

A Holistic Approach to Human Health: Exploring the Role of the Ethiopian Orthodox Tewahedo Church

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Background

The World Health Organization (WHO) redefined health in 1948, expanding its definition beyond mere absence of disease to encompass complete physical, mental, and social well-being (WHO, 1965). This holistic view acknowledges that health includes emotional resilience, social connections, and overall quality of life, not just the absence of illness. Despite this recognition, many health initiatives have historically prioritized physical health, neglecting mental and social dimensions (Holt-Lunstad et al., 2015, 2020a, 2020b). This imbalance highlights the necessity for comprehensive approaches that address all aspects of wellness to enhance overall health and quality of life.

As healthcare providers increasingly acknowledge the importance of holistic patient care, there is a growing acknowledgment of addressing patients' spiritual needs alongside their physical ones (Bolarinwa et al., 2023; Puchalski et al., 2014; Puchalski & Romer, 2000). Many patients express a desire for spiritual support, recognizing its potential positive impact on mental well-being. Spirituality offers individuals a sense of purpose and meaning, aiding them in navigating life's challenges and providing a supportive community and practices to enhance relationships (Kao et al., 2020; Koenig, 2012; Masters & Spielmanns, 2007).

The Christian lifestyle has long been associated with promoting health and wellness (Masters & Spielmans, 2007, 1998). Living according to Jesus Christ's teachings can yield significant benefits for physical and mental well-being. Embracing forgiveness, practicing self-care, nurturing spiritual growth, fostering community, and engaging in acts of service are central tenets of the Christian faith. These principles intertwine with health and wellness, offering pathways to a healthier, happier, and more fulfilling life.

Our analysis sought to investigate how adopting a Christian lifestyle, specifically within the Ethiopian Orthodox Tewahedo Church (EOTC), influences health and well-being. The EOTC emphasizes spiritual practices aimed at nurturing comprehensive health encompassing physical, mental, and social dimensions. By examining EOTC's canons, dogmas, and traditions related to health, we aimed to grasp its holistic approach to well-being. This exploration aims to highlight the potential advantages of incorporating spiritual principles into daily life for overall health and wellness.

Methodology

We used the documentary research method (Ahmed, 2010) to examine the connection between EOTC and human health and well-being. This involved reviewing and analysing existing literature, scholarly articles, religious texts, and official documents. We sought to discover, verify, and review documents relevant to the EOTC to provide a local perspective on the diverse realities experienced by individuals. The identified documents were objectively studied in their original sources to locate, identify, organize, and evaluate the information obtained. In addition, we conducted a qualitative study that included interviews and a comprehensive analysis of the findings. By utilizing both primary and secondary sources, our investigation offers a comprehensive examination of this subject matter. We also conducted a rapid review of relevant evidence to specifically analyse the impact and/or relationship between spiritual practices recommended by the EOTC and health and nutritional status.

Primary sources consisted of canonical texts, such as the Bible, and writings by prominent EOTC theologians and scholars, which provided foundational insights

into the church's beliefs and practices regarding health. Secondary sources included academic journals, books, and reports that discussed the intersection of religion, spirituality, and health with a specific focus on the EOTC context. The review process involved identifying key themes, concepts, and teachings related to health and wellness within EOTC tradition. These practices include fasting, prayer, forgiveness, community engagement, and adherence to moral and ethical principles. Furthermore, the methodology included an analysis of how these teachings and practices are applied in the daily lives of EOTC adherents, both in Ethiopia and in diaspora communities worldwide. This involved examining the cultural norms, social customs, and religious rituals associated with health and wellness within the EOTC context.

Additionally, the study employed interviews to gather insights from EOTC clergy, scholars, and community members. These qualitative data provided valuable perspectives on the lived experiences of individuals practicing EOTC faith and the role of spirituality in shaping their health behaviors and outcomes. Overall, the methodology employed in this study aims to provide a comprehensive understanding of the relationship between EOTC teaching and human health and wellness.

Qualitative Data Collection

Our study employed a comprehensive approach that combined documentary research with qualitative methods. Initially, we conducted a thorough review and analysis of the existing literature, scholarly articles, religious texts, and official documents that focused on the perspectives of the EOTC regarding health and wellness. This phase enabled us to gain a comprehensive understanding of doctrinal teaching and historical practices related to health in the Church. Subsequently, we conducted qualitative data collection through interviews with a diverse range of stakeholders. The participants included religious leaders, priests, theologians, health professionals, and nutritionists. During these semi-structured interviews, we explored their interpretations of health teachings within the EOTC, their roles in promoting wellness, and their views on integrating modern health practices. These discussions revealed shared insights, challenges, and strategies for improving health and nutrition initiatives within the EOTC communities.

By utilizing these approaches, we were able to delve into the complex relationship between religious beliefs and contemporary health practices. Our findings shed light on potential pathways for future research and community-based interventions aimed at improving health outcomes among EOTC adherence.

Data Analysis

The data analysis methodology for our study on health and wellness within the EOTC involved several key steps to derive meaningful insights from the qualitative data collected through interviews and FGDs. Firstly, for data collected through the documentary method, analysis involved collecting relevant textual or visual documents for scrutiny. Researchers segmented these documents into meaningful units, applying coding schemes to identify emerging patterns and themes. Through interpretation, they uncovered deep-seated meanings and contradictions, drawing conclusions that contributed to theoretical understandings. Validation techniques like member checking ensured the credibility of findings, with results structured to integrate quotes and excerpts supporting interpretations. Qualitative data from interviews with religious leaders, priests, theologians, health professionals, and nutritionists were meticulously transcribed and organized for detailed analysis. Thematic analysis was then applied to systematically code the data, revealing recurring themes such as EOTC teachings on health, wellness challenges, and improvement strategies.

Throughout the iterative analysis process, we continuously revisited the data to deepen our understanding of emerging themes and diverse perspectives across stakeholder groups. By contextualizing our findings with existing literature and theoretical frameworks on religion, health, and cultural practices, we aimed to illuminate the implications within the broader context of EOTC beliefs and practices related to health and wellness. This methodological approach rigorously explored and interpreted qualitative data, offering insights into the intricate dynamics of religious beliefs and health behaviors within the EOTC community.

Results

Characteristics of Qualitative study participants

Study participating priests, theologians (experts) and religious leaders were primarily aged 45 to 65 years and have extensive knowledge and advanced degrees in theology or related fields. Scholars, on the other hand, were aged 35 to 50 years and hold PhDs or equivalent qualifications in religious studies, anthropology, or public health, contributing to academic rigor and specialized insights. In addition, community members aged 25–40 years, with diverse educational backgrounds ranging from high school diplomas to bachelor’s degrees, provide varied perspectives within the EOTC community. Gender diversity was ensured across all groups to facilitate comprehensive exploration of EOTC practices and spirituality. This inclusive approach provided nuanced insights into the intersection of age, education, gender, religious beliefs, and health behaviors within the community. Detailed sociodemographic profiles of the participants is presented in Table.

Table: Summary of Study Participants Engaged in Gathering Insights from the EOTC in Addis Ababa, Ethiopia

| Role | Age Range | Education | Number | Gender |
|---------------------------------|-------------|--|--------|-----------------|
| Key Experts & Religious Fathers | 45-65 years | Advanced degrees in theology or related fields | 3 | Male |
| Scholars | 35-50 years | PhD or equivalent in religious studies, anthropology, or public health | 2 | Male and Female |
| Community Members | 25-40 years | Varied (from high school to bachelor’s degree) | 3 | Male and Female |

The results of the study offer valuable insights into the intersection of the EOTC tradition and human health and wellness. Through an in-depth analysis of canonical texts, scholarly literature, and qualitative data, this research sheds light

on the various teachings, practices, and beliefs within the EOTC that contribute to physical, mental, and social well-being. By examining how EOTC adherents incorporate these principles into their daily lives, the results provide a nuanced understanding of the role of spirituality in promoting health and resilience within the EOTC community.

I. Physical Health and the EOTC

Physical health encompasses the proper functioning of the body's organs and systems, crucial for overall well-being and longevity (Marmot, 2005, 2003). To promote good health and prevent diseases, science emphasizes several key activities. These include maintaining adequate sleep and rest, following a balanced diet, engaging in regular physical exercise, and nurturing social connections (Knutson, 2010; WHO, 2003).

According to the latest evidence from the WHO and the Institute for Health Metrics and Evaluation (IHME), cardiovascular diseases, such as ischemic heart disease and stroke, are the primary causes of global mortality, accounting for 16% and 11% of all deaths, respectively (Jahagirdar et al., 2021; Roth GA et al., 2018; Vollset et al., 2024; WHO, 2020). Respiratory conditions, including chronic obstructive pulmonary disease (COPD), contribute significantly to global mortality, responsible for up to 6% of deaths worldwide (Vollset et al., 2024). Other prevalent causes of mortality include cancers, dementia, diabetes mellitus, and kidney diseases, all classified as non-communicable diseases (NCDs) (WHO, 2020). These NCDs pose a significant threat to achieving the goals outlined in the 2030 Agenda for Sustainable Development, collectively contributing to seven out of ten causes of all deaths globally (see Figure 1).

Leading causes of death globally

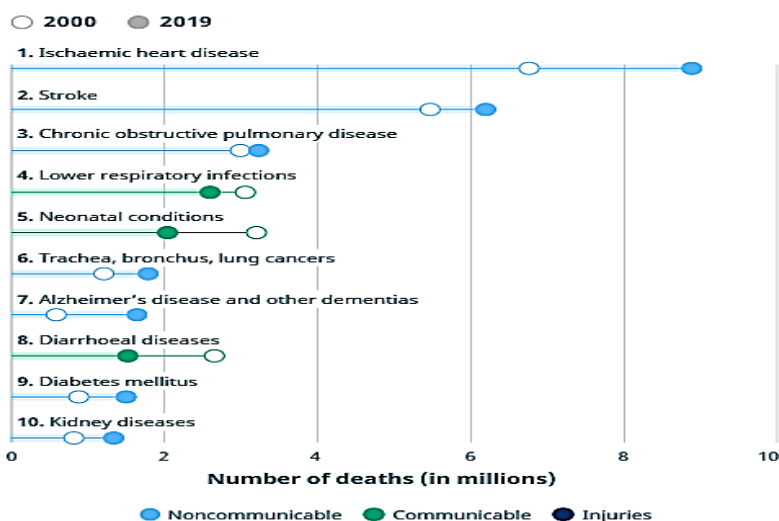


Figure 1: WHO classified ten top leading causes of death, globally.

However, delving into the root causes of these non communicable diseases (NCDs) reveals a close association with three primary factors: diet, lifestyle, and environment (Mozaffarian et al., 2008) (WHO, 2018b). From a public health perspective, these risk factors can be categorized into three groups: behavioral (modifiable), metabolic, and environmental risk factors. The leading risk factors include tobacco use, physical inactivity, excessive alcohol consumption, unhealthy dietary patterns, and exposure to air pollution.

i. EOTC Lifestyle and Physical Health

The EOTC advocates for a lifestyle deeply rooted in its principles, offering a holistic approach to health and well-being. Through adherence to the canons, teachings, and traditions of the church, individuals can address harmful behaviors and metabolic risk factors associated with poor health and non-communicable diseases (NCDs). By embracing these practices, not only do individuals benefit from improved personal well-being, but they also contribute to broader public

health efforts aligned with WHO guidelines. Some of these lifestyle behaviors include dietary practices, physical activities (walking, tanding, and bowing), and spiritual rituals that promote physical, mental, and social well-being are presented as follows:-

“Through the timeless canons and teachings of the EOTC, we find a profound pathway to holistic health. By embracing its principles in daily life through dietary discipline, physical engagement in acts like walking and bowing, and spiritual rituals - we address not only personal well-being but also align ourselves with global health imperatives. This approach not only enriches individual lives but also contributes meaningfully to broader public health initiatives, fostering a community of wellness rooted in ancient wisdom and contemporary guidance.”

A Theologian from EOTC

ii. Diet and the EOTC

Unhealthy eating habits and sedentary lifestyles can lead to elevated blood pressure, increased blood glucose levels, elevated blood lipid levels, and obesity (Malik et al., 2013; Mozaffarian et al., 2011). These metabolic risk factors are strongly linked to cardiovascular disease, which stands as the primary cause of premature mortality among individuals affected by NCDs (Al-Jawaldeh & Abbass, 2022; Lim et al., 2012). Remarkably, the EOTC offers its followers a lifestyle devoid of many of these risk factors through its teachings and traditions. Tobacco use is strictly forbidden, with regular adherents prohibited from smoking. Additionally, the church emphasizes physical activity through practices such as long prayers, prostration, fasting, and almsgiving. Three types of prostration-worship, repentance, and honor are taught to adherents, while pilgrimages involving extensive walking are encouraged to deepen one's connection with faith.

The EOTC's teachings forbid tobacco use and emphasize physical activities like prolonged prayers, prostration, fasting, and almsgiving. These practices not only deepen spiritual connections but also shield followers from health risks, promoting active living and aligning with public health goals to reduce non-communicable diseases."

A middle-aged health professional and EOTC priest

Furthermore, alcohol consumption is limited, particularly during the fasting season, which spans most of the year. The Orthodox Church prohibits the consumption of wine and all alcoholic beverages on most fasting days throughout the year. Similarly, unhealthy eating habits, including the intake of high-calorie and fatty foods, are discouraged during both fasting and non-fasting periods. Through these teachings and practices, the EOTC promotes a lifestyle that mitigates many of the risk factors associated with noncommunicable diseases, fostering physical health and overall well-being among its followers.

iii. EOTC Fasting Cannon and Human Health

In the EOTC, fasting, known as “s ‘om” in Amharic, holds a central theological significance deeply rooted in biblical teachings and ancient Christian traditions. It is observed regularly throughout the year as a spiritual discipline and act of devotion. The theological aspects of fasting in the EOTC encompass several dimensions: biblical foundations, spiritual discipline, community and communion, purification and renewal, and eschatological significance. These dimensions underscore its multifaceted role in the spiritual life and communal identity of believers within the Ethiopian Orthodox Church.

Considering the biblical teachings, fasting in the EOTC serves multiple spiritual purposes. Foundational in both the Old and New Testaments, fasting is viewed as a means to seek God’s guidance, repent from sins, and demonstrate humility (Joel 2:12, Matthew 6:16-18). This spiritual discipline involves abstaining from certain foods on Wednesdays, Fridays, during Lent, and other designated periods,

aiming to discipline the body, control desires, and foster spiritual growth (J. Binns, 2017; Paulos T, 2001). It is a communal practice that enhances faith bonds among believers, fostering solidarity and unity within the church community. Fasting is also believed to purify the soul, elevate the spirit, and bring believers closer to God's grace through introspection, prayer, and seeking forgiveness. Beyond its present-day significance, fasting in the EOTC also reflects an anticipation of the heavenly banquet and the eternal communion with God, underscoring the ultimate spiritual preparation for believers to enter God's kingdom.

The EOTC fasting canon, observed rigorously by its adherents, encompasses periods of abstaining from certain foods and practices throughout the year. While fasting is primarily seen as a spiritual discipline, emerging research suggests that it also holds considerable potential for physiological and psychological benefits. Here we explore the intersection of the EOTC fasting canon and human health, delving into the potential health implications of fasting practices prescribed by the church.

Emerging research indicates that fasting holds considerable promise as a highly effective strategy for managing metabolic risk factors and mitigating the onset of chronic diseases (Arnason et al., 2017; De Cabo & Mattson, 2019; Mattson et al., 2017). Numerous studies have established a robust association between Christian fasting and a reduced risk of various chronic disorders, including obesity, diabetes, cardiovascular disease, cancer, and neurodegenerative brain diseases (Giaginis et al., 2023; Karras et al., 2017; Koufakis et al., 2017). Additionally, fasting has been correlated with a lower incidence of NCD risk factors such as high blood pressure, overweight/obesity, hyperglycemia, hyperlipidemia, as well as beneficial effects on glucose regulation, lipid profiles, and inflammation.

The EOTC, which observes one of the most rigorous and extended fasting seasons, has demonstrated a propensity for reducing expected behavioral and metabolic risk factors. A recent study conducted in Ethiopia revealed that adherence to Ethiopian Orthodox fasting practices is associated with weight reduction and changes in body composition among healthy adults. Originally adopted for religious purposes, this fasting regimen combines elements such as energy restriction, time-restricted feeding, and a vegan diet (Michael & Baye, 2023). Each component of this fasting practice- avoidance of animal

source foods, adherence to a vegan diet, and practicing time-restricted feeding has individually shown significant positive effects on lipid profiles, fasting blood sugar levels, and body composition.

“As a nutritional epidemiologist, the fasting practices of the EOTC offer a compelling example of how religious observance can positively impact health. Orthodox fasting, which includes veganism, energy restriction, and time-restricted feeding, potentially reduces metabolic risks, and promotes healthier body compositions. These practices illustrate the potential synergy between cultural traditions and modern health insights.”

A senior nutritional epidemiologist

The lifestyle advocated by followers of the EOTC holds significant promise in promoting good health and preventing NCDs. Adherence to the canons, teachings, and traditions of the church concerning diet and lifestyle offers a holistic approach to addressing the underlying causes of numerous NCDs. This lifestyle aligns closely with the recommendations of the WHO for maintaining overall health and well-being.

iv. Walking to the Church Every Morning and Evening

Walking to the church every morning and evening promotes health by integrating physical activity into daily routines. This regular exercise improves cardiovascular fitness, strengthens muscles and bones, and enhances overall mobility. Additionally, it supports mental well-being through stress reduction and promotes social interaction within the community, fostering a holistic approach to personal health and wellness.

“As an ordinary believer in the EOTC, walking to the church every morning and evening isn’t just a religious practice; it’s a daily commitment to physical and spiritual health. This routine not only

strengthens my body but also uplifts my spirit, fostering a deeper connection with God and my community.”

A university professor EOTC believer

V. Bowing

In the EOTC, bowing holds significant theological and spiritual importance, deeply rooted in its religious traditions. The practice of bowing, known as “*sīg-dāt*” (ሰግደት) or “*prostration*,” is a physical gesture of humility, reverence, and submission before God.

The theological background for bowing in the EOTC can be traced to several biblical and historical references. In the Old Testament, prostration is often described as an act of worship and respect towards God or a superior authority (Genesis 17:3, Nehemiah 8:6). Similarly, in the New Testament, Jesus’ disciples and early Christians are depicted as prostrating themselves before God in prayer and adoration (Matthew 26:39, Acts 9:40).

Within the EOTC, bowing is not merely a physical gesture but a symbolic act that embodies spiritual principles such as humility, repentance, and obedience to God’s will. It signifies the believer’s acknowledgment of God’s sovereignty and their submission to His divine authority. Through repeated prostrations during prayers and liturgical rituals, adherents seek to deepen their spiritual connection with God, purify their hearts, and seek forgiveness for sins.

Moreover, bowing in the EOTC is also tied to the Church’s emphasis on bodily worship and spiritual discipline. It is seen as a way to integrate the whole person—body, mind, and spirit—in worship, promoting holistic well-being. The physical act of bowing is believed to have purifying effects on the soul, helping individuals to focus their minds and hearts on God during prayer and worship. Overall, bowing in the EOTC carries profound theological significance as a gesture of reverence, humility, and spiritual devotion. It reflects biblical teachings

and traditions that emphasize the holistic integration of body and spirit in worship, contributing to the spiritual growth and health of believers.

The practice of bowing promotes human health by engaging various muscle groups, improving flexibility, and enhancing posture. This physical movement increases blood circulation and oxygenation, which can reduce stress and promote relaxation. Beyond physical benefits, bowing is a spiritual practice that fosters mindfulness and a sense of reverence, contributing to mental and emotional well-being. Together, these aspects of bowing create a holistic approach to health, integrating physical, mental, and spiritual dimensions into daily life.

II. Mental Health and the EOTC

Mental health is a fundamental component of overall well-being, essential for individuals to effectively cope with life's challenges, realize their potential, and contribute positively to society (WHO, 2018a). While most people demonstrate resilience in the face of adversity, those exposed to adverse circumstances such as poverty, violence, disability, and inequality are at higher risk of developing mental health conditions (Steel et al., 2014). It is estimated that globally, 970 million individuals grapple with mental illness or substance abuse issues, with 1 in 4 people expected to experience a mental health disorder at some point in their lives (Moitra et al., 2023; Whiteford et al., 2013). Alarming, mental disorders account for approximately 14.3% of deaths worldwide, equivalent to approximately 8 million deaths each year (Moitra et al., 2023).

Spirituality, deeply intertwined with cultural and religious practices, holds significant potential to benefit mental health (Kao et al., 2020; Koenig, 2012). It provides individuals with a sense of connection, purpose, and meaning, serving as a source of strength and comfort during times of crisis or personal turmoil. Spiritual beliefs and practices can foster resilience, inner peace, and a connection to something greater than oneself. Moreover, spirituality has been associated with enhanced self-esteem, self-control, and a greater sense of personal responsibility.

Recent studies have highlighted the supportive role of religious beliefs and practices in coping with life stresses and promoting mental health. For example, research conducted by Thomas demonstrated that religiosity among children acted as a protective factor against engaging in risky behaviors such as smoking, drinking, and drug abuse, by buffering the impact of life stresses (Van Der Meer Sanchez et al., 2008). Similarly, other studies have shown that parents who are actively engaged in church activities tend to have more harmonious marital relationships and demonstrate better parenting skills.

The EOTC plays a significant role in promoting mental health through its spiritual practices and community support. Central to its approach is the belief that spiritual well-being is intertwined with mental and physical health. Prayer and meditation are core components of EOTC spirituality, offering adherents avenues for reflection, stress relief, and emotional support. Regular attendance at church services and participation in rituals such as liturgies, hymns, and sacraments provide a structured environment for spiritual nourishment and a sense of belonging within the community. The EOTC's emphasis on forgiveness, repentance, and reconciliation fosters mental resilience and emotional healing. The sacrament of confession (nissīha) provides individuals with a confidential space to address guilt, shame, and emotional burdens, promoting psychological release and renewal.

“The EOTC enriches mental health through its holistic approach to spirituality and community. By intertwining spiritual well-being with mental and physical health, the EOTC offers prayer, meditation, and communal rituals as pathways for reflection, stress relief, and emotional support. Emphasizing forgiveness and reconciliation, alongside the sacrament of confession, it provides vital avenues for healing and renewal of the mind and soul.”

A theologian of the EOTC

Community support within the EOTC is robust, with members often coming together to offer practical assistance and emotional encouragement during times of hardship or distress. This collective solidarity strengthens social connections and mitigates feelings of isolation or loneliness. Moreover, the EOTC's teachings on humility, patience, and gratitude cultivate a positive mindset and resilience in facing life's challenges. The emphasis on living a virtuous life according to biblical principles encourages ethical behavior and personal growth, contributing to overall mental well-being.

i. Forgiveness and Mental Health

Forgiveness, a central tenet of many religious traditions including Christianity, holds profound implications for mental health. Embracing forgiveness, both offering and receiving it, can lead to emotional healing, reduced stress, and improved overall well-being. Conversely, holding onto anger, resentment, or grudges can contribute to feelings of anxiety, depression, and hostility. By prioritizing forgiveness, individuals can experience greater peace, joy, and emotional resilience.

ii. Self-care and mental health

In addition to forgiveness, the Christian lifestyle emphasizes the importance of self-care, recognizing the body as a temple of the Holy Spirit. Christians are encouraged to engage in regular physical exercise, maintain a balanced diet, and ensure they get sufficient rest. Prioritizing self-care in this manner not only enhances physical health but also supports mental and emotional well-being.

Moreover, spiritual well-being is considered essential within the Christian faith. Through prayer, meditation, and engagement with sacred texts, individuals deepen their relationship with God, finding comfort, guidance, and purpose. This spiritual connection can provide solace during difficult times, promote emotional resilience, and contribute to overall mental wellness.

The EOTC, deeply rooted in the country's history and culture, embodies these principles of spirituality and holistic well-being. Through its rich spiritual traditions, including prayer, fasting, and community worship, the EOTC provides a supportive environment for individuals to nurture their mental, emotional, and spiritual health. By integrating faith, community support, and self-care practices, the EOTC offers a holistic approach to mental health that resonates with individuals seeking emotional healing, resilience, and spiritual fulfillment.

iii. Holy Water and Mental Health

In many religious traditions, including the EOTC, holy water holds significant spiritual and healing properties (Alexandra Antohin, 2017; Baraldo, 2023). Holy water is often believed to be imbued with divine blessings, sanctified through prayers and rituals by religious leaders. In the context of mental health, holy water is viewed as a powerful spiritual tool that can offer comfort, solace, and healing to individuals facing emotional or psychological challenges (Baraldo, 2023).

For believers, the act of using holy water in religious rituals, such as blessings, baptisms, or anointing, serves as a tangible expression of faith and devotion. The application of holy water is believed to cleanse the spirit, purify the soul, and provide protection against negative influences or spiritual afflictions. In times of distress or emotional turmoil, the use of holy water can offer a sense of reassurance and spiritual renewal, helping individuals find strength and resilience in their faith.

Moreover, the ritualistic use of holy water often involves prayers for healing, restoration, and peace of mind. The act of receiving or applying holy water can create a profound spiritual experience, fostering a sense of connection to the divine and promoting feelings of inner peace and well-being. For individuals struggling with mental health issues such as anxiety, depression, or spiritual distress, the use of holy water can serve as a source of comfort and spiritual support, complement-

ing other forms of treatment and coping strategies (Alexandra Antohin, 2017; Hadzic, 2011; Kao et al., 2020; Rosmarin et al., 2021).

It is essential to recognize that the therapeutic benefits of holy water in mental health are deeply rooted in faith and spirituality and may vary depending on individual beliefs and cultural contexts. While holy water can offer emotional and spiritual support, it is not a substitute for professional mental health treatment (Alexandra Antohin, 2017). However, for many believers, the spiritual symbolism and sacred significance of holy water play a meaningful role in their journey towards healing, wholeness, and spiritual well-being.

iv. Compassion and altruism in EOTC

Compassion and altruism play pivotal roles in both mental health and the practices of the EOTC. The church emphasizes values such as compassion, empathy, and altruism as integral components of spiritual growth and community well-being. Congregants are encouraged to extend compassion and support to those in need, fostering a sense of interconnectedness and social cohesion within the community.

Engaging in acts of compassion and altruism has been linked to numerous mental health benefits, including reduced stress, improved mood, and increased feelings of happiness and fulfillment. By focusing on the needs of others and engaging in selfless acts of kindness, individuals may experience a sense of purpose and meaning in their lives, which can contribute to overall psychological well-being.

Within the context of the EOTC, acts of compassion and altruism are not only seen as expressions of faith but also as therapeutic practices that promote mental and emotional healing. Participating in communal activities such as charity work, volunteering, and supporting vulnerable members of the community can provide individuals with a sense of belonging and connectedness, buffering against feelings of loneliness and isolation (Clary, 2011).

Moreover, the teachings of the EOTC emphasize the importance of forgiveness, reconciliation, and social justice, which are essential for promoting mental health and healing interpersonal relationships. By embodying these values and principles, congregants can cultivate resilience, build supportive social networks, and navigate life's challenges with greater ease and grace.

“Compassionate acts in the EOTC are both expressions of faith and therapeutic practices. Engaging in charity, volunteering, and supporting vulnerable members fosters belonging and emotional healing within our community.”

A priest from the EOTC

Overall, compassion and altruism are central to both the teachings of the EOTC and mental health promotion. By fostering a culture of compassion and kindness, the EOTC not only enriches the spiritual lives of its members but also contributes to the overall mental health and well-being of the community.

v. Confession and Spiritual Counseling

Confession, particularly in religious contexts like the EOTC, plays a crucial role in mental health. It provides a structured and confidential opportunity for individuals to openly discuss their inner struggles, guilt, and emotional burdens with a trusted priest. This process of sharing and seeking forgiveness can lead to psychological release, relief from feelings of guilt and shame, and a sense of spiritual renewal. Talking with priests also offers pastoral guidance, wisdom, and support rooted in faith, helping individuals navigate personal challenges and promoting emotional healing within a supportive community environment.

“As a priest, I believe that confession serves as a sacred opportunity for individuals to unburden their hearts and find solace in God’s forgiveness. Through open dialogue and pastoral care, we guide our community mem-

bers toward emotional healing and spiritual renewal, fostering a deeper connection with their faith and community.”

A priest from the EOTC

III. SOCIAL HEALTH AND THE EOTC

Good social health encompasses a range of interconnected factors that contribute to a fulfilling and meaningful social life. One key aspect is having a strong support network comprised of family, friends, and community members who offer encouragement, empathy, and assistance during challenging times (Kawachi & Berkman, 2014). Additionally, maintaining an active social life through regular engagement in social activities and group interactions is indicative of healthy social behavior. Effective communication skills play a crucial role in fostering positive relationships, as individuals with good social health are adept at expressing their thoughts and emotions respectfully while actively listening to others.

Positive relationships are a cornerstone of social well-being, characterized by mutual respect, understanding, and support (Kawachi & Berkman, 2014). A sense of belonging within social groups or communities further enhances social health, fostering feelings of connection and inclusion. Empathy and compassion towards others demonstrate a high level of social competence, as does maintaining healthy boundaries and practicing self-care. Collaboration and cooperation are essential skills for navigating social dynamics, allowing individuals to work effectively towards common goals and resolve conflicts constructively. Finally, adaptability and a sense of community contribute to a robust social health profile, enabling individuals to thrive in diverse social environments and feel connected to a broader network of support and belonging.

Likewise, social health within the context of the EOTC encompasses various aspects of community engagement, fellowship, and compassion. The Christian lifestyle, deeply rooted in the teachings of the EOTC, emphasizes the importance of social support and interconnectedness among believers.

“As a priest within the EOTC, I witness firsthand how our community thrives on the principles of fellowship and compassion. Social health, guided by the teachings of our faith, underscores the interconnectedness, and support we offer

one another. Through shared values and communal engagement, we cultivate a nurturing environment that strengthens bonds and enriches lives.”

A priest from the EOTC

i. Membership and inclusiveness in EOTC

Participation in church activities and membership in a church community provide opportunities for fellowship, support, and encouragement. The EOTC fosters a sense of belonging and solidarity among its members, offering a supportive environment where individuals can share their joys, sorrows, and struggles. Strong relationships built within the church community serve as a vital source of social support, reducing the feelings of loneliness and isolation, and promoting overall well-being.

Furthermore, the Christian lifestyle encourages acts of service and compassion towards others. Engaging in acts of kindness and love towards fellow believers and the broader community is considered integral to living out one's faith. By practicing empathy, generosity, and compassion, Christians contribute to the welfare of others while also experiencing personal growth and fulfillment. Studies have shown that helping others can increase feelings of happiness and satisfaction, further highlighting the positive impact of social engagement within the EOTC.

“Within the Christian ethos, acts of service and compassion are not just moral imperatives but fundamental to communal and personal fulfillment. The Ethiopian Orthodox Tewahedo Church exemplifies this through its emphasis on empathy and generosity, fostering a deeper connection between faith, community, and individual well-being.”

Senior Anthropologist

ii. Spiritual gatherings and social health

In the EOTC, spiritual gatherings play a significant role in promoting social health among both men and women. These gatherings, which often take place in churches or community spaces, provide a platform for individuals to come together in worship, prayer, and fellowship. For women, spiritual gatherings offer a sense of community and support, fostering connections with other women who share similar beliefs and values (Hamren et al., 2015; Kebede & Butterfield, 2009; Leach, Edmund R., 1976; Mengesha

et al., 2023). These gatherings may include women's prayer circles, Bible study groups, or community service initiatives, allowing women to bond over shared experiences and interests (Kebede & Butterfield, 2009).

Similarly, for men, spiritual gatherings in the EOTC provide opportunities for fellowship and camaraderie. Men's prayer groups, study sessions, and community outreach programs offer avenues for men to connect with one another in a supportive and uplifting environment. These gatherings often emphasize the importance of brotherhood, mentorship, and accountability, encouraging men to support and uplift one another in their spiritual journeys.

Overall, both men and women benefit from participating in spiritual gatherings within the EOTC in terms of social health. These gatherings promote a sense of belonging, solidarity, and mutual support among members of the community, contributing to overall well-being and social cohesion. Additionally, by fostering meaningful connections and relationships, spiritual gatherings in the EOTC help combat feelings of isolation and loneliness, promoting mental and emotional health among participants.

iii. EOTC's Father Confessor (Spiritual Counsellor) and Social Health

In the context of the EOTC, the role of the father confessor or spiritual counselor plays a crucial role in promoting social health within the community. These spiritual leaders, often ordained priests, or monks, serve as mentors, guides, and confidants to individuals seeking spiritual guidance and support. Their role extends beyond providing religious instruction; they also offer pastoral care, counseling, and emotional support to members of the congregation.

One of the primary ways in which father confessors or spiritual counselors contribute to social health is through their role as trusted advisors and confidants. Individuals facing personal challenges, crises, or moral dilemmas often turn to their spiritual counselors for guidance and counsel. By providing a compassionate ear, offering wise counsel, and sharing spiritual insights, these spiritual leaders help individuals navigate life's difficulties and find solace in their faith.

Moreover, father confessors or spiritual counselors also play a crucial role in fostering community cohesion and unity. Through their pastoral work, they bring people together in worship, prayer, and fellowship, creating a sense of belonging and camaraderie among

members of the congregation. Their leadership helps strengthen social bonds, promote empathy, and compassion, and encourage mutual support and solidarity within the community.

In general, the role of fatherconfessorsor spiritual counselors in the EOTC is instrumental in promoting social health by providing spiritual guidance, emotional support, and fostering community cohesion. Their presence helps individuals find meaning, purpose, and connection within their faith community, contributing to overall well-being and social harmony.

Conclusions and Recommendations

In conclusion, the EOTC cultivates a strong sense of community and mutual support, fostering social health among its members. Through active participation in church activities and rituals, believers forge meaningful connections with one another, nurturing a deep sense of belonging and solidarity within the congregation. Additionally, the EOTC promotes compassion and altruism, encouraging members to extend support to those in need through acts of service and philanthropy. By embodying the values of empathy and generosity, believers contribute to the collective well-being of their community and uphold the principles of social justice and solidarity. In essence, social health within the EOTC is nurtured through communal fellowship, mutual support, and a commitment to serving others, creating an environment where individuals can thrive emotionally, spiritually, and socially. Through their collective efforts to promote compassion and inclusivity, believers not only strengthen the bonds of fellowship within their community but also contribute to the broader goal of building a more compassionate and equitable society.

References

- Ahmed, J. U. (2010). Documentary Research Method: New Dimensions. *Indus Journal of Management & Social Sciences*, 4(1), 1–14.
- Alexandra Antohin. (2017). Holy water, healing and the sacredness of knowledge. In *The Material Culture of Failure* (1st ed., p. 19).
- Al-Jawaldeh, A., & Abbass, M. M. S. (2022). Unhealthy Dietary Habits and Obesity: The Major Risk Factors Beyond Non-Communicable Diseases in the Eastern Mediterranean Region. *Frontiers in Nutrition*, 9, 817808. <https://doi.org/10.3389/fnut.2022.817808>
- Arnason, T. G., Bowen, M. W., & Mansell, K. D. (2017). Effects of intermittent fasting on health markers in those with type 2 diabetes: A pilot study. *World Journal of Diabetes*, 8(4), 154–164. <https://doi.org/10.4239/wjd.v8.i4.154>
- Baraldo, M. (2023). Mapping Ethiopia's Ancient Spirituality and Amba Gishen: From Sacralisation to Desacralisation. *English Academy Review*, 40(1), 83–98. <https://doi.org/10.1080/10131752.2023.2188668>
- Bolarinwa, F. I., Esan, D. T., & Bolarinwa, O. A. (2023). Assessment of Spiritual Care Practices Among Nurses Caring for Cancer Patients in a Tertiary Hospital in Nigeria. *SAGE Open Nursing*, 9, 237796082211506. <https://doi.org/10.1177/23779608221150600>
- Clary, B. J. (2011). The Spirit Level: Why Greater Equality Makes Society Stronger. *Review of Social Economy*, 69(2), 239–243. <https://doi.org/10.1080/00346764.2010.512523>

- De Cabo, R., & Mattson, M. P. (2019). Effects of Intermittent Fasting on Health, Aging, and Disease. *New England Journal of Medicine*, 381(26), 2541–2551. <https://doi.org/10.1056/NEJMra1905136>
- Giaginis, C., Mantzourou, M., Papadopoulou, S. K., Gialeli, M., Troumbis, A. Y., & Vasios, G. K. (2023). Christian Orthodox Fasting as a Traditional Diet with Low Content of Refined Carbohydrates That Promotes Human Health: A Review of the Current Clinical Evidence. *Nutrients*, 15(5), 1225. <https://doi.org/10.3390/nu15051225>
- Hadzic, M. (2011). Spirituality and Mental Health: Current Research and Future Directions. *Journal of Spirituality in Mental Health*, 13(4), 223–235. <https://doi.org/10.1080/19349637.2011.616080>
- Hamren, K., Chungkham, H. S., & Hyde, M. (2015). Religion, spirituality, social support and quality of life: Measurement and predictors CASP-12(v2) amongst older Ethiopians living in Addis Ababa. *Aging & Mental Health*, 19(7), 610–621. <https://doi.org/10.1080/13607863.2014.952709>
- Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
- J. Binns. (2017). *The Ethiopian Orthodox Church: An Introduction to the History, Theology, and Practices of Christianity in Ethiopia*.
- Jahagirdar, D., Walters, M. K., Novotney, A., Brewer, E. D., Frank, T. D., Carter, A., Biehl, M. H., Abbastabar, H., Abhilash, E. S., Abu-Gharbieh, E., Abu-Raddad, L. J., Adekanmbi, V., Adeyinka, D. A., Adnani, Q. E. S.,

-
- Afzal, S., Aghababaei, S., Ahinkorah, B. O., Ahmad, S., Ahmadi, K., ... Kyu, H. H. (2021). Global, regional, and national sex-specific burden and control of the HIV epidemic, 1990–2019, for 204 countries and territories: The Global Burden of Diseases Study 2019. *The Lancet HIV*, 8(10), e633–e651. [https://doi.org/10.1016/S2352-3018\(21\)00152-1](https://doi.org/10.1016/S2352-3018(21)00152-1)
- Kao, L. E., Peteet, J. R., & Cook, C. C. H. (2020). Spirituality and mental health. *Journal for the Study of Spirituality*, 10(1), 42–54. <https://doi.org/10.1080/20440243.2020.1726048>
- Karras, S. N., Persynaki, A., Petróczi, A., Barkans, E., Mulrooney, H., Kypraiou, M., Tzotzas, T., Tziomalos, K., Kotsa, K., Tsioudas, A. A., Pichard, C., & Naughton, D. P. (2017). Health benefits and consequences of the Eastern Orthodox fasting in monks of Mount Athos: A cross-sectional study. *European Journal of Clinical Nutrition*, 71(6), 743–749. <https://doi.org/10.1038/ejcn.2017.26>
- Kawachi, I., & Berkman, L. F. (2014). Social Capital, Social Cohesion, and Health. In L. F. Berkman, I. Kawachi, & M. M. Glymour (Eds.), *Social Epidemiology* (pp. 290–319). Oxford University Press. <https://doi.org/10.1093/med/9780195377903.003.0008>
- Kebede, W., & Butterfield, A. K. (2009). Social networks among poor women in Ethiopia. *International Social Work*, 52(3), 357–373. <https://doi.org/10.1177/0020872808102069>
- Knutson, K. L. (2010). Sleep duration and cardiometabolic risk: A review of the epidemiologic evidence. *Best Practice & Research Clinical Endo-*
-

-
- crinology & Metabolism*, 24(5), 731–743. <https://doi.org/10.1016/j.beem.2010.07.001>
- Koenig, H. G. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, 2012, 1–33. <https://doi.org/10.5402/2012/278730>
- Koufakis, T., Karras, S. N., Antonopoulou, V., Angeloudi, E., Zebekakis, P., & Kotsa, K. (2017). Effects of Orthodox religious fasting on human health: A systematic review. *European Journal of Nutrition*, 56(8), 2439–2455. <https://doi.org/10.1007/s00394-017-1534-8>
- Leach, Edmund R. (1976). *Culture and Communication: The Logic by Which Symbols Are Connected*. Cambridge University Press.
- Lim, S. S., Vos, T., Flaxman, A. D., Danaei, G., Shibuya, K., Adair-Rohani, H., Al-Mazroa, M. A., Amann, M., Anderson, H. R., Andrews, K. G., Aryee, M., Atkinson, C., Bacchus, L. J., Bahalim, A. N., Balakrishnan, K., Balmes, J., Barker-Collo, S., Baxter, A., Bell, M. L., ... Ezzati, M. (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: A systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380(9859), 2224–2260. [https://doi.org/10.1016/S0140-6736\(12\)61766-8](https://doi.org/10.1016/S0140-6736(12)61766-8)
- Malik, V. S., Pan, A., Willett, W. C., & Hu, F. B. (2013). Sugar-sweetened beverages and weight gain in children and adults: A systematic review and meta-analysis. *The American Journal of Clinical Nutrition*, 98(4), 1084–1102. <https://doi.org/10.3945/ajcn.113.058362>
- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*,
-

-
- 365(9464), 1099–1104. [https://doi.org/10.1016/S0140-6736\(05\)71146-6](https://doi.org/10.1016/S0140-6736(05)71146-6)
- Masters, K. S., & Spielmans, G. I. (2007). Prayer and Health: Review, Meta-Analysis, and Research Agenda. *Journal of Behavioral Medicine*, 30(4), 329–338. <https://doi.org/10.1007/s10865-007-9106-7>
- Matthews DA, McCullough ME, Larson DB, Koenig HG, Swyers JP, Milano MG. (1998). Religious commitment and health status: A review of the research and implications for family medicine. *Archives of Family Medicine*, 7(2), 118.
- Mattson, M. P., Longo, V. D., & Harvie, M. (2017). Impact of intermittent fasting on health and disease processes. *Ageing Research Reviews*, 39, 46–58. <https://doi.org/10.1016/j.arr.2016.10.005>
- Mengesha, E. W., Tessema, G. A., Assefa, Y., & Alene, G. D. (2023). Social capital and its role to improve maternal and child health services in Northwest Ethiopia: A qualitative study. *PLOS ONE*, 18(4), e0284592. <https://doi.org/10.1371/journal.pone.0284592>
- Michael, A., & Baye, K. (2023). Ethiopian orthodox fasting is associated with weight reduction and body composition changes among healthy adults: A prospective cohort study. *Scientific Reports*, 13(1), 7963. <https://doi.org/10.1038/s41598-023-35060-4>
- Moitra, M., Owens, S., Hailemariam, M., Wilson, K. S., Mensa-Kwao, A., Gonese, G., Kamamia, C. K., White, B., Young, D. M., & Collins, P. Y. (2023). Global Mental Health: Where We Are and Where We Are Going. *Current Psychiatry Reports*, 25(7), 301–311. <https://doi.org/10.1007/>
-

s11920-023-01426-8

- Mozaffarian, D., Hao, T., Rimm, E. B., Willett, W. C., & Hu, F. B. (2011). Changes in Diet and Lifestyle and Long-Term Weight Gain in Women and Men. *New England Journal of Medicine*, 364(25), 2392–2404. <https://doi.org/10.1056/NEJMoa1014296>
- Mozaffarian, D., Wilson, P. W. F., & Kannel, W. B. (2008). Beyond Established and Novel Risk Factors: Lifestyle Risk Factors for Cardiovascular Disease. *Circulation*, 117(23), 3031–3038. <https://doi.org/10.1161/CIRCULATIONAHA.107.738732>
- National Academies of Sciences. (2020a). *Social isolation and loneliness in older adults: Opportunities for the health care system*. National Academies Press.
- National Academies of Sciences, Division of Behavioral, Medicine Division, Board on Behavioral, Sensory Sciences, Board on Health Sciences Policy, Committee on the Health, Medical Dimensions of Social Isolation. (2020b). *Loneliness in Older Adults. Social isolation and loneliness in older adults: Opportunities for the health care system*. ational Academies Press.
- Paulos T. (2001). *Fetha Negest*. Tsehai Publishers.
- Puchalski, C., Blatt, B., Kogan, M., & Butler, A. (2014). Spirituality and Health: The Development of a Field. *Academic Medicine*, 89(1), 10–16. <https://doi.org/10.1097/ACM.0000000000000083>
- Puchalski, C., & Romer, A. L. (2000). Taking a Spiritual History Allows Clinicians to Understand Patients More Fully. *Journal of Palliative Medicine*, 3(1), 129–137. <https://doi.org/10.1089/jpm.2000.3.129>
- Rosmarin, D. H., Pargament, K. I., & Koenig, H. G. (2021). Spirituality and mental health: Challenges and opportunities. *The Lancet Psychiatry*, 8(2), 92–93. [https://doi.org/10.1016/S2215-0366\(20\)30048-1](https://doi.org/10.1016/S2215-0366(20)30048-1)
- Roth GA, Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., Abbastabar, H.,

- Abd-Allah, F., Abdela, J., Abdelalim, A., Abdollahpour, I., Abdulkader, R. S., Abebe, H. T., Abebe, M., Abebe, Z., Abejie, A. N., Abera, S. F., Abil, O. Z., Abraha, H. N., Abrham, A. R., ... Murray, C. J. L. (2018). Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: A systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 392(10159), 1736–1788. [https://doi.org/10.1016/S0140-6736\(18\)32203-7](https://doi.org/10.1016/S0140-6736(18)32203-7)
- Steel, Z., Marnane, C., Iranpour, C., Chey, T., Jackson, J. W., Patel, V., & Silove, D. (2014). The global prevalence of common mental disorders: A systematic review and meta-analysis. *International Journal of Epidemiology*, 43(2), 476–493. <https://doi.org/10.1093/ije/dyu038>
- Van Der Meer Sanchez, Z., De Oliveira, L. G., & Nappo, S. A. (2008). Religiosity as a Protective Factor Against the Use of Drugs. *Substance Use & Misuse*, 43(10), 1476–1486. <https://doi.org/10.1080/10826080802183288>
- Vollset, S. E., Ababneh, H. S., Abate, Y. H., Abbafati, C., Abbasgholizadeh, R., Abbasian, M., Abbastabar, H., Abd Al Magied, A. H. A., Abd ElHafeez, S., Abdelkader, A., Abdelmasseh, M., Abd-Elsalam, S., Abdi, P., Abdollahi, M., Abdoun, M., Abdullahi, A., Abebe, M., Abiodun, O., Aboagye, R. G., ... Murray, C. J. L. (2024). Burden of disease scenarios for 204 countries and territories, 2022–2050: A forecasting analysis for the Global Burden of Disease Study 2021. *The Lancet*, 403(10440), 2204–2256. [https://doi.org/10.1016/S0140-6736\(24\)00685-8](https://doi.org/10.1016/S0140-6736(24)00685-8)
- Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Charlson, F. J., Norman, R. E., Flaxman, A. D., Johns, N., Burstein, R., Murray, C. J., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study. *The Lancet*, 382(9904), 1575–1586. [https://doi.org/10.1016/S0140-6736\(13\)61611-6](https://doi.org/10.1016/S0140-6736(13)61611-6)
- WHO. (2003). *Diet, nutrition, and the prevention of chronic diseases: Report of a joint WHO/FAO expert consultation*. World Health Organization.

-
- WHO. (2018a). *Mental Health: Strengthening Our Response*.
- WHO. (2020). *Global Health Estimates 2020: Deaths by Cause, Age, Sex, by Country and by Region*. World Health Organization.
- WHO, glo. (2018b). *Global Action Plan for the Prevention and Control of Non-communicable Diseases*.
- Wilkinson RG, Marmot M, editors. (2003). *Social determinants of health: The solid facts*. World Health Organization.
- World Health Organization (WHO). (1965). *Constitution of the world health organization*. <https://www.who.int/about/accountability/governance/constitution>

