

**ADDIS ABABA UNIVERSITY**

**COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES**

**SCHOOL OF PSYCHOLOGY**

**THE IMPLEMENTATION OF HEALTH COMMUNICATION IN ETHIOPIAN  
ORTHODOX TEWAHIDO CHURCH: THE CASE OF MAHIBERE KIDUSAN  
HEAD OFFICE**

**BY:**

**ABRAHAM ABEJE SHIFERAW**

**MAY, 2014**

**Addis Ababa**

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**The Implementation of Health Communication in Ethiopian Orthodox Tewahido  
Church: The Case of Mahibere Kidusan Head Office**

**A thesis submitted to the School of Psychology Addis Ababa University in Partial  
fulfillment of the requirements for the Degree of Master of Arts (MA) in Health  
Psychology**

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## **ABSTRACT**

*This study examined the frequency of health communication of Gibi Gubae Students of AAU in the teachings of Mahibere Kidusan. Two hundred fifty five students have participated after being selected randomly. A five point Linkert Scale of health communication was used. Logistic regression was used to analyze dichotomous variables of health-related factors. Independent sample t-test and chi square tests were applied to investigate the difference between male-female students in Mahibere Kidusan. There is no significant difference between male and female on the healthy style of life score. The proportion of males who responded to prevalence of health communication is not significantly different from the proportion of females. Therefore, it is recommended that health Communication in Mahibere Kidusan should be continuous and encouraged.*

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## Acronyms or Abbreviations of Words

EOTC= Ethiopian Orthodox Tewahido Church

MK= Mahibere Kidusan

n. d= not defined

CDC= Center for Disease Control

N= number of frequency

n = sample size

SD =Standard Deviation

B=Regression Coefficient

OR= Odds Ratio

CI= Level of Confidence Interval

df= degree of freedom

PHC=Prevalence of Health Communication

WHO= World Health Organization

$\chi^2$ = Chi square

EOTC-DICAC= Ethiopian Orthodox Tewahido Church –Developmental and Inter-Church Aid  
Commission

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background of the Study

Christianity was adapted as the state religion in Ethiopia in the 4<sup>th</sup> century A.D. (Silassie & Tamerat, 1970). Apart from the inculcation of religious values and principles, the church has always been influencing the cultural, political, social etc, situation of the country. The Ethiopian Orthodox Tewahido Church (EOTC) is one of the religious organizations that come, without delay, at the fore front in giving response to the country's social, economic, and health problems (EOTC-DICAC, 2013). The purpose of this research on health communication is to assess the role of the Ethiopian Orthodox Tewahido Church on the communities' health promotion and disease prevention in the religious teachings.

The Ethiopian Orthodox Tewahido Church is one of the religious organizations that come, without delay, at the fore front in giving response to the country's social, economic, and health problems such as ;sexuality, alcohol abuse, and other psychoactive substance uses (EOTC-DICAC, 2013). Currently, the major impediments of this Ethiopian Orthodox Tewahido Church –Developmental and Inter –Church Aid Commission (EOTC-DIAC) are malaria, tuberculosis, and HIV/AIDS (EOTC-DICAC, 2013).

The report also showed that the number of expectant mothers who undergo medical examinations is very minimal. According to some demographic and medical research studies, about 73% mothers in the prenatal period never go through medical examination of whatsoever

kind (EOTC-DICAC, 2013). Among the 27% expectant mothers who undergo a prenatal medical examination, many are urban dwellers (EOTC-DICAC, 2013).

To alleviate these health problems the Ethiopian government is working hard to reduce poverty during the period of 2000-2007(EOTC-DICAC, 2013). In its plan for health services, it has given priority to providing health care to families, and to raise the level of prenatal medical examination to 45% and to increase the number of trained medical personnel who work with expectant mothers to 25% (EOTC-DICAC, 2013).

The EOTC aligns its teachings with the Bible. For example, Mathew verse 11 numbers 28-30 indicates that God supports individuals and communities during accidents, if the communities are free from doing any criminal behaviors, and if they are applying religious dogmas. So believer's positive behaviors are selected and supported by God throughout their life. In this line of thought, David (Psalm 27: 1) wrote "The Lord is my light and my salvation; whom shall I fear? The Lord is the strength of my life; of whom shall I be afraid?"

In line with this religious behavior or praying, various written documents or evidences showed that; religious leaders, Patriarchs, Bishops, Father Confessors, and other Orthodox Christians have prayed for the people and for themselves. For example, as a written document from Saint Kidiste -Kidusan Mariyam Church in Addis Ababa (2008) indicated that, the former Ethiopian Orthodox Tewahido Church Patriarch Abba Paul prays for the people as: "Almighty God!" "Helper of the poor, grant health to elderly, longevity and wisdom to youth, and to children to grow in your house".

The Ethiopian Orthodox Tewhido Church has many spiritual settings. Of these; Mahibere Kidusan (MK) is popular in its contributions for youth and for other students of higher education

in the campus life. Mahibere Kidusan was established in 1985 G.C by few students of higher education who initiated the youth in the campus to become members of Sunday school and know the teachings of the church .This association became powerful by students trained in the Zeaway Hammer Berehan St. Gebreil Clergy Training Monastery by the Then Arch Bishop of Shewa Abune Gorgorious II (MK, 2003). All members of Mahibere Kidusan are gathered under the names and vows of saints. The association shall not interfere in administrative affairs of the church and it is free from any political affiliation (MK, 2003).

Studies have shown that some individuals with AIDS who lived much longer than expected had used religion as a coping strategy and specific benefits came from participating in religious activities such as praying and attending church services (Ironson, 2001) and that an increase in spirituality after testing positive for HIV is associated to slower disease progression over four years (Ironson, stuetzle, & Fletcher, 2006).

Indeed, weekly religious attendance relates to a host of healthy behaviors, including not smoking, taking vitamins, walking regularly, wearing seatbelts, engaging in strenuous exercise, enjoying sound sleep, and drinking moderately or not at all (Hill, 2006). Among the religious sects, some highly condemn the use of alcohol and substance abuse, some give permission to the use of alcohol and incorporated using wine in to their rituals, and some of them utilize psychoactive substances like peyote, khat, and hashish to improve spiritual objectives (Lytle, 1988).

At the present time, demand of the community in conceptualizing the result of religion on health has well developed among physicians and in the scientific community (Levin, 1996). As some investigations indicated, many patients think religion as very important and they would like their

medical doctors to communicate about religious issues with them (Bruce & Andrew, 2005). Investigations also indicated that patients are interested in integrating religion with their health care behaviors (Bruce & Andrew, 2005).

Studies show that, above 75% of surveyed sick communities require medical doctors to have spiritual issues in their health care, nearly 40% require medical doctors to communicate their religious faith with the community, and 50% require medical doctors to pray with the community (Bruce & Andrew, 2005). Some types of trainings have been done to train stakeholders or health care providers to pay attention correctly to patient's religious aspects, act clergy like performances when religious bodies are not present, and well conceptualize spiritual behaviors (Morse & Proctor, 1998; Proctor, Morse, & Khonsari, 1996).

This seems quite plausible/reasonable, since religious beliefs and teachings are generally supportive of social connectedness and responsibility (love they neighbor, do well to others, don't steal, be faithful in your marriage), healthy in terms of proscriptions (avoid drugs and alcohol) (Stylianou, 2004) and probably increase social contacts and enhance social support (Ellison & George, 1994).

Broadly speaking, we can classify health into physical health and mental health (Muluneh, 2009). Physical health is a feeling of wellbeing and the capacity to fulfill one's role in a society without pain, where as mental health can be the result of spiritual harmony between mind, body, and soul (Muluneh, 2009). From a physical health standpoint, dozens of prospective studies have now reported that religious involvement is related to greater longevity, fewer death rates from heart disease, and fewer complications and better survival after surgery (McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000).

Many cross-sectional investigations also indicated the relationship between religion and improved or good mental health (Koenig & Larson, 2001). For this reason, research from prospective studies and randomized clinical trials supports the speculations from cross-sectional studies that religious beliefs and practices may indeed influence mental health.

The major purpose of effective health communication is to enhance a good position of health conditions in communities by applying various ways of communications to spread out healthy functions. Health communication is the transmission of giving and taking information to a certain community participants, in order to share various understandings and other important healthy alternatives (Schiavo, 2007). Effective health communication is very important due to its contribution in preventing a community having various diseases like flu-out breaks, HIV/AIDS, Malaria, etc (Schiavo, 2007)..

Centers for Disease Control (CDC) utilizes both business trading and health communication behaviors, that are both added together one over the other ultimately, in its linkage to expand or promote business trading health to the community, in which social marketing is defined as the utilization of business trading rules to affect community performance for the purpose of improving community health (CDC, n. d).

According to the Office of Disease Prevention and Health Promotion in the United States, health communication is the process of sharing information to discuss and affect individual and community results or decisions that influence health. Health communication has key characteristics such as being: audience-oriented, research based, multi-disciplinary, strategic, process-oriented, and relationship building and it aims at behavioral or social change (Schiavo, 2007). Health communication programs and materials that succeed in making information

relevant to their intended audience will be more effective than those that do not (Kreuter, Matthew, Wray, & Ricardo, 2003).

The community in business trading or health communications will search and utilize consequences, program or intervention used to the same end result: that is to improve or promote health conditions or changes in communities, applying procedures and tactics focusing on science and beneficial findings ( CDC, n. d). At this point, it is possible to summarize those variables such as health communication, disease prevention, health promotion or various health behaviors as very important issues to be dealt in this study.

## **1.2. Statement of the Problem**

If there is better implementation of health communication in Ethiopian Orthodox Tewahido Church particularly Mahibere Kidusan, Gibi Gubae students in AAU (4 kilo, 5kilo, 6 kilo, and Tikur Anbesa), they should be role models in keeping of their health for non-attendants living in line with EOTC's teachings and dogma. Investigating whether the EOTC followers have healthy relationship among each other or not is very important for the health of attendants. Therefore the areas such as the relationship of Mahibere Kidusan and its members with religious leaders in preaching; father confessors to their spiritual sons in giving adequate health treatments; Gibi Gubae students give attention to health treatment of non-attendants in the campuses in relation to risky behaviors (not to chew chat, not to smoke cigarettes, inappropriate sex, etc) or not; adequate health communication in relation to marriage issues for Gibi Gubae students has given or not; after graduation; Gibi Gubae students give health treatments /services for communities in their Parishes or not should be studied scientifically. Thus having this in consideration, the researcher raised the following research questions:

1. What is the level of including health communication in teaching programs?
2. What are some of the evidences related to health communication contributions of EOTC under MK?
3. What are some of the risky behaviors for health being delivered to Gibi Gubae students by MK in their teaching programs?
4. What ways of teaching mechanisms are applied by MK for Gibi Gubae students?

### **1.3. Objective**

The general objective of this study was to assess the implementation of Health Communication in Ethiopian Orthodox Tewahido Church, particularly at Mahibere Kidusan Head Office.

### **1.4. Significance of the Study**

The study related to disease prevention and health promotion on the implementation of health communication in Ethiopian Orthodox Tewahido Church among Mahibere Kidusan under Sunday Schools Department is important in the following ways:

First the expansions of religious institutions has resulted in increased number of followers, MK is now a popular Ethiopian Orthodox Tewahido religious association, and gives health related education for Gibi Gubae students of AAU.

Second, since there was no clear baseline survey related to these Gibi Gubae students under the four campuses such as 4 kilo, 5 kilo, 6 kilo, Tikur Anbesa in AAU in relation to their health conditions, this study will provide baseline information in their campus lives.

Thirdly, the baseline data will be used to assess changes in disease prevention and health promotion by preaching Gibi Gubae students for their healthy campus lives and for their future health too.

Fourthly, the study will provide adequate evidence on the recent disease prevention and health promotion activities of Gibi Gubae students in the four campuses in AAU in relation to their health conditions. The results will be used to be taken as representative of the data involved in Mahibere Kidusan's health related teaching programs.

### **1.5. Scope of the study**

In terms of content, the study is delimited on the Health Communication contributions of Mahibere Kidusan, and prevalence and associated factors of health-related issues. It is also delimited in terms of place and population. With regard to place, the research is delimited to Gibi Gubae students of Addis Ababa University with particular reference to 4 kilo, 5 kilo, 6 kilo, and Tikur Anbesa Gibi Gubae Programs.

This is selected for research site, because the researcher found that no research was conducted in the identified area, and it is more close to Head Office of the association to be supported and evaluated for daily teaching programs by the association. In terms of population, it included both sex groups (male and female) Gibi Gubae students of Addis Ababa University first year and above undergraduate and post graduate students.

## 1.6. Limitations for the Study

The main limitations of this study were the following:

- The whole Gibi gubae in Addis Ababa are not included in the study because of financial problems.
- The study used a cross-sectional study at a time not repeatedly, for the next another researchers will study using a longitudinal study for this research topic.
- Addis Ababa University in this year (2014) does not give thesis money for self sponsored graduate regular students with the exception of government sponsored students.
- A qualitative research design was not used because of time limitation than quantitatively.
- Since the study was on religious issues, there was no check and balance or perfection than perceptions.
- As far as the researchers knowledge, since the research issue is new it was difficult to conceptualize with different literatures.

## 1.6. Operational Definitions

- ❖ **Health Communication:** teaching health related issues for people using different modalities.
- ❖ **Gibi Gubae:** A type of spiritual program where university/college students who are attending their education in EOTC under Mahibere Kidusan's spiritual teaching programs given from first year up to fifth year students weekly in their parishes.
- ❖ **Mahibere Kidusan:** An Association in the Ethiopian Orthodox Tewahido Church Sunday Schools Department that gives spiritual education for Gibi Gubae students.
- ❖ **Health Promotion:** expanding the knowledge/understanding of people about health related issues by teaching them.
- ❖ **Disease Prevention:** teaching the people about health –related issues to keep themselves from various types of risky behaviors.

## CHAPTER TWO

### REVIEW OF LITERATURE

In this chapter, firstly, theories of communication and health communication are operated. Beginning from the origins key characteristics of health communication, theories of health and mental disorders, effective health communication were discussed later with respect to different theories. Secondly, the role of Ethiopian Orthodox Tewahido Church (EOTC) on health, and the importance of Mahibere Kidusan (MK) for health theories/background and histories were given. As a third part, the related studies to the present study were presented.

#### **2.1. Theories of communication**

Communication is derived from the Latin word of “Communis” which means similar or together. Because of this reason, communication among human beings is the process where attitudes, beliefs, information, ideas or thoughts, emotions, and feelings between two individuals are exchanged through sign and evidence techniques that summarize senders, message, channel, and receivers. Communication is a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior (Merriam Webster Dictionary, 2011). Communication uses as the route for monitor and coordination in organizations; it also gives information essential to effective completion of the organizational mission (Poole, 1978).

But, in the terms of layman, communication is the interchange of information between two or more persons. This idea is also explained by Farace, Monge and Russell (1997) communication as the exchange of symbols which are commonly divided by communities involved, and that evoke quite same symbol referent relationships in each community. Organizational

Communication is both the same as and differs from other types of communication (Shockley& Zalabak, 1999).It is more than the daily interactions of persons within organizations; it is the process by which organizations create and shape events (Shockley& Zalabak, 1999). Successful communication is very important /integral to quality health care and successful nursing practice. This definition of communication is highly experienced by Park (2010) as “to countless ways that humans have of keeping in touch with other.

The definition of communication in nursing is also defined by Bevis (1996) as; the interaction that protects the meeting of health care, the behavior that affects other’s performance and an instrument for effective nursing safety or care, and the behavior that assists maintains smooth relationships between nurses and patients being out of communication, and which would direct to therapies will not happen.

According to the definition of communication, sending message or is very essential in aid promoting understanding. And this Communication is composed of 5 components, such as; sender, message, channel, receiver, and feedback. Of these five components of communication, senders will select information or message that senders intend to send, as well as channel and methods. This is aligned by Bevis (1996) as senders will select the best channel or method and use knowledge/skills and efforts to communicate so receivers receive are clear and understand the information or the message (Bevis, 1996).Even if there are different types of communication, based on language, there are two types of communication such as; Verbal communication and Non verbal communication.

In the communication process, Barriers of communication may occur at any point. The reasons are different and they may disrupt the message sending. By identifying the factors that become

causes in communication barrier, health professionals/nurses and patients may create effective communication. These factors are explained by Clochesy et al. (1993) as; Physiological factors, Psychological factors, Environmental factors, and Socio-cultural factors.

As Clochesy et al. (1993) defined these physiological factors which interfere the communication process summarizes: some of the physiological factors defined by him et.al are:

Medication used when unhealthy individuals on ventilators usually become the cause of temporary communication dysfunction (Herrold, 1984). Medications used while patients are with ventilators include: this includes also the other types of medications in his interpretations such as; Sedatives (the drugs or quinines that make patients to sleep carefully) like Morphine that becomes the cause of stupors, change in moods and consciousness (Kamphol & Sriwatanakul, 1995). However the negative effects include; sleeplessness, restlessness, agitation (disturbance, anxiety, demonstration...), and severe seizures.

Additionally, in his definition of medications in relation to in high dose (amount, quantity, measurement), it can cause change in personality and moods, sleeplessness, restlessness, and psychological disturbances (Herrold, 1984; Kamphol & Sriwatanakul, 1995).

In relation to environmental factors, studies on the behaviors observed persons with disease or patients in intensive /serious care units by Logan (1997) and Russell (1999) found that patients loss their privacy during admitted in intensive care units. Other environmental factors such as ,noises created by normal and high tech equipments like carts, monitor alarms, ventilators (Oglivie, 1980; Clochesy et al., 1993); including noises from staffs' conversations, frequent patient rounds, and nurse's routine duties. Communication barriers have also a great influence on

communication in relation to developmental stages. This communication barrier with age difference is explained as; Environmental factors can affect the communication between the older adult and the nurse (Ruan& Lambert, 2007).

## **2.2. Theories of Health communication**

Under this issue, some studies or theories have been explained that this health communication has a major contribution for communities in achieving their objectives. For example, the study of the National College Health Assessment has measured that 92.5% of college students reported being in "good, very good, or excellent health", but they are pretending to exposed for various types of risky behaviors such as stress, depression, substance abuse, and a general lack of nutrition in comparison to other age groups and audiences (Baxter, Leslie, Nichole Egbert, & Evelyn , 2008).

This the contribution of health communication is also defined by Schiavo (2007) health communication as;

Health communication is used as a key strategy to inform the community in relation to health care and to get usable health concerns on the community during the prevailing of various health related issues. This health communication is the study of communication plans to report and influence personal and community agreements or decisions that increase health among the communities in a certain area to be safer (Schiavo, 2007). The Author also stated that Health communications is a solution to disease prevention by communicating or teaching the community about health behaviors because the problem of health can be solved by the prevalence of health communication within the groups.

Health communication is a process for the growth or change and diffusion of information to particular community audiences in order to shape their attitude, knowledge, and beliefs in relation to healthy functioning alternatives (Schiavo, 2007). Health communication is the advantages of communication healings and technologies that affect communities for the purpose of promoting health conditions conducive to community and environmental health. Health communication is an art and a technique of informing some types of sources of information from people to people, from country to another country regarding to the health related issues (Schiavo ,2007),

Health communication affects and encouraging communal, organizational, and public audiences with regard to health issues, its scope generalizes disease prevention, health promotion, health care policy, and business, as well as the increment of quality of life and health of communities within the people (Schiavo, 2007). The researcher includes that Health communication can be seen as education, because this health communication is the system that performs brings behavioral changes in abroad manner goals of audiences regarding a certain accident within a specific time.

A process for relationship and participation is with regard to bidirectional dialogues, within the presence of communication, mechanisms and understanding between senders and receivers of information in equalization of footing, directing to improved knowledge, exchanging ideas, high consensus and recognition of possible behavioral results (Schiavo, 2007). The author further postulated that Health communication is the scientific development, well planned, critical criticisms of relevant, correct, accessible, and easily understandable health information

communicated to and from very important audiences or concerned participants to increase the health of the community.

In the process of review and appraisal of teaching about health communication encourages the value of adopting a well known discussion plans to promote health and finally initiate the ongoing in the prevention and treatment of disease (Elise –Neuner, Mario, &Nacinovich, n. d). According to the Office of Disease Prevention and Health Promotion in the United States (2011), Health communication is the field and the utilization of sharing information or communication principles to tell and affect society decisions that influence health. It relates the studies of information sharing or communication and health is highly identified as important element of efforts to change or improve societal and public health (Health Communication, 2011).

The health twenty one ‘health for all’ policy framework by the World Health Organization (WHO) European Region, referred this identification to another stage in 1999 when it described that it is a “public duties to check that citizens accept extensive, immediate and timely information on health related issues and health care by different communication channels; sharing of ideas by itself applies a legend impact on people’s health and how they use health care services” (WHO, 1999).

These attempts to accurately explain and interpret or define health communication should be considered key milestones in the ideas of leadership such as just a few years prior, in 1993, the U.S. Centers for Disease Control and Prevention (CDC) acknowledged that it was “a term used by many, but it lacks a precise definition” ( Roper & William,1993).In another ideas, Maibach and Holtgrave identified that the term generalized the use of communication technologies and

technologies to in the positive side affect societies, populations ,and other institutions (Maibach, Holtgrave & Palo Alto, 1995).

At present, Ishikawa and Kiuchi assisted to make simple our thoughts by defining, Health Communication contains inter personal or mass communication activities based on solving the health status of individuals and populations (Ishikawa &Kiuchi, 2010).Health Communication has also the new gold standard definitions such as-multifaceted and multi disciplinary approach to arrive at various participants or audiences and exchange health related information with the objective of affecting ,encouraging ,and supporting societies/individuals , communities ,health professionals, special cooperated groups, policy designers or makers ,and the community to champion, introduce, adopt, or sustain an action or behavior , practice, or policy that will ultimately change health results ( Schiavo,2007).

### **2.3. Key Characteristics of Health Communication**

As Schiavo (2007) stated, health communication has its own major characteristics. These are: Audience –Oriented, Research –based Strategic, Process-Oriented, and Relationship Building.

#### **2.3.1 Audience –Oriented**

Health communication programs and materials that succeed in making information relevant to their intended audience will be more effective than those that do not (Kreuter, Matthew, Wray, & Ricardo, 2003). Specifically, studies have been done amongst elderly populations in America to illustrate a common audience who is left at a disadvantage due to this issue/ the gap between health literacy and health communication,(Hester& Eva Jackson, 2009). Health communication is a long term process that starts and finishes within the audience's interest.

### **2.3.2 .Research –based**

The research described earlier has clearly demonstrated that spirituality is a multidimensional concept and needs to be assessed accordingly. Therefore, researchers who investigate spirituality and mental health outcomes should acknowledge the socio-demographic, social and health factors that are known to be risk factors for certain mental health problems (ukst, Margetic & Margetic, 2005).

### **2.3.3 Strategic**

Strategic Communication is a process that uses unlimited than only communicating with a co-worker (Schiavo, 2007). Different studies have indicated the advantages of strategic communication in a certain institution. This idea is briefly explained in “The Strategic Communication Plan,” written by Chris Hoover, “Strategic communication entails packaging a core message that reflects an agency’s overall strategy, values, purpose, and mission to persuade key stakeholders and enhance positioning (Hoover ,n. d).” There are also various steps in the processes of implementing strategic communication in a certain organization (Hoover, n. d).

Chris Hoover (n. d) identified the following four steps to obtaining adequate strategic communication include: implementing a rational statement, conducting a situational analysis and the components it consists of, implementing goals and objectives, and identifying key stakeholders in addition to modifying messages accordingly.

From the above 4 steps, the primary step is implementing the rational statement, which states the organizations communication weak sides and “should underscore this sense of here-but-not-yet tension” (Hoover, n. d). As Hoover (n .d) stated this concept as “Strategic communication goals

should be SMART (Specific, Measurable, Attainable, Relevant, Time bound,) and each should be summarized in 2 or 3 concise sentences” (Hoover, n. d).

Health communication programs require distributing a sound strategy and plan of performance (Schiavo, 2007) .All behaviors require to be planned and to be given to specific audiences in relation to their interest (Schiavo, 2007). Communication strategies (approaches that are used achieve or finish the major objective) need to be arrived at the concerned bodies and all behaviors should be used in the path of these strategies (Schiavo, 2007).

#### **2.3.4. Process-Oriented**

As Schiavo (2007) stated that, Communication is a long-term process .Influencing people and their performance needs a committed process to health issues and its means. This is grounded in a great knowledge of target population or audience and their surroundings and objectives at constructing or building results among participant members about the understanding plan of action or behavior. Communication is a process where two people or more than two people communicate with each other through speaking, writing etc.

#### **2.3.5 .Relationship Building**

Communication is a relationship business. Establishing and preserving good relationships in a specific to the achievement of health communications interventions, and can assist build long term and successful partners and coalitions, protected trustworthy stake holder endowment of the health issues and spread the pool of ambassadors on the behalf of the health cause.

## **2.4. Aimed at Behavioral and Social Changes**

From Point of view transformation happens to concentrate on the societal testing his or her own personal behavior about conceptualizing and changing oneself a re-coordination by the individual in to a society where the dominant ideology may go unquestioned (Newman, 1993). In line of this response, Mezirow (1989) perceives that the interest of social action resides with the learner.

Transformative learning behaviors that become the result of changes that are epistemic and psychic may not logically lead to integrated behavior at all and may only very indirectly be a result of a well known social practice or institutionalized ideology (Mezirow, 1989). Again, Tennant (1993) supports the ideas of Mezirow, because he believes “his theory is directed at the intersection of the individual and social”, not just the individual as others advocate. Clark and Wilson (1991) also conceptualize the other (2<sup>nd</sup>) unresolved issue with transformative learning theory that has been its de-contextualized view of adult learning and rational discourse (Clark & Wilson, 1991).

As Schiavo (2007) stated that, although, the ultimate goal of health communication has usually been affecting behaviors and social norms; there is a concentration on the importance of starting behavioral and social aims previously in the plan of health communication interventions. Although, various histories or theories support the advantages of behavioral or social change as the main indicators for achievements, these two parameters are really linked each other or interconnected.

## **2.5. Theories of Health and Mental disorders**

Health and Illness can be defined by using two approaches, medical model and WHO model. As Schiavo (2007) states that in medical model, health is the lack of disease, the absence of physical symptoms and signs related with sickness or illness. In dead, She stated again, cited by WHO organization (1964), health is a state of accomplishment or complete physical, mental, and social well-being and not only the presence of illness or disease and infirmity (Schiavo, 2007) .

This states to an interest for a corrected relationship among various physical, medical, psychological, social, and life style related factors (Schiavo, 2007). As we discussed it in the introduction part, let us see health and illness properly in different aspects of populations or ethnic groups how they perceive these two concepts.

### **2.5.1. Good Health**

As African Americans (United States) described it, good health is the effect of keeping spiritual harmony between mind, body, and soul (Schiavo, 2007). They also predict or expect in the sense of good conditions and the skill to achieve one's role in the community without high pain or stress (Schiavo, 2007). The Vietnam, country of origin and United States, explains good health such as the correct balance between am and duongoppositing, which is similar to yin and young in the Chinese culture.

Again, Koreans state that good health is the balance way of organic and inorganic elements, mind, and the human body (Schiavo, 2007). Hispanics (United States), good health is a sense of well conditions, which is similar to improving the correct situation in emotional, physical, and social well-beings in balance between hot and cold body structures (Schiavo, 2007).

Still, Native Americans, perceive, good health is a turning point or recycle, which signs a general perfection and equality; a stable action among mind, body spirit, and a result of natural. Muslims, say, good health is a condition of changeable equilibrium (Schiavo, 2007).

Hindus and Sikhs, good health is the effect of good karma (a turning point of life and rebirth) which means the total result of a community's destiny (Schiavo, 2007).

Brazilian children predict, good health as sense of good things, whereas Mexican elderly perceive as few things grateful to God for; based on the conditions one lives(Schiavo,2007).

### **2.5.2 Mental Disorders**

Mental disorders are found in the gap between mild to severe, but they are unique from the non disordered human distress in that they are characterized by specific symptoms and signs. Without any interference they are interested to focus on a predictable course (WHO, 2001). These mental health problems damage people of all regions, cultures and socioeconomic levels, they are found always in the life cycle and they indicate the same prevalence rates for men and women (WHO, 2001). Mental disorders are truly universal. Again WHO estimates that 450 million persons are suffered from a mental or behavioral disorder, yet only a fraction of these are receiving treatment.

Although the exact systematic reasons are not specified clearly, there is a higher rate of prevalence of certain mental disorders among specific groups. For example, depression is more common in women and all mental disorders show higher prevalence rates among people living in poverty, (Harris, 2001; WHO, 2001; WHO, 2004b). In the opposite side of common expectations the aged persons (elderly) are not more likely to be depressed than other age groups (Goldney

and Fisher, 2003). As Anderson (2001) explained this idea as; however depression in the elderly often goes undetected, although it is more common by 2-3 times than dementia (Anderson, 2001).

The support individuals derive from the members, leaders and clergy of religious congregations is widely considered one of the key mediators between spirituality and mental health (Hill, & Pargament, 2003). As the National Association for Mental health, mental health is: being suitable within the community or yourself, sensing well with your regards, being empowered to fulfill all the necessities. The association also has a list of 27 characteristics that define the community or a person having positive mental health (Series in Education, 1962).

In the earliest period, various investigators in relation to disciplines have established to deal with and appreciate the strengthened part or contribution of spirituality can make to mental health. Different beneficiaries and residents also recognized the paths in which spiritual performance can play a great role to mental health and sense of worth, mental illness, and recovery. Spirituality and religion also play great roles in various types of mental health problems; such as depression, stress, PTSD, schizophrenia, etc.

Post-Traumatic Stress Disorder (PTSD) is a delayed reaction to an abnormal, traumatic life experience, such as war, terrorism, a car or aircraft accident, a natural disaster, or physical, sexual, emotional or psychological abuse (Niles, & D. P., 1991). There is not a wealth of research examining the association between spirituality and PTSD in the UK, but there is an emerging literature from America. For example, Shaw et al's, (2005) review of the literature found 11 studies that reported links between religion, spirituality, and trauma-based mental health problems (Shaw, Joseph, & Linley, 2005).

Depression is a well recognized mental health problem in the United Kingdom and it is the concentration of much of the study exploring the interaction between spirituality and mental health (Bruce & Andrew, 2005). The purpose of the investigation was to create a rich description of their experiences and to discover the importance of spirituality for those with depression (Swinton, &Swinton, 2001).

Pregnant women, children under seven, and the seriously ill are exempt from fasting (Sellassie et al., 2003). As we have seen above about good health, Illness is also perceived differently by different populations or ethnic groups. According to African Americans, illness is the causal effect of nature, non-sufficient of food, too much wind or cold. They also increase God's penalty for bad behaviors. Vietnamese describe illness as a director of the body which is out of stable.

Illness is unstable among the various elements which make the community (Schiavo, 2007). Hispanics state illness as the non-stable among emotional, physical, and social factors; an inequality between warm and cold in the human body (Muluneh, 2009). Moreover, the author stated that religious groups, Catholics, define illness in the way that a feed back of fallen natural and a thing which is evil, a consequence of sin of Adam. In the other religion such as Muslims, conceptualize illness as a penalty; a system of cleaning of sins away .

When we come to age groups, we come across Brazilian Children who conceptualize illness as an aversive sense of cooperated with being patient, where as Mexican elderly say, illness is the well being of at their developmental age ;because of the inadequate of understanding in relation to protect healthy during their adolescent stage (Schiavo,p.79).

When devote is present in the approximate weight of biological and psychosocial factors in the beginning of mental illnesses (Arben, 1996; Harris, 2001), it is not an either/or question (WHO, 2001). Truly how the factors inter –related to direct to the beginning of mental illnesses is still being assessed, but it is clear that mental disorders are affected by the combination of those factors such as; biological, psychological and social factors (WHO, 2001; WHO, 2004).Both Mental health and Mental illness are determined by various types of factors (e socioeconomic and environmental factors), as are physical health and physical illness (WHO, 2004b).This Mental illness constitutes a large and growing worldwide problem (WHO, 2001; WHO, 2004a).

We can also note that the same idea from Meeks-Mitchell and Height on page 83.Since mental illness is would be defined as the loss of spiritual life ,the student researcher understands ,this mental illness can assist us to assess the spiritual health in the topic. This mental illness is characterized by: few sense of worth/self- esteem and self understanding, being unable to reflect to other communities, being unable to challenge or solve communal challenges, like hard seriousness or shyness, and being with un suitable recognizing among fantasy, idea, and punctual .Communities with this type of mental illness disease cannot be able to relate or meet the dynamic changes of day-to-day living conditions.

## **2.6. Effective Health Communication**

According to Meek-Mitchell and Height (1987), there are some tips/guidelines for effective conversationalist or communicator: focusing on a person to whom we are talking or speaking, initiating the community to express their feelings freely, being ready to give a response, before speaking, being ordered to use if silence happens, no need of interference between community's speaking and discussion ,giving answers after the community was speaking, taking positive feed

backs from the audiences whenever possible ,reject unnecessary comments or sarcastic remarks, no need of talking too much within the community, and Understand community's feelings.

The communicator should also recognize how the community communicates information as developed by a psychologist William MC Guire (1987), and these are: being interested to the information or the message, giving high attention to the message, searching it as which is more related to the community or easily acceptable, be clear with it, familiarize how the unusual behavior relates with the community's life span, accept the radical changes which is expected more, consider and validate the information or the message, understand and think the information or messages in relation to the community's context, be a good decision maker on the issues of the information provided, apply all the decisions based on the principle, accept positive rewards for that performance, and Coordinate the recent action into the community's life situation.

If the communicator understands all these community's back ground or information process, they would criticize their result easily, indirectly which aids to learn new things or improvements. Effective health communications plans worldwide include many approaches, histories and categories from a range of fields, summarizing with the increment of discussion or communication, communal relationships, behavioral, social trading or social marketing, and health communication (Elise, L –Neuner, Mario, &Nacinovich, n.d). The definition and practical aspects of all these field or disciplines can be thought as empiric, while the definition of health communication has not been generally distributed nor embedded in the practitioner's view (Elise, L –Neuner, Mario, &Nacinovich, n. d).

## **2.7. Some Evidences Showing the Contributions of EOTC on Health**

Among the observed sources of information related to its contributions of people's health, the following documented materials or studies are available:

**The Book of Developmental Bible (2013):** prepared by non-governmental organization, Ethiopian Orthodox Tewahido Church Developmental and Inter-Church Aid Commission, HIV/AIDS Prevention and Control Department (EOTC-DICAC, 2013). It is also published by help of His Holiness Abune Mathias the 6<sup>th</sup> patriarch of the Ethiopian Orthodox Tewahido Church, Arch bishop of Axum, and Echegue of the see of St, Tekle Haimanot (EOTC-DICAC, 2013). This non-governmental organization works on HIV/AIDS prevention and control by training its priests for three hundred sixty five days (365 days) in their parishes for people with HIV/AIDS, and other vulnerable and non-vulnerable communities in Addis Ababa .

This EOTC-DIACAC, book is prepared in two parts; the first part contains preaching for the days beginning from the 1<sup>st</sup> of Meskerem to the last day of the intercalary month (E.C), and the second part includes preaching for the Sundays of the year and the so called "Le emekone", yearly hymns for alternate commemorative days of specific saints and /or angels (EOTC-DICAC, 2013). The Ethiopian Orthodox Tewahido Church is one of the religious organizations that come, without delay, at the fore front in giving response to the country's social, economic, and health problems (EOTC-DICAC, 2013).

As studies showed that the number of expectant mothers who undergo medical examinations is very minimal. According to some demographic and medical research studies, about 73% mothers in the prenatal period never go through medical examination of whatsoever kind (EOTC-

DICAC, 2013). Among the 27% expectant mothers who undergo a prenatal medical examination, many are urban dwellers (EOTC-DICAC, 2013). In a similar fashion, only 5% of pregnant mothers deliver their babies at medical centers, and the rest 95% labor and deliver at home without any assistance from trained medical personnel, but with the help of only village midwives who have either little experience or not at all (EOTC-DICAC, 2013).

To alleviate these health problems the Ethiopian Government is working hard to reduce poverty during the period of 2000-2007 (EOTC-DICAC, 2013). In its plan for health services, in particular, it has given priority to providing a more health care to families, and to raise the level of prenatal medical examination to 45% and to increase the number of trained medical personnel who work with expectant mothers to 25% (EOTC-DICAC, 2013).

**Praying about the people's health:** The Ethiopian Orthodox Tewahido church religious leaders; particularly the evidence indicated that the previous EOTC patriarch Abba Paulos's picture shows that as they are praying for the people's health in various parishes in AA.

**Studies of EOTC done from 2007-2013:** on the issue of HIV prevention for vulnerable adolescent girls at Amhara, Tigray, and Addis Ababa (EOTC, 2007-2013), and

Ethiopian Orthodox Tewahido Church plays a great role in the community's health by communicating or preaching about various health behaviors such as disease prevention and health promotion using its teaching mechanisms within various professionals. A research study done from 2007-2013 at the areas of Amhara, Tigray, and Addis Ababa, in the issue of HIV prevention for vulnerable adolescent girls aligns this theory. The study had its own general and

specific objectives in relation to HIV prevention and other adolescent girls' health issues (EOTC, 2007).

The general objective of this study was to prevent unusual HIV infection, and spread out abstinence and cooperative faithfulness by showing or referencing the HIV exposed among vulnerable youth girls and their friends, including orphans. Its own specific objectives were:

One of the study objectives was to spread out HIV prevention performances for youth girls and their partners familiarized in early marriage not those girls exposed to various vulnerable accidents in their life knowingly unknowingly,

The second objective of their study was to give up systematic management on gender and early marriage behaviors to decrease the influence and youth girls and youth women to HIV infection in their life after they became exposed to various harmful practices, and

The third objective of the Ethiopian Orthodox Tewahido church study was to help them and referrals to female orphans and exposed children who have migrated to low status of business urban areas.

Approximately 44% of the population of Ethiopia and 30% of the population of Eritrea are Orthodox Christians (Federal Democratic Republic of Ethiopia Populations Census Commission, 2008; U.S. Department of State, 2007). Since the earliest days of the religion, fasting has been practiced as a way to bring the body in line with the spirit (Sellassie& Mikael, 2003). Pregnant women, children under seven, and the seriously ill are exempt from fasting (Sellassie et al., 2003).

In the EOTC, there are seven official fasting periods (SEBATU ATSUAMAT) including (Sellassie et al., 2003; Aymero & Joachim, 1970): Great Lent lasts for 55 days which is passing mostly in between March and April ,Tsome-Hawariyat ,Fast of Our Lady Virgin Marry lasts for 15 days, Fast of prophets lasts for 45 days/44in the leap year ,Gehad, Tsome –Nenewe ;Fast of Ninevehis for three days that the Fast of the Prophet Yonas in the country of Nenewe, during the reign of its King Silminasor ,and Tsome-dihinet; All Wednesdays and Fridays throughout the year, except for the 50 days after Easter.

As the Ethiopian Orthodox Tewahido Church communicates/ preaches for its people, all Orthodox Christians whose age is seven (7) and above, must apply all the above Seven Fasting periods and also must have their own Father Confessors /Yeniseha Abat throughout their lives.

### **2.7.1. The Importance of Mahibere Kidusan For Health**

Mahiber Kidusan is set under the Sunday school department of the Ethiopian Orthodox Church (MK, 2003). It provides spiritual services by its sub centers in the dioceses all over the country and in the Diaspora (MK, 2003).

Mahibere Kidusan (MK) also contributes in giving various religious and health related courses for Sunday school students and specially. MK also helps Gibi Gubae students by preparing courses which are relevant to their recent and future lives not to behave like inappropriate sex, alcohol and substance abuse, not to smoke cigarettes, etc. Because, most of Sunday school students or members of Mahibere Kidusan are found being performing all health behaviors such as giving healthy communication and preaching about the religious communities.

Before the formation of Mahibere Kidusan, there were three spiritual associations; Mahibere Mariam, Mahibere Gebriel, and the Zeway Dekemezamurt union. Members of MK are congregated under the association in order to commemorate God's beloved martyrs, Saints, holy people, prophets, etc. One of the fundamental aims of MK is to preach and teach campus students the tradition so that they keep themselves from immoral and selfish corruptions, stealing of public funds, adoption of drugs, smoking, unsafe and religiously illegal sex, etc.

#### **2.6.1.1. Some Aims of Mahibere Kidusan (MK)**

The aims of this spiritual association MK is: To organize the youth, who are the members of Sunday school Department, in the four campuses of Gibi Gubaes in Addis Ababa University under the association and provide them with the teachings of health –related issues at the church; to expand evangelism with different types of divisions (ministry, publication, audio and video recordings) in cooperation with the pertinent health communication in the church bodies.; to arrange situations that initiate the health communication /educated section of the society support the Orthodox Church with his/her knowledge and assets; to make all the Gibi Gubae campus students/members of the MK's association render free and humanitarian health service; to strengthen /preserve all EOTC religious leaders/ Father Confessors and/with the generation of the dignity and fame/recognition of the church fathers in relation to health issues.

Mahibere Kidusan is also necessary for the following health related- issues: to keep adolescents in their higher institutions, who are in line with Orthodox Christian to be baptized and become children of the Holy Spirit from heretics that use various means to trap and deviate to their belief, and other risky behaviors; to prepare suitable ways for Gibi Gubae students learning in Addis Ababa University to understand and keep their health from unhealthy behaviors as well as

distribute or pass for the next generation all the canons/ dogmas and traditions of the church passed on to them by forefathers of the church; to make Gibi Gubae students power full in their social problems up on graduation and in serving their people or country and the church with their profession or talents; to monitor or follow-up, and evaluate all the Gibi Gubae students' observance (loyalty, adherence) and applications of the Ethiopian orthodox beliefs.

## **2.8. The Role of Religion on Health**

Religion is a series of spiritual practices and behaviors where as spirituality is a broad understanding which summarizes communities' interest, income, in relation to their values of life, and in their high stage of environmental participation (Schiavo; P.74). Religious faith and spirituality more generally may also be an important factor in good health because they provide a sense of meaning and a buffer against the effects of stressful life events (Batson& Stocks, 2004; Emmons, 2005; Silberman, 2005). Religious thoughts can play a role in maintaining hope and stimulating motivation for positive life changes.

Religion can affect alcohol and substance use at several stages. It may affect whether a person initiates use, how significant the use becomes, how the use affects the person's life, and whether the person is able to quit and recover (Miller, 1998).

Religious thoughts can play a role in maintaining hope and stimulating motivation for positive life changes. For example, studies have shown that some individuals with AIDS who lived much longer than expected had used religion as a coping strategy; specific benefits came from participating in religious activities such as praying and attending church services (Ironson, 2001) and that an increase in spirituality after testing positive for HIV is associated slower disease progression over 4 years (Ironson, stuetzle, & Fletcher, 2006).

A number of studies have definitively linked religious participation to a longer life (Hummer, 2004; Krause, 2006; McCullough & others, 2000). Religious participation may also benefit health through its religion to social support (Taylor, 2007). Equally important is that the behavioral consequences of these studies happen in relation to a solid theological frame works, as miss -conceptions are become an impediment/obstacle thus being away the development of the study area and to sharing conceptions or knowledge and apply in main stream faith communities (Shuman & Meador, 2003 ).

In regarding to the mechanisms, various well-educated persons or scientists, in the development study of psychoneuroimmunology are continuously doing relations between physiological behaviors and psychological states such as various attitudes or beliefs, thoughts, and emotions (Sternberg, 1997). By decreasing stress levels, giving feeling of worth, and bolstering community's help mechanism ,religious and spiritual behaviors may off-set the aversive results of psychosocial stress on immune, endocrine, and cardiovascular behaviors (Koenig ,& Cohen, 2002). Improved research methodologies identified by theologically and accordingly reported design accept for cognition interpretation of the empirical results.

A recent meta-analysis of 42 studies examining the association between mortality (from any cause) and spiritual activity demonstrates that people with a high religious involvement were likely to die older than their non-religious counterparts (McCullough, M. E., Hoyt, Larson, Koenig, &Thoresen, 2000).

Many findings have found an important relations between immune or endocrine activities and religious performances, whether those investigations have been performed in older adults, community with HIV /AIDS, or females with breast cancer or fibromyalgia (Sephton , Koop

man, Schaal, Thoreson , Spiegel ,2001;Ironson, Solomon, Bal bin, et al,2002; Lutgendorf, Russell, Ulrich, Harris, & Wallace, Dedert, Studts, Weissbecker, Salmon, Banis , &Sephton ,2004). A number of studies have observed the results of religion that contributes on depression. The social connections promoted by religious activity can forestall anxiety and depression and can help to prevent isolation and loneliness (Koneniz, 2007). Appropriate investigations also indicated that religious performances to linked with remission of depression in protestant and Catholic Netherlanders (Bra am, et al., 1997) and ill older adults (Koenig, George, & Peterson, 1998).

As it is discussed in D.M Eisenberg and colleagues' (1998) investigation of choices- drugs utilization among Americans, one-fourth of giving answers utilized prayer to resist with physical illness. There is also an information or data that prayer could be familiarized with decreased muscle tension , improved various body parts like cardio vascular and neuro-immunologic measures ,psychological and spiritual wellbeing, high feeling of reason or purpose, increasing imitating potentials, weak or less disability, and good physical activities in patients with parts of their legs or knee pain (Rapp, Rejeski, & Miller, 2000) and the lowest incidence of some disease like coronary heart disease (Gupta, 1996; Gupta et al. ,1997).All the above definitions generalized that praying is very important during the occurrence of diseases.

Different faith healers utilize prayer or other religious behaviors to prevent diseases. Investigations have investigated that the exact number of patients in country side (21%) and inner-city (10%) communities has utilized faith healers and various medical doctors (23%) assume that faith healers can heal patients (McKee& Chappell, 1992). Because of this study, in various religious aspects; faith healers are highly contributing of influencing in disease prevention and health promotion.

## **CHAPTER THREE**

### **RESEARCH METHODS**

In this chapter, methodological procedures of the study are presented. The main topics are the overall design of the study, study area, study population, the participants of the study, sample size, the instruments, the procedures of data collection, sampling procedure and sampling techniques, study variables, piloting the instruments, and the data analysis and the ethical considerations of the study.

#### **3.1. Research Design**

A quantitative research design was used in this research.

#### **3.2. Study Area**

This research was studied in Mahibere Kidusan Head Office among Gibi Gubae students of the four campuses of AAU .The reason that the principal investigator selects only these four campuses is due to the presence of a strong and continuous program than other Gibi Gubaes. Especially, Tikur Anbesa students since they are health science students, the researcher assumes that they may identify the contributions of these teaching programs in relation to health.

These Gibi Gubae students are spiritually associated with Mahibere Kidusan under Sunday Schools Department. This spiritual association, Mahibere Kidusan is also preaching its Gibi Gubae students about health related issues in their respective parishes by dividing them through their year levels until they complete their education.

### 3.3. Study population

The target population were all first year and above Gibi Gubae students attending their education during the study period in the selected four Gibi Gubae of (4 kilo, 5 kilo, 6 kilo, and Tikur Anbesa) campuses in Addis Ababa University with a total of 1000 (M=605, F =395 ).

**Table1. General information of the study population**

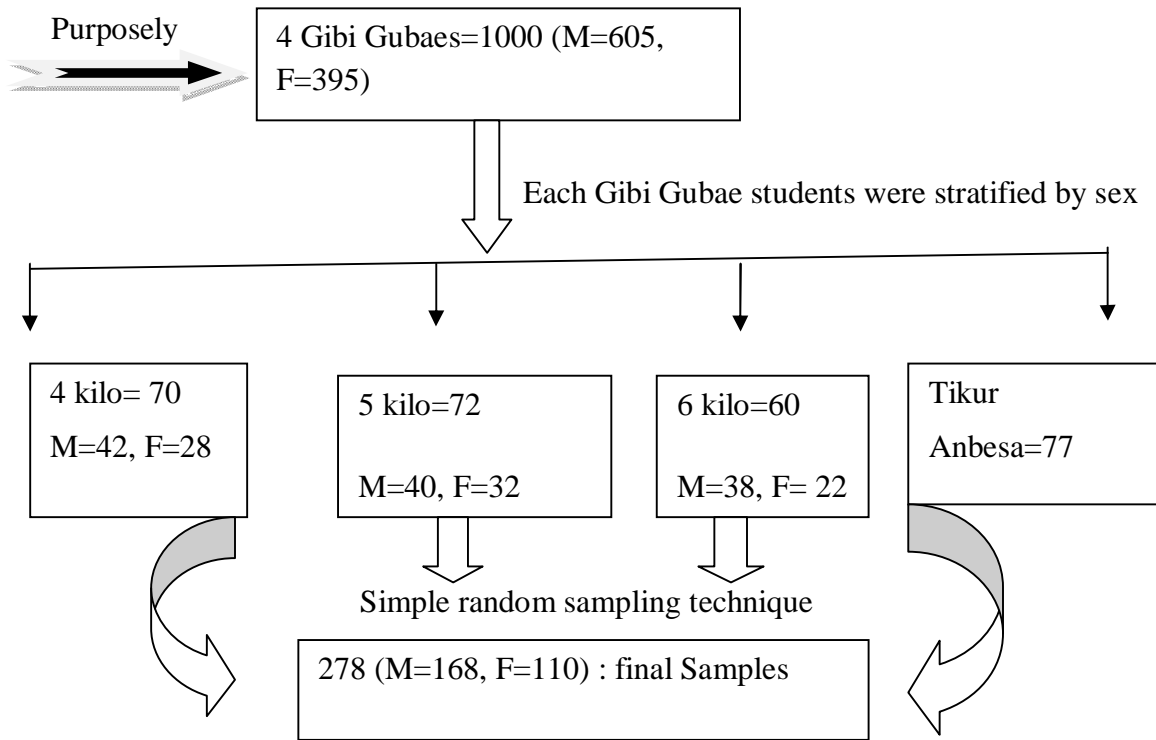
Campuses	Study Population		
	Male	Female	Total
4 kilo Gibi Gubae students	150	100	250
5 Kilo Gibi Gubae students	145	115	260
6 Kilo Gibi Gubae students	135	80	215
Tikur Anbesa Gibi Gubae students	175	100	275
Total	605	395	1000

Source: Mahibere Kidusan Addis Ababa Center 2014/2006 E.C. Gibi Gubae Coordination Office.

### 3.4. Sample size and sampling Technique

The sample size was determined with the scientific sample size calculator because the technique is very important to get the participants as precisely as needed (Krejcie & Morgan, 1970). With 95% confidence level and 5% marginal error, the sample size for 1000 population was found 278 (M= 168, F= 110). Prior to selecting samples, students of the four campuses were stratified by sex. Then through simple random sampling technique (lottery method), participants were taken proportionally from each stratum.

Figure 1. Schematic presentation of sampling procedure



### 3.5. Sampling Procedure

Gibi Gubae students in four campuses were purposely selected. Then each Gibi Gubae students among four campuses were stratified by sex. From each stratum, participants of this study were selected proportionally through simple random sampling technique (lottery method).

### 3.6. Data Collection Instrument

The data were collected through self-administered questionnaires. After extensive reading of literatures, ratings were prepared to measure the health communication contributions / role of Gibi Gubae teaching programs for health related issues. When ratings are prepared, the objective of the research was highly considered. Ratings consist of 20 items with a five point Lickert scales from strongly agree to strongly disagree about the contributions of Mahibere Kidusan's teachings to students' health. The data collection instrument was an anonymous, structured,

open-ended, and close-ended questionnaire, which was prepared in English. To collect the necessary data, the student researcher administered the written questionnaires to respondents.

### **3.7. Piloting of the Instruments**

Piloting is also one of the best mechanisms of improving the data collection and procedures. Having this in mind, the student researcher piloted or pre-tested the instruments at Gibi Gubae students of Addis Ababa University who were not included in the study but who are attending this Gibi Gubae programs under Mahibere Kidusan in Addis Ababa.

The result of the pilot study is very helpful for the improvement of both the scale and the questionnaires. It was also possible to clearly observe the limitations in addressing some issues and thus some selected Gibi Gubae students were contacted in an informal way like using casual conversation and adjust accordingly. For example, Tikur Anbesa Gibi Gubae students were not included before piloting.

Pilot study was conducted on 30 participants. One of the most commonly used indicators of internal consistency for the reliability of the test is Cronbach's alpha coefficient. Therefore, by using the data collected during pilot survey, the reliability of the instrument was tested on Cronbach's Alpha, and it was found  $r = .84$ . This indicates as the instrument is highly reliable and can measure what the researcher intended to measure.

### **3.8. Data Collection Procedures**

To collect the data, the purpose of the study was briefly explained to the MK Addis Ababa center and permission was taken from this office. Then the approval letter was send to Addis Ababa Gibi Gubae Coordinator. The Addis Ababa Gibi Gubae Coordinator sends the copy of the approval letter to each Gibi Gubae coordinators. These coordinators of the four campuses of

Gibi Gubae students (4 kilo, 5 kilo, 6 kilo, and Tikur Anbesa) introduced to Gibi Gubae students to participate and as the researcher were sent from MK. Then the researcher explained the purpose and nature of the study to Gibi Gubae students and verbal consent was taken from them. After that the ready- made questionnaires were administered with the help of four assistant data collectors to the randomly selected participants. Some of the filled questionnaires were collected soon, and the rest were obtained in three subsequent weeks.

### **3.9. Study Variables**

#### **3.9.1. Independent variables**

- Socio demographic variables such as age, sex, campus, and year label or Bach
- Health Communication

#### **3.9.2. Dependent variables**

- The prevailing of healthy and unhealthy style of life among Gibi Gubae students

### **3.10. Processing and Analysis of Data**

The student researcher drafted dummy tables with the assumption of the major research questions after designing the questionnaires and ratings. The collected data or questionnaires were categorized and coded before entering the data in to a computer.

The analysis part was composed of descriptive and analytical statistics. In analytical statistics, the data were tested in bivariate and multivariate analysis. The data were cleaned accordingly and then exported to SPSS version 20.0 for further analysis.

Descriptive statistics like; frequency, percentage, mean, and standard deviation were applied for socio-demographic variables , prevalence of health communication, healthy style of life due to

the attention of MK, health –related issues, and health communication contributions of MK in Ratings.

Inferential Statistics: Bivariate analysis, chi square tests and independent samples t-test were applied to test (compare) the relationship between gender and prevalence of health communication contributions of MK. Multivariate analysis, Logistic regression was applied to explore predictors of effect of multi-variables in dichotomous healthy style of life variable after controlling confounding factors. Crude and adjusted Odds Ratios (95% CI) were performed on the selected health-related and other variables to determine the association of those selected health-related issues or variables. Since questionnaires and ratings are available, percentages and frequency distributions were used.

### **3.11. Ethical Considerations**

Initially acceptance letter was taken from Addis Ababa University, School of Psychology. Then, written consent was obtained from Mahibere Kidusan and Gibi Gubae coordinators through formal letter from religious institution leaders in addition to personal communication by the investigator.

In the informed consent, the researcher was able to take these measures before action: participants and data collectors to be made fully aware of the nature and purpose of the implementation of health communication in MK. Since consent should be voluntarily given, the participants and other data collectors have the legal capacity to give consent, and the responsibility for obtaining consent rests with the researcher.

In the privacy part, the data collectors aware the participants to the capacity of them to control when and what conditions have access to their behaviors, beliefs, and values; and about the confidentiality of participants for linking information to the Gibi Gubae students' identity.

With regard to biases, the researcher tolerated any differences that may have happened during data collection among Gibi Gubae students and took care from various possible accidents before and after the data applied. The student researcher assumed that all research participants would participate and give the requested behaviors since they are religious attendants.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

In this chapter, findings of this current study were presented. The First part included the result of the primary focus of the study, which was examining health communication contributions of MK for Gibi Gubae students of Addis Ababa University. In the second part, statistical techniques to explore relationships among health-related issues were presented. Then religious contributions difference on student's perception was displayed. Finally, the relationship between prevalence of health communication and student's gender difference participation on MK's teaching programs were presented and interpreted.

#### 4.1. Results

##### 4.1.1 Socio demographic variables

**Table 2. Socio- demographic characteristics of first year and above students**

Demographic characteristics (n=255)		Frequency	Percentage
Sex (n=255)	male	158	62.0
	female	97	38.0
Age (n=255)	Mean=22.11, SD=3.62	Range=18-35	
Campus (n=255)	4 kilo	63	24.7
	5 kilo	63	24.7
	6 kilo	59	23.1
	Tikur Anbesa	70	27.5
Bach (n=255)	First	38	14.9
	Second	55	21.6
	Third	77	30.2
	Fourth	50	19.6
	Fifth	18	7.1
	Above Fifth	17	6.7

N.B: n=Total number of Participants, SD=standard deviation, N= Frequency

From the output shown above, we know that there are 158 (62.0 %) males and 97 (38.0 %) females in the study. The majority of participants (27.5 %) from Tikur Anbesa Gibi Gubae participated and the list scored /respondents (59=n, 23.1%) were from 6 kilo Gibi Gubae students in the sample.

Among the 6 maximum year levels of the respondents, third year Gibi Gubae students were 77 (30.2 %), and the minimum scores (17 (6.7 % ) were found from above fifth year. In the descriptive statistics for continuous variable age; the average age of respondents was 22.11 with a SD of 3.62 and with the range between 18 to 35.

#### 4.1.2. The prevalence of Health Communication in MK

**Table 3. Prevalence of Health Communication among Gibi Gubae students**

Healthy Style of Life (n=255)	Responses			
	Yes		No	
	N	%	N	%
There is health related communication in the teaching of MK	231	90.6	24	9.4
Health related communication in MK keeps the lives of students safer	223	87.5	32	12.5
Spiritual Health is given more than physical health in MK	219	85.9	36	14.1
Gospel service is a spiritual health treatment	191	74.9	64	25.1
Disease prevention and health promotion should be given more emphasis in spiritual programs of MK	184	72.2	71	27.8
Health related teachings provided by MK enhanced Gibi Gubae students healthy style of life	219	85.9	36	14.1
Giving health treatment for people by Gibi Gubae students after the completion of their Education (Graduation) is important	218	85.5	37	14.5
Many positive life changes are experienced after being a member of Gibi Gubae programs of MK	236	92.5	19	7.5
Adding health related courses in MK's teaching program is important for student's life safer	219	85.9	36	14.1

As it is observed in table 3, some selected questions are interpreted as follows, out of 255 Gibigubae students, 231 (90.6 %) respondents said yes, and 24 (9.4 %) respondents said no for the question there is health related communication in the teaching of MK. In the second question, 223 (87.5 %) respondents said yes, and 32 (12.5%) respondents said no.

For the third question, 184 (72.2 %) respondents say yes we believe as it should be given more emphasis for health issues in the program, 71 (27.8%) respondents said we had no know how about this health contribution in the Gibi Gubae teaching programmes.

For the fourth question, 191 (74.9%) said yes, 64 (25.1%) respondents said no for the question gospel service is used as a spiritual health treatment in the Gibi Gubae teaching programs. Finally, for the fifth question, 219 (85.9 %) respondents said yes, and 36 (14.1%) respondents said no for the question adding health related courses in MK's teaching program is important for student's life safer.

### 4.1.3. Health related factors

**Table 4. Health –Related factors**

Health-related issues (n=255)	Responses			
	Yes		No	
	N	%	N	%
Marriage issues in EOTC are frequently raised in MK	230	90.2	25	9.8
Road safety rules are frequently raised in MK	153	60	102	40
Healthy sexual behavior and HIV/AIDS are frequently raised in MK	194	76.1	61	23.9
Alcohol and drug abuse are frequently raised in MK	214	83.9	41	16.1
Healthy relationship with the people issues are frequently raised in MK	206	80.8	49	19.2
Gibi Gubae students use religious mechanisms (praying, holy water..) when they feel illness with; depression, PTSDP (stress),breast cancer, Anxiety, Mental health ,and mental illness	201	78.8	54	21.2
Risky behaviors like chewing chat, smoking cigarettes, shisha...are properly addressed in MK teaching programs for Gibi Gubae students	209	82	46	18
Attending Gibi Gubae programs regularly is very important for better healthy style of life	230	90.2	25	9.8
Health-related issues are usually addressed by MK for students	198	77.6	57	22.4

As we can see from the table above, the majority of the respondents(90.2%) support the prevailing of health communication in Mahibere Kidusan teaching programs for the question Marriage issues in EOTC are frequently raised in MK.

But the minimum numbers of respondents (9.8%) disagreed with the prevalence of health communication in Gibi Gubae teachin programs particularly, lack of attending these spiritual

issues regularly is not the factor of our health to the question to attending Gibi Gubae programs regularly is very important for better healthy style of life.

#### 4.1.4. Frequency of Health Communication and Exercise Practice

**Table 5. Health Communication and Exercise practice**

Exercise Practice (n=255)		Frequency	Percentages
Health related issues are addressed by MK for Gibi Gubae students	Often	55	21.6
	Sometimes	120	47.1
	Rarely	54	21.2
	Not at all	26	10.2

In the above table, 120 (47.1%) respondents responded as MK teaches some times about health related issue for them and 26 (10.2 %) of respondents did not support as MK teaches them about health-related issues totally.

#### 4.1.5. Ways /Mechanisms of Health Communication

**Table 6. Ways of Communication in MK**

Teaching Mechanisms (n=255)	Responses			
	Yes		No	
	N	%	N	%
When students are feeling illness, MK teaches them about; praying, using holy water, fasting, taking communion... as best	236	92.5	19	7.5
Health communication is given adequately in the forms of ;panel discussion ,mixing with religious courses, printing media, and through other types of religious mechanisms	189	74.1	66	25.9
During the prevailing of illness ,Religious leaders/Father Confessors, Physicians/Medical doctors, Family members...are treated by MK as important health treatment providers for Gibi Gubae students	204	80	51	20

In the above table, 236 (92.5%) respondents responded as MK teaches Gibi Gubae students during illness about all these religious mechanisms to apply, and 19 (7.5%) respondents did not support as MK teaches about all the risky behaviors during illness to use them for the question to when students are feeling illness, MK teaches them about; praying, using holy water, fasting, taking communion... as best.

The minimum score (74.1%) of the respondents showed that MK preaches them about health related issues through panel discussion, mixing with the religious courses, print media, and in pannel discussion mixing with religious courses.

#### 4.1.6. Health Communication Contributions of MK in Ratings

**Table 7. Total Ratings of Health Communication Contributions of MK:**

Some selected Items (n=255)	Ratings				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
	N (%)	N (%)	N (%)	N (%)	N (%)
There is health –related communication in MK’s teachings for Gibi Gubae students	114 (44.7)	108 (42.4)	20 (7.8)	10 (3.9)	3 (1.2)
Healthy marriage issues are discussed in the spiritual teaching programs of MK for Gibi Gubae students	130 (51.0)	100(39.2)	16 (6.3)	6 (2.4)	3 (1.2)
As using religious mechanisms are important when depression, PTSD (tress), breast cancer, anxiety, and other types of mental disorders, etc... are present, in our health MK has given due attention for these mechanisms in their teachings.	122 (47.8)	79 (31.0)	37 (14.5)	12 (4.7)	5 (2.0)
There are many positive life-changes I experienced after becoming a member of MK.	165 (64.7)	71(27.8)	17 (6.7)	1 (.4)	1 (.4)

Since it is difficult to interpret all the items, the maximum and minimum results are interpreted among the 20 items. In the first item, 114 (44.7%) respondents strongly agreed, 108 (42.4 %) respondents agreed, 20 (9.8 %) respondents were undecided, 10 (3.9 %) respondents were disagreed, 2 (0.8 %) respondents were strongly disagreed. And finally, for this descriptive statistics, the total ratings of health communication contributions of MK ranges from 20-75, and the Mean=35.14, with SD=8.64.

#### **4.1.7 Health-related issues/factors associated with Prevalence of Health communication**

Among the selected predictors 1/ health communication (coded as 1=yes, 2=no), 2/ sex (coded as 1=males, 2=females), and 3/scores of health related factors (coded as 1=yes, 2=no) were the three independent variables for simultaneous logistic regression with a dependent variable healthy and un healthy style of life, which is categorical and dichotomous (coded as 1=yes, 2=no)

The number of prevalence of health communication predictors,  $X^2 = (3, n=255) = 19.770$ ,  $P = 0.000$ , were significantly related with prevalence of health communication in Mahibere Kidusan Gibi Gubae students for their health condition when chi square test was run out. Over all associated health-related issues/factors of prevalence of health communication was examined and the result is shown below. When there is a single dependent variable which is categorical and dichotomous with more independent variables, logistic regression will be used for the study.

**Table 8. Logistic Regression Analysis for Variables Predicting Prevalence of health communication in MK.**

Predictor variables ( n=255)	B	OR	P-value	95.0% C.I	
				Lower	Upper
Using religious healings	-2.094	.123	.001	.037	.411
Exercise practice	.820	2.271	.048	.000	
Relationship among students	6.621	750.962	.005	7.006	80494.996
Attending religious programs	7.141	1263.27	.012	4.656	342753.711
Sex	-.478	.935	.334	.620	

Note: B= Regression Coefficients, OR= Odd Ratio

As it is shown in the table above those students who responded to prevalence of health communication more in attending MK's teaching program continuously [OR, 95% CI; 1263.27(4.656, 342753.711)] were more likely to be more beneficial in religious healings. And this attending this religious programs of MK effects positively B= 7.141, and the chance to get effective or beneficial in religious healings experienced well at p-value=.012, and since P-value<.05, this result is significant.

The effects of participants who were responding to attending religious programs of MK are effective ,as a result of attendants increased by Odds Ratio= 1263.27 times (C.I=4.656, 342753.711) more likely than students who were not responded to the contribution of attending in religious programs of MK. When students who use religious healings or religious mechanisms when they are feeling illness, the risk to get unhealthy style of life reduced by OR=.123 times at p=.001 and Coefficient B=-2.094.

In terms of health communication applications consequences, exercise practice effects positively on the attendants who attended the program seriously. At  $P\text{-value}=.048$ , the risk of exposed to various risk factors likely increases 2.271 times when MK does not exercise or teach health related issues practically for Gibi Gubae students continuously. When the prevalence of health communication in MK's teaching programs became continuous and expanded, the chance to get spiritual and mental satisfaction increases  $OR=1.163$  times at  $p\text{-value}=.024$ , and coefficients  $=.151$ . If there is a positive relationship among Gibi Gubae students, the chance to be continued more likely increases by  $OR= 750.962$  times at  $p\text{-value} =.005$ , and the relationship among students increases by  $B=6.621$ .

Interns of gender / sex, male and female difference effects negatively ( $B= -.478$ ) on group had understanding of prevalence of Health Communication in Mahibere Kidusan's teaching Programs. At  $P\text{-value}=.334$ , Gibi Gubae students have the chance to get Health Communication from MK is likely to increase by Odds Ratio $=.620$  times when both male and female students seriously attend Gibi Gubae programs in MK. Therefore it is not significant.

#### 4.1.8. Predictor Variable Sex across Health Communication

**Table 9. Cross-tabulation on Sex \* Prevalence of Health Communication (PHC) (n=255):**

Sex *HPC			PHC		Total	$\chi^2$	df	p-value
			yes	No				
Sex	Male	Frequency (N)	141	17	158	.518	1	.472
		Expected N	143.1	14.9	158.0			
		% within sex	89.2%	10.8%	100.0%			
		% within PHC	61.0%	70.8%	62.0%			
		% of Total	55.3%	6.7%	62.0%			
	Female	Frequency (N)	90	7	97			
		Expected N	87.9	9.1	97.0			
		% within sex	92.8%	7.2%	100.0%			
		% within PHC	39.0%	29.2%	38.0%			
		% of Total	35.3%	2.7%	38.0%			
Total	Frequency (N)	231	24	255				
	Expected N	231.0	24.0	255.0				
	% within sex	90.6%	9.4%	100.0%				
	% within PHC	100.0%	100.0%	100.0%				
	% of Total	90.6%	9.4%	100.0%				

Note: PHC= Prevalence of Health Communication, N= Frequency, **Sex \*HPC= Sex across PHC**

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.13.

b. Computed only for a 2x2 table.

The result of this chi square 2 by 2 table indicates that since the expected cell sizes 9.13 are greater than 5, the assumption is not violated and since the variable sex (male/female) and

Prevalence of health Communication (yes /no) have only two categories (2x2 table), Continuity Correction is used to compensate the over estimate of chi square value.

In the current study, the corrected chi square value is .518, with an associated significance level of .47 which is presented in the column labeled P-value. Since this value .47 is larger than P-value .05, the result is not significant. This means that the proportion of males who responded to prevalence of health communication is not significantly different from the proportion of females who responded to the prevailing of prevalence of health communication (PHC) in MK.

To find out what percentages of males are responding to PHC in the first row that refers to males. In this result, it is possible to look at the values next to “% with sex”. In the output above, 89.2% of males were responding to PHC, while 10% were not responding to Prevalence of health Communication in MK. For females, 92.8 % of females were responding to PHC, while 7.2% were not responding to PHC in MK.

It is also possible that to know the percentages of the sample as a whole responded by moving down to the total row that summarizes across both sexes and we can look at the values next to “% of total”. Based on the findings, 90.6 % of the sample responded to PHC, 9.4 % were not responding to the prevalence of health communication in Mahibere Kidusan.

#### **4.1. 9. Predictor-Variables with Independent-samples t-test**

Among various types of t-tests that are available in SPSS, the student researcher used an independent -samples t-test in order to compare the mean scores of males and females of Gibi Gubae students in relation to their healthy style of life due attention of the Health Communication Contributions of Mahibere Kidusan. The results are tabulated and interpreted as follows:

**Table-10: The mean healthy style of life scores of males and females in MK**

Mean healthy style of life score (n=255)		F	Sig.	T	df	Sig. 2-tai	N	M	SD
Total	Equal variances assumed	.071	.790	.572	252	.568			
healthy style of life	Sex								
	Males						158	35.38	8.790
	Females						96	34.74	8.408

N.B: df= Degree of Freedom, M= Mean, SD= standard deviation, T= independent t-test, F=F-test

As a result, we can present the results for this type of t-test as: an independent –sample t-test was conducted to compare the healthy style of life scores for males and females of Gibi Gubae students of MK. There was no significant difference in scores for males (M=35.38, SD=8.790) and females (M=34.74, SD=8.408;  $t(252) = .572, P = .57$ ).

## 4.2 DISCUSSION

The aim of the present study was to assess the implementation of health communication in EOTC for AAU Gibi Gubae students by Mahibere Kidusan. Then Health Communication results of students were analyzed with respect to gender, year level, age, and campus. Health communication, gender, and age taken as independent variables, while the presence of health related communications or Healthy Style of Life in MK were accepted as dependent variable of the study. A five point Lickert scale ratings, health related teachings, and demographic information form were used. The results are discussed in the following sections.

The first research question of the study was to assess the implementation of health communication in MK. It was found that 90.6% of the students agreed that there is health education program, while 9.4 % of students have said as there is no health related teachings in MK. The difference between male and female students on the scores of Healthy Style of Life was analyzed. To examine the difference between two genders with respect to health Communication, independent samples t-test was applied. The result showed that Health Communication is not connected with gender. That is, there is no significant difference between males and females with respect to student's response on healthy style of life among Gibi Gubae students in MK.

To know the relationship between prevalence of health communication and sex, chi square tests were used to analyze the data. The result indicated that 89.2% of males were responding to PHC, while 10% were not responding to Prevalence of health Communication in MK. For females, 92.8 % of females were responding to PHC, while 7.2% were not responding to PHC in MK.

To identify how health issues are treated in the teaching/preaching mechanisms of MK for Gibi Gubae students of AAU in referring to the role of religion on health was analyzed. The result was found that 92.5% of respondents said yes MK teaches us about; praying, using holy water, fasting, taking communion... as best mechanisms when we are feeling illness to use them, while 7.5% respondents said no MK does not treat us to use all these religious mechanisms or healings.

To examine the prevalence of health communications in MK's teaching programs, it was analyzed in a descriptive statistics section using frequency and percentages. The result indicated that 219 (85.9 %) respondents said yes health -related teachings provided by MK enhanced Gibi Gubae students healthy style of life, and 36 (14.1%) respondents said no.

To assess some of the evidences related to health communication contributions of MK was another research question of the study. For this evidence, 92.5 % of respondents said there are many positive life change after I experienced this association (MK), while 7.5 % of respondents said no there is no any positive life change that I experienced being a member of Gibi Gubae students of AAU under MK.

Studies have shown that some individuals with various health related problems and who used religious activities or by attending the issues used as a coping strategy; specific benefits came from participating in religious activities such as praying and attending church services (Ironson, 2001) and that an increase in spirituality after testing positive for HIV is associated with slower disease progression over four years (Ironson, Stuetzle, & Fletcher, 2006). Currently, the major impediments of the Ethiopian Orthodox Tewahido Church –Developmental and Inter –Church Aid Commission (EOTC-DIAC) development are malaria, tuberculosis, and HIV/AIDS (EOTC-DIAC, 2013).

The result in logistic regression model in relation with prevalence of health communication and health-related factors indicated that attending religious programs of MK effects positively on B= 7.141, and the chance to get effective by Odds Ratio =1263.27, at p-value=.012, and since P-value<.05, this result is significant at P-value=.012.

Due to this reason, the effects of participants who were responding to attending religious programs of MK are effective ,that are responding to the results of attendants increased by Odds Ratio= 1263.27 times (C.I=4.656, 342753.711) more likely than students who were not responded to the contribution of attending in religious programs of MK..

Studies examined that religion can affect alcohol and substance use at several stages. It may affect whether a person initiates use, how significant the use becomes, how the use affects the person's life, and whether the person is able to quit and recover (Miller, 1998). This seems quite plausible/reasonable, since religious beliefs and teachings are generally supportive of social connectedness and responsibility (love they neighbor, do well to others, don't steal, be faithful in your marriage), healthy in terms of proscriptions (avoid drugs and alcohol) (Stylianou, 2004) and probably increase social contacts and enhance social support (Ellison & George, 1994).

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 SUMMARY AND CONCLUSION

Based on the findings of the current study, the following conclusions are deduced:

- The Ethiopian Orthodox Tewahido Church (EOTC) contributes to health related issues by preaching the communities in their parishes.
- An Ethiopian Orthodox Tewahido church association called Mahibere Kidusan plays a great role in giving a continuous health communication and other spiritual issues for university Gibi Gubae students.
- The findings of this research told us as there are health related courses given in the Gibi Gubae programs in referring to the Bible to other criminal behaviors.
- As a result of the findings there is no significant difference between males and females in responding to the prevalence of health communication in MK.
- The respondents assure that attending religious programs has a positive effect in any health situations. Because respecting the God's message or principles has a major value in any style of life.
- Communicating about spiritual and health related issues in every parishes or settings is useful, especially for adolescents or university students will be kept from any risky behaviors.
- Religious leaders or father confessors are also very important in counseling profession for adolescents to be in line with the dogma and in a healthy style of life.
- These all the above stake holders generally contribute in health treatment issues for adolescents and to use or follow modern style of life to use medicines, to go hospitals and

other health institutions during the time of illness. Because all these religious leaders who are permanently employed in MK, Mahibere Kidusan, Gibi Gubae leaders preach the as all things are under hands of the Gad in referring to the Bible.

- Socio-demographic characteristic, health –related issues/ factors, prevalence of health communication issues, are analyzed in both descriptive and analytical statistics quantitatively.
- As the written document or evidence showed that, a non-governmental organization named as the Ethiopian Orthodox Tewahido church Developmental and Inter-Church Aid Commission HIV/AIDS Prevention and Control Department (EOTC-DICAC) which publishes in2013, mainly works in health related problems in Addis Ababa.
- The Arch bishop of Ethiopian Orthodox Tewahido Church –Development and Inter – Church Aid Commission (EOTC-DICAC) Abba Samuel coordinates ( where his office is around Arat kilo) all the preachers /priests to preach the society in their parishes for all 365 days in throughout the year.
- Some of the findings showed that adequate health treatment issues are not given by MK than spiritual issues.

## 5.2. RECOMMENDATIONS

On the basis of the findings of present study, some recommendations could be given for further studies:

1. The Ethiopia Orthodox Tewahido church should expand its teachings about spiritual health and physical health in every parishes,
2. Even if Mahibere Kidusan gives health –related courses such as marriage issues at the time of student’s year of graduation, it should give also adequate health related courses in relation to criminal behaviors, drug abuse, in appropriate sex, smoking cigarettes ,
3. The Ethiopian Orthodox Tewahido church Developmental and Inter-Church Aid Commission (EOTC-DICAC),particularly HIV/AIDS Prevention and Control Department should strengthen tits health related problem teaching day-to-day,
4. All Ethiopian Orthodox Tewahido church followers and students of AAU who are attending their education should attend this Gibi Gubae Programs of Mahibere Kidusan regularly,
5. In order to expand this health treatment program, all health professionals, health Psychologists, AAU guidance experts /counselors, Ministry of Health ,and MK, Sunday school leaders, religious leaders or father Confessors...should communicate for all students and others ,
6. MK and other stake holders should communicate or advertise about health related issues through Media, Advertisements. Printing, panel discussion...
7. In the present study, it was seen that having health related communication has a supporting effect on Gibi Gubae student’s life events that one experiences in daily life. As a consequence, health psychologists, university counselors or health professionals

should take into consideration this effect and they could develop these spiritual programs for Addis Ababa university students in order to enhance health conditions and deal with spiritual and physical health communications.

8. This study should be researched in large samples including all Gibi Gubae students who are attending in Addis Ababa not only 4 kilo,5 kilo, 6 kilo, and Tikur Anbesa, but also the whole campuses of AAU Gibi Gubae students,
9. All health professionals Father confessors, MK, COTC, EOTC\_DIAC... should preach for Gibi Gubae students to be flexible and to follow modernization in referring to the Bible.
10. The Ethiopian Government should increase its plan of expectant mothers' medical examination uses during their prenatal period delivery system from 25% to 50% of its contributions of health services.

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**APPENDICES**  
**ENGLISH VERSIONS OF**  
**THE**  
**QUESTIONNAIRE,**  
**RATINGS, AND**  
**Declaration of the Thesis**

**Appendix-A**

**Addis Ababa University**

**College of Education and Behavioral Studies**

**School of Psychology**

**Health Psychology Graduate Program**

*Questionnaires to be filled by Gibi Gubae students in the 4 campuses of AAU*

Dear participants, the aim of this questionnaire is to assess the Ethiopian Orthodox Tewahido Church's contribution concerning disease prevention and health promotion as an institution specifically at Mahibere Kidusan level. I am doing this research as a requirement for the fulfillment of my MA in Health Psychology. Your genuine response will contribute to the quality of this study, so I strongly ask you to cooperate me by giving genuine response .The researcher assure you that all the information you gave will be kept confidential, and there is no harm on you because of your opinion related to the issue being investigated. The student researcher would like to thank you in advance for your genuine response.

Thank you again!

Circle the letter of your choice for close ended items and write what you think is appropriate for open –ended questions (Muluneh Tazeb, 2009).

## **Part I .Personal Information**

1. Sex: A. Male    B. Female
2. Campus (Gibi Gubae): A. 4 kilo    B. 5 kilo    C. 6 kilo    D. TikurAnbesa
3. Age: -----
4. Year level/Bach: A .First    B. Second    C. Third    D. Fourth    E. Five    F. Above five

## **Part II. Questions concerning health Communication of Gibi Gubae students**

5. Do you think there is health related communication in the teaching of Mahibere Kidusan to Gibi Gubae students?    A. yes    B .No
6. Does Health related communication in MK keep the lives of students safer? A. yes,    B.No
7. Do you think that Spiritual Health is given more than physical health in MK? A. yes,    B.No
8. Do you believe that gospel service is a spiritual health treatment?    A. Yes    B. No
9. Do you believe disease prevention and health promotion or other health-related issues should be given more emphasis in spiritual programs? A. Yes,    B. No
10. Do you think that health -related teachings provided by MK enhanced you health style of life?    A. Yes    B. No
11. Do you think that giving health treatment for people by Gibi Gubae students after the completion of their Education (Graduation) is important? A. Yes,    B. No
12. Do you perceive that there are many positive life- changes are experienced after being a member of Gibi Gubae programs of MK? A. Yes    B. No

13. Do you perceive that adding health related courses in MK's teaching program is important for student's life safer? A. Yes B. No
14. Are Marriage issues in EOTC frequently raised in MK? A. yes, B.No
15. Are Healthy Sexual behavior and HIV/AIDS frequently raised in MK? A. yes, B.No
16. Are Alcohol and Drug abuse frequently raised in MK? A. yes, B.No
17. Are Healthy Relationship with people frequently raised in MK? A. yes, B.No
18. Are Road safety rules frequently raised in MK? A. yes, B.No
19. Do you think that Gibi Gubae students use religious mechanisms (praying, holy water...) when they feel illness with; depression, PTSDP (stress), breast cancer, Anxiety, Mental health, and mental illness? A. yes, B.No
20. Are risky behaviors like chewing chat, smoking cigarettes, shisha... properly addressed in MK teaching programs for Gibi Gubae students? A. yes, B.No
21. Do you think that attending Gibi Gubae programs regularly is very important for better healthy style of life? A. yes, B.No
22. Do you perceive that health-related issues are usually addressed by MK for students?  
A. Yes B. No
23. Do you think that Health communication is given adequately in the forms of; panel discussion, mixing with religious courses, printing media, and through other religious mechanisms? A. yes, B.No

24. When students are feeling illness, Does MK teach them about; praying, using holy water, fasting, taking communion... as best? A. Yes B. No

25. How often are health issues addressed by MK for Gibi Gubae students?

A. Often            B. Some times            C. Rarely            D. Not at all

27. During the prevailing of illness, are Religious leaders/Father Confessors, Physicians/Medical doctors, Family members... treated by MK as important? A. Yes B. No

### **Appendix -B**

#### **Part III. Ratings of Health Communication Contribution of MK for Gibi Gubae students**

The following items are meant to measure Gibe Gubae students' perception/view about the importance of Gibi Gubae teaching programs by MK for the health of students.

Direction: The following are lists of the status and contribution of health teaching by MK. Read each item carefully and put a checkmark (✓) in the column that shows the level of your agreement or disagreement with each statement which best represents your feelings according to the following five point Lickert scale.

Remark: the given numbers represented as 5=strongly agree, 4= agree, 3= undecided, 2=disagree, and 1= strongly disagree.

N	Item list	Alternatives				
		5	4	3	2	1
1	There is health –related communication in MK’s teachings for Gibi Gubae students					
2	Health education in MK is contributing in keeping student’s life safer.					
3	Among health communication concerning matters in MK’s teaching communication concerning spiritual health is highly practiced than communication concerning physical health					
4	Healthy marriage issues are discussed in the spiritual teaching programs of MK for Gibi Gubae students					
5	Road safety issues are included in the teachings of MK for Gibi Gubae students					
6	Healthy sexual behavior & HIV/AIDS are included in the teachings of MK for Gibi Gubae students					
7	Alcohol and drug abuse are included in the teachings of MK for Gibi Gubae students					
8	There is a healthy relationship among attendants better than non-attendants due to MK’s healthy communication teachings.					
9	Health communications in MK are given adequately in the forms of panel discussion, mixing with religious courses, print media, and other forms					
10	Risky behaviors like chewing chat, smoking cigarettes, inappropriate sex, shisha etc...are properly addressed in					

	the spiritual programs and teachings of MK for Gibi Gubae students.					
11	Attending in religious programs or Gibi gubaes is important for having better health related understanding and practice for the students.					
12	Health –related courses should be added in the program of Gibi Gubae students.					
13	Gibi Gubae students are treated to serve/teach/ the people to be healthy after they complete their graduation in every spiritual settings or parishes.					
14	Gospel service is a spiritual health treatment					
15	Health-related teachings given in the Gibi Gubae enhanced student’s style of life.					
16	MK teaches about praying, using holy water / baptism, taking communion, and fasting as the best spiritual mechanisms to relieve illness and different kinds of life challenges and that is helping attends load safer life.					
17	As using religious mechanisms are important when depression, PTSD (tress), breast cancer, anxiety, and other types of mental disorders, etc... are present, in our health MK has given due attention for these mechanisms in their teachings.					
18	During the presence of illness, being treated by religious leaders/father confessors, physicians/medical doctors, family members, etc, are important according to MK is infusing these issues in their teachings.					
19	There are many positive life-changes I experienced after becoming a member of Gibi Gubae student in Addis Ababa University.					
20	Health –related issues are usually addressed by MK’s (Gibi Gubae’s) programs for Gibi Gubae students.					

## Appendix-C

### Declaration

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct .I also declare that ,as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name: Abraham Abeje

Signature; \_\_\_\_\_

Date: \_\_\_\_\_

This thesis has been Sub-mitted for examination with my approval as University advisor.

Name; Ababaw Minaye (PhD)

Signature; \_\_\_\_\_

Date: \_\_\_\_\_