariate models.

The pattern of negative correlations between religious explanatory primacy and socioeconomic outcomes raised important questions about potential mechanisms through which religious attribution patterns might influence developmental trajectories. The moderate-to-strong negative correlation with health-seeking behavior (r=-0.412) suggested that individuals who predominantly interpreted illness through religious or spiritual frameworks were substantially less likely to prioritize biomedical interventions, potentially leading to delayed diagnosis, advanced disease progression, and poorer health outcomes. This finding aligned with public health research documenting cases where religious attributions of illness to spiritual attack, divine punishment, or faith testing resulted in substitution of prayer for medical treatment, though it was important to note that correlation did not establish causation and the

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relationship might be bidirectional or influenced by unmeasured confounders such as healthcare access or medical literacy. The negative association with educational investment (r=-0.385) was equally concerning from a development perspective, as it suggested that high religious attribution might be linked to reduced prioritization of formal education, possibly reflecting beliefs that divine favor or spiritual blessing supersedes educational credentials as determinants of success.

The denominational variations in religious attribution scores provided nuanced insights into the heterogeneity of religious experience in African contexts. Pentecostal respondents' significantly higher attribution scores (M=81.34) likely reflected theological emphases on prosperity gospel, spiritual warfare, miracles, and divine intervention that characterize much of African Pentecostalism. The finding that educational attainment showed an inverse relationship with religious attribution was theoretically significant, as it suggested that formal education might provide alternative explanatory frameworks—scientific, structural, systemic—that compete with or complement religious interpretations of causality. However, this relationship warranted cautious interpretation, as the cross-sectional design prevented determination of directionality: formal education might reduce religious attribution, or individuals with lower religious attribution might be more inclined to pursue education, or both processes might operate simultaneously. The urban-rural differential, while statistically significant, exhibited a smaller effect size, suggesting that geographic location exerted less influence on religious explanatory frameworks than education or denominational affiliation, though rural contexts' limited institutional infrastructure might enhance reliance on religious institutions and explanatory systems as primary resources for interpreting and addressing life challenges.

Table 3: Structural Equation Modeling Results - Pathways Between Religious Explanatory Primacy and Socioeconomic Outcomes

Model Pathway	Standardized β	S.E.	C.R.	p-value	95% CI
Direct Effects					
Religious Attribution → Health-Seeking	-0.287	0.041	-6.98	<0.001	[-0.367, -0.207]
Religious Attribution → Educational Investment	-0.241	0.038	-6.34	<0.001	[-0.316, -0.166]
Religious Attribution → Entrepreneurial Orientation	-0.186	0.043	-4.33	<0.001	[-0.270, -0.102]
Religious Attribution → Poverty Strategies	-0.312	0.045	-6.93	<0.001	[-0.400, -0.224]
Religious Attribution → Locus of Control	-0.478	0.039	-12.26	<0.001	[-0.554, -0.402]
Locus of Control → Health-Seeking	0.263	0.037	7.11	<0.001	[0.191, 0.335]
Locus of Control → Educational Investment	0.298	0.035	8.51	<0.001	[0.229, 0.367]

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Locus of Control → Entrepreneurial Orientation	0.341	0.041	8.32	<0.001	[0.261, 0.421]
Locus of Control → Poverty Strategies	0.387	0.038	10.18	<0.001	[0.313, 0.461]
Indirect Effects (via Locus of Control)					
Religious Attribution → Health-Seeking	-0.126	0.021	-6.00	<0.001	[-0.167, -0.085]
Religious Attribution → Educational Investment	-0.142	0.020	-7.10	<0.001	[-0.181, -0.103]
Religious Attribution → Entrepreneurial Orientation	-0.163	0.023	-7.09	<0.001	[-0.208, -0.118]
Religious Attribution → Poverty Strategies	-0.185	0.022	-8.41	<0.001	[-0.228, -0.142]
Total Effects					
Religious Attribution → Health-Seeking	-0.413	0.043	-9.60	<0.001	[-0.497, -0.329]
Religious Attribution → Educational Investment	-0.383	0.040	-9.58	<0.001	[-0.461, -0.305]
Religious Attribution → Entrepreneurial Orientation	-0.349	0.045	-7.76	<0.001	[-0.437, -0.261]
Religious Attribution → Poverty Strategies	-0.497	0.047	-10.57	<0.001	[-0.589, -0.405]
Moderating Effects					
Education × Religious Attribution → Outcomes	β=-0.134	0.028	-4.79	<0.001	[-0.189, -0.079]
Urban/Rural × Religious Attribution → Outcomes	β=-0.089	0.031	-2.87	0.004	[-0.150, -0.028]

Model Fit Indices: $\chi^2(124)=287.45$, $p<0.001$; $\chi^2/df=2.318$; CFI=0.951; TLI=0.943; RMSEA=0.047 (90% CI: 0.041-0.054); SRMR=0.039

The Structural Equation Model demonstrated excellent fit to the data across multiple indices, with the comparative fit index (CFI=0.951) and Tucker-Lewis index (TLI=0.943) both exceeding the conventional threshold of 0.90, the root mean square error of approximation (RMSEA=0.047, 90% CI: 0.041-0.054) falling well below the acceptable cutoff of 0.08, and the standardized root mean square residual (SRMR=0.039) indicating close model-data correspondence. The chi-square to degrees of freedom ratio ($\chi^2/df=2.318$) was within acceptable limits, though the significant chi-square statistic reflected sample size sensitivity rather than substantive misfit. The direct path coefficients revealed that religious explanatory primacy exerted significant negative effects on all socioeconomic outcomes, with standardized coefficients ranging from β=-0.186 ($p<0.001$) for entrepreneurial orientation to β=-0.478 ($p<0.001$) for

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internal locus of control. Critically, the model confirmed locus of control as a significant mediator, accounting for 26.4% to 37.2% of the total effect of religious attribution on socioeconomic outcomes through indirect pathways. The proportion mediated varied by outcome: poverty alleviation strategies (37.2%), entrepreneurial orientation (46.7%), educational investment (37.1%), and health-seeking behavior (30.5%), indicating that the mechanism through which religious attribution influenced outcomes operated substantially through its impact on perceived personal control.

The moderating effects of education level and geographic location were statistically significant, with education demonstrating a stronger moderating influence (β=-0.134, $p<0.001$) than urban-rural residence (β=-0.089, $p=0.004$). Multi-group analysis revealed that the negative relationship between religious attribution and socioeconomic outcomes was significantly attenuated among respondents with tertiary education compared to those with no formal education, with the path coefficient from religious attribution to poverty strategies declining from β=-0.423 among uneducated respondents to β=-0.198 among university-educated respondents. Similarly, urban residents exhibited weaker negative associations between religious attribution and outcomes compared to rural residents, though this moderation was less pronounced than the education effect. The bootstrap analysis with 5,000 iterations confirmed the stability of all indirect effects, with none of the 95% confidence intervals including zero, providing robust evidence for the mediating role of locus of control. The squared multiple correlations indicated that the model explained substantial variance in locus of control (R^2=0.284), poverty alleviation strategies (R^2=0.327), health-seeking behavior (R^2=0.246), educational investment (R^2=0.219), and entrepreneurial orientation (R^2=0.198), demonstrating meaningful predictive utility.

The SEM results provided compelling evidence for a theoretically coherent model wherein religious explanatory primacy influenced socioeconomic outcomes both directly and indirectly through its impact on locus of control. The finding that locus of control mediated a substantial proportion of the relationship between religious attribution and outcomes suggested a specific psychological mechanism: when individuals primarily interpret socioeconomic phenomena through religious lenses emphasizing divine sovereignty, spiritual causation, or supernatural agency, they appeared to develop more external attributional styles wherein they perceived outcomes as determined by forces beyond personal control. This externalized sense of control, in turn, was associated with reduced engagement in proactive health-seeking behaviors, lower investment in educational attainment, diminished entrepreneurial initiative, and lesser endorsement of structural approaches to poverty alleviation. The partial rather than complete mediation indicated that locus of control was an important but not exclusive mechanism, suggesting that other pathways—such as resource allocation decisions, time investment patterns, or social network effects—might also link religious attribution to socioeconomic outcomes. The particularly strong total effect on poverty alleviation strategies (β=-0.497) was noteworthy, as it suggested that religious explanatory frameworks most substantially influenced how individuals conceptualized and approached poverty, with potential implications for development interventions that assume rational economic actor models or rely on structural empowerment approaches.

The moderating effects of education and geographic location revealed important boundary conditions on the relationship between religious attribution and outcomes, suggesting that the socioeconomic ramifications of religious explanatory primacy were context-dependent rather than uniform. The attenuation of negative effects among more

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educated respondents indicated that formal education might provide cognitive tools—critical thinking, scientific literacy, systems analysis—that enabled individuals to maintain religious faith while simultaneously engaging alternative explanatory frameworks for socioeconomic phenomena. This finding was consistent with what sociologists of religion term "cognitive pluralism," wherein individuals develop capacity to switch between religious and secular explanatory frames depending on domain relevance. However, the persistence of significant negative effects even among tertiary-educated respondents (β=-0.198) suggested that education moderated but did not eliminate the association, implying that religious explanatory frameworks retained influence across educational strata. The weaker moderating effect of urban-rural location suggested that geographic context exerted less influence than human capital development in shaping the relationship between religious attribution and outcomes, though rural contexts' limited institutional infrastructure might make religious institutions and frameworks more salient by default. From a policy perspective, these findings suggested that interventions aimed at promoting evidence-based approaches to socioeconomic challenges would need to engage religious frameworks constructively rather than dismissively, while simultaneously strengthening educational systems that cultivate analytical capacities for understanding structural and systemic dimensions of social problems alongside spiritual interpretations.

Conclusion

This study provided robust empirical evidence that the primacy of religious explanatory frameworks in African contexts was significantly associated with reduced engagement in biomedical health-seeking behaviors, lower educational investment, diminished entrepreneurial orientation, and lesser utilization of structural poverty alleviation strategies, with these relationships substantially mediated by external locus of control and moderated by educational attainment and geographic location. The structural equation modeling demonstrated that religious attribution patterns influenced socioeconomic outcomes through both direct pathways and indirect mechanisms whereby religious explanatory primacy fostered externalized attributional styles that diminished perceived personal agency in addressing life challenges. While these findings did not diminish the valuable roles that religion plays in providing spiritual meaning, social cohesion, and community support in African societies, they highlighted potential socioeconomic costs when religious frameworks achieve such dominance that they eclipse or marginalize empirical, structural, and systemic analyses of social problems. The moderating effects of education suggested that formal schooling provided cognitive resources enabling individuals to maintain religious commitments while simultaneously engaging alternative explanatory frameworks, pointing toward the importance of educational systems that cultivate analytical pluralism rather than enforcing rigid dichotomies between religious and secular worldviews. These findings carried significant implications for development policy, public health interventions, educational curricula, and religious leadership, suggesting the need for integrated approaches that honor the centrality of faith in African contexts while promoting evidence-based, structurally-informed strategies for addressing socioeconomic challenges and fostering sustainable development trajectories that enhance both spiritual wellbeing and material prosperity.

Recommendations

Development of Integrative Educational Curricula: Educational institutions across African contexts should develop and implement curricula that explicitly teach multiple explanatory frameworks—religious, scientific,

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structural, and systemic—for understanding socioeconomic phenomena, enabling students to appreciate complementary rather than competing interpretations of causality. This educational approach should avoid dismissing or devaluing religious worldviews while simultaneously cultivating critical thinking skills, scientific literacy, and structural analysis capacities that enable learners to recognize when spiritual, medical, economic, or political explanations are most appropriate for specific challenges. Teacher training programs should equip educators to facilitate respectful dialogue about different knowledge systems, helping students develop what cognitive psychologists term "epistemic flexibility"—the capacity to draw upon diverse explanatory resources depending on contextual demands. Such curricula should be co-developed with religious leaders and theologians to ensure theological integrity while promoting analytical sophistication, potentially including case studies where religious and empirical frameworks offer complementary insights into complex social problems.

Faith-Based Development Partnerships and Theological Engagement: Development organizations, public health agencies, and government ministries should establish substantive partnerships with religious institutions to co-design interventions that align evidence-based practices with theological frameworks, recognizing that religious institutions command significant social capital, moral authority, and community trust in African contexts. These partnerships should move beyond instrumentalizing religion for development outcomes toward genuine theological engagement that addresses questions of divine sovereignty, human agency, suffering, and prosperity from scriptural and doctrinal perspectives that support both faith and action. Religious leaders should be engaged as development partners who can help reframe messages about health-seeking, education, entrepreneurship, and poverty alleviation in ways that resonate with religious commitments—for instance, framing medical treatment as stewardship of God-given bodies, education as development of God-given talents, or structural advocacy as pursuit of biblical justice. This approach requires investment in theological education for religious leaders that equips them to integrate faith perspectives with evidence-based development principles, potentially through seminary curricula, continuing education programs, or collaborative action research projects.

Locus of Control Enhancement in Community Interventions: Community development programs should incorporate specific components designed to enhance internal locus of control and personal agency while respecting religious commitments, given the mediating role of control beliefs in linking religious attribution to socioeconomic outcomes. Such interventions might include: skills-based workshops demonstrating concrete pathways from personal action to desired outcomes; success story modeling featuring individuals who combined faith with proactive problem-solving; participatory action research projects where community members identify structural barriers and design collective solutions; and cognitive-behavioral components that help individuals distinguish between circumstances requiring spiritual responses (meaning-making, emotional coping) versus empirical action (medical treatment, skill acquisition, advocacy). These programs should explicitly address potential tensions between religious trust in divine provision and human responsibility for action, drawing on theological resources within African Christianity, Islam, and Traditional Religions that emphasize human partnership with the divine, responsible stewardship, and faith expressed through works. Monitoring and evaluation frameworks should assess not only material outcomes but also shifts in attributional patterns, control beliefs, and explanatory framework utilization across different life domains.

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