The Impact of Health-Related Religious Practices on Adolescents' Healthy Lifestyles at the University Level: Ethiopian Orthodox Tewahido Church Believers at Addis Ababa University

Abrham Abeje Shiferaw (MA)
Department of Psychology, Institute of Education and Behavioral Sciences,
Debre Markos University
Email: abrahamabeje30@gmail.com

Abstract

Integrating religion and health has become a global agenda demanded to shape adolescents' healthy lifestyles. The Ethiopian Orthodox Tewahedo Church (EOTC) plays a great role in shaping children's and adolescents' behavior by avoiding delinquent acts, unsafe sexual practices, stigma discrimination or ignorance, etc. This study tried to investigate the role EOTC plays in shaping youth through health-related education and communication offered to religious attendant University students. Mahibere Kudusan (MK) is one of the EOTC associations mandated to organize religious teachings and practices for university students attending Gibi Gubae programs. To examine the influence of health-related religious practices on their healthy lifestyle at the university level, two hundred fifty-five students were selected using a simple random sampling technique as the target participants of the study. To achieve this objective, a descriptive research design with a quantitative research approach was employed. The researcher used descriptive and inferential statistics to analyze data. The researcher found that 90.6% of religious attendant university students responded that they had religious education or practices attributed to a healthy lifestyle during their stay at the university. As the researcher assessed the presence and implication of health-related religious practice in EOTC on religious attendant university students' lifestyles it was found that there is a great life implication on their present and future lives

Keywords: *Impact, Ethiopian Orthodox Tewahedo Church (EOTC), Health Related Religious Practice (HRRP), Healthy Lifestyles (HLSs), Mahibere Kidusan (MK), Religious Attendant Adolescent University Students (RAAUS)*

Introduction

Christianity was adopted as the state religion in Ethiopia in the 4th century A.D. (Silassie & Tamerat, 1970). Based on this evidence and others, this research examined the effects of EOTC's health-related religious practices on religious education attendant university students' healthy lifestyles in Addis Ababa University, Ethiopia. Apart from the inculcation of religious values and principles, the church has always been influencing the cultural, political, social, etc., situation of the country.

MK which is working under the structure of EOTC, Sunday schools is popular for its contributions in shaping students of higher education in their campus life. MK was established in 1985 by a few students of higher education who initiated the youth on the campus to become members of Sunday school and know the teachings of the church. This association became powerful through the endeavors of its senior students trained in the Zeaway Hammer Berehan St. Gebreil Clergy Training Monastery by the then Archbishop of Shewa Abune Gorgorious II (MK, 2003). All members of MK are gathered under the names and vows of saints. The association shall not interfere in the administrative affairs of the church, and it is free from any political affiliation (MK, 2003).

The traditional school of the Ethiopian Orthodox Church is the foundation of knowledge, and wisdom (Tsegaye, 2011). At the time modern education was not introduced in Ethiopia, especially before 1908. These schools have played a significant role in spreading literacy to the people (Tsegaye, 2011). The outperformance is reinforced by previous attendance at religious classes but there is no similar effect from considering religion to be very important to their life (Mofat et al., 2020). This means even if university students who attended religious education may differ in applying the principles in the religious teachings influenced the attendants' lifestyles. Because religion did not teach attendants to differ from each other but rather to share

or exercise equally. The research can explore how Christians interpret the religious teaching they hear, and whether they share the visions imparted by the religious teaching (Dugbazah, 2009).

Most of the previous studies focused on issues about the implementation of health communication, the importance of EOTC…, etc. Addressing these health-related religious practices, the study requires a systematic approach to re-understand the current religious health-related practice development stages and improvements. Health-related religious practice means teaching religious attendants about the advantages and disadvantages of health-related issues and well-being like alcohol use, smoking cigarettes, the importance of respecting others, inappropriate behaviors, sexuality, substance abuse, proper use of marriage, occupation or education, nutrition, application of religious activities (e.g. fasting, worship, praying, salivation, etc.), in religious institutions in a fixed program based on the dogma of the church. In the program, health-related religious practices principally address health education and health communication implemented to attain individual and group-related goals. Religious education aims to provide students with knowledge and understanding of the church, as well as to develop awareness of different religions (Estrada et al., 2019; Schreiner, 2001).

Healthy lifestyles are behaviors that include appropriate performances, good eating habits, regular exercise, good work performance or academic achievement, positive relationships with others, compassion, caring, respecting, free from addiction, etc.

Religion and health have ~~a~~ positive relationship. For example, Spirituality in the context of healthcare is a relatively new area and an increasingly important issue. In recent years, research has shown that religious beliefs and practices are associated with various health aspects, such as the ability to cope with the disease, recovery~~y~~ after

hospitalization, and developing a positive attitude in a difficult situation, including health (Albers et al., 2010). Therefore, the importance of spirituality in clinical practice has been highlighted (Best et al., 2015). Over 98% of people are Christians, but only about 82% consider themselves to be actively practicing their religion; and the rest reveal attending church services for a sense of duty or willingness to pass the tradition to their children (Kowalczyk et.al, 2020).

There is abundant evidence of the relationship between religion and health; spirituality and religion strongly align with religious attendant university students' deepest motives and search for meaning in life (Hill & Pargament, 2003). Searching for the evidence-based relationship result between religion and health should be a global agenda based on current life situations happening on adolescents' healthy lifestyles. For instance, when an adolescent gets ill, he/she experiences stress over the life changes and, he or she eventually looks for evident reasons or solutions for a cure, when the medication fails to do so, the patient begins to look towards spirituality, healing in other ways (Jawaid, 2015). Benson et al. (1974) and Jawaid (2015) found that 10 to 20 minutes of meditation twice a day leads to a decreased metabolism, decreased heart rate, decreased respiratory rate, and slower brain waves. Patients would show less psychological distress if they behaved according to the commandments of God hoping for healing and relaxation, devoted to their spirituality (Jawaid, 2015; Larson &Milano, 1995).

Health-related religious practices (Religion or spirituality) have also a significant advantage in shaping adolescents' lifestyles. The main features of spirituality as defined by Martsolf and Mickey (1998) and Jawaid (2015) are meaning, connecting, transcendence, and value. Similarly, James (1902) and Jawaid (2015) have also distinguished experiential religion from institutional religion with intrinsic and extrinsic meanings respectively.

Globally, health-related religious education has many effects on adolescents' lives. Religion and its effect on health and well-being have been the subject of many previous studies (Estrada et al., 2019; Wong et al.,2018). The importance of religious education in the promotion of both physical and mental health in the academic setting has not been emphasized by several religions teaching about overall health and well-being (Estrada et al., 2019). Research has shown that participating in religious practices has positive effects on adolescents in terms of having higher self-esteem and lower incidence of addiction through engaging in religious practices, adolescents achieve a feeling of belongingness (Estrada et al., 2019; Wong et al.,2018).

Previous studies have also reported some negative effects of religion and religious education on mental health (Estrada et.al, 2019). In some cases, religious beliefs and practices contributed to the development of certain disorders like obsession, anxiety, and depression (Estrada et al., 2019; &Park et al., 2012). Additionally, students who are considered religious minorities are also at risk of developing negative mental health outcomes (Estrada et al., 2019). For example, non-Christian students attending classes where the majority of the population are Christians experiencing religious discrimination or microaggressions (Dupper et al., 2019; Estrada et al., 2019). As stewardship of one's health is a core belief and sacred responsibility in several religions (Padela et al., 2018) behaviors that align with these beliefs can be strongly motivated (Oman, 2018). Thus, it should not come as a surprise that studies have shown a positive relationship between certain health-protective behaviors and better health outcomes in religious versus non-religious groups; for example, lower tobacco use (Brown et al., 2014) and substance abuse (Hai et al., 2019). However, health-related religious beliefs and practices are not uniformly equivalent to having a favorable impact on health.

Nationally, health-related religious practice is very important for those participants. In Ethiopia, religious health-related education has also a great role in shaping, saving, adjusting, duplicating the benediction from God, sharing and communicating positive ideas, etc. delivered to the followers through many types of religions. For example, EOTC has such types of health-related religious programs implemented through associations or colleges or universities like; Holy Trinity Theology University in Addis Ababa, MK Head Office in Addis Ababa, etc. having to implement these types of religious and spiritual missions. Hence, the researcher wanted to check whether these religious practices have effects or not on adolescents' healthy lifestyles during their university periods.

The EOTC is one of the religious organizations that comes, without delay, at the forefront in giving response to the country's social, economic, and health-related problems such as; sexuality, alcohol abuse, and other psychoactive substance uses (EOTC-DICAC, 2013). Currently, the major impediments of the EOTC–EOTC-Developmental and Inter-Church Aid Commission (EOTC-DIAC) are malaria, tuberculosis, and HIV/AIDS (EOTC-DICAC, 2013). To alleviate these problems, the EOTC has been working hard with the government to reduce poverty alleviating such problems from 2000 to 2007 (EOTC-DICAC, 2013).

The EOTC aligns its health-related religious practices like health education, health communication, etc., with its biblical canons. For example, Mathew verse 11 numbers 28-30 indicates that God supports individuals and communities during accidents if the communities are free from doing wicked acts applying religious tenets. So, follower's positive behaviors are selected and supported by God throughout their life. In this line of thought, David (Re-published of the Eighty-One Ethiopian Holy Bible (REOEHB), Old Testament (OT), Psalm 27: 1, 2008) 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?"

እንግዲህ ሂዱና በአብ በወልድና በመንፈስ ቅዱስ ስም እያጠመቃችኋቸው አሕዛብን ሁሉ አስተምሩ (ማቴ ምዕራፍ ፳፰፥ቁጥር፲፱)

God commands to His Apostles (Hawariyat) as expressed in Ge'eze Languages: "Huru we MeharuWustekulu Atsinafe Alem we Enze Tatemiqiwo muBelu Besime Ab Weweld We Menfes Qidus" (ሑሩወ መሀሩ ውስተ ኩሉ አጽናፈ ዓለም ወእንዘ ታጠምቅዎ ሙበሉ በስመ አብ ወወልድ ወመንፈ ስቅዱስ); meaning; "Go and Teach to all over the world and Baptize the non-baptized people (Ahizab) in the Name of The Father, The Son, and The Holy Spirit and make them My Disciples or Christians"(REOEHB, New Testament (NT), Mathew verse 28 numbers 19,2008). This indicates that after communities are well educated and baptized, they will become Christians, and then finally they will gate Salivation or will pass through full of healthy lifestyles. This Holy Biblical message informed that God has allowed and prepared this health-related religious practice to save His Created religious attendant people or Christians via education and Communication after having deep information about religious practice.

MK has many missions, and the main one is religious mission. Health-related religious practice delivered for religious attendant university students or adolescents is important to ensure how the word of God affects their healthy lifestyle behaviors (Shiferaw, 2014). Embedded with religious teachings, there are social/religious practices that have played a role in shaping youths' healthy lifestyles (Shiferaw, 2014). Thus, the purpose of this research was to investigate health-related religious practices like health education, and health communication issues exercising during the program via religious attendant university students or adolescents on their healthy lifestyle behaviors by the coordination of MK. These selected participants or religious attendant students of Addis Ababa University were learning and living from four campuses such as Arat kilo, Amist kilo, Sidist kilo, and TikurAnbesa, where they follow their church programs.

University students' waiting lifetime or adolescence period is a critical period of cognitive and behavioral human development. According to Erikson's Social-Emotional Development Theory, it is during this stage when an individual urgently needs to search for a proper role model to answer the big question of who he/ she is and his/her moral and spiritual aspects (Estrada et al., 2019). This formation of identity is a major event in the development of personality and is associated with positive life outcomes (Estrada et al., 2019; Sokol, 2009). Moreover, it is during this period when an individual develops the capacity to understand and internalize religion to its (religious) beliefs, values, and practices, which can lead to changes in the pattern of religious participation (Regnerus &Uecker,2006).

Structural theory (Brenner, 2001; Karmon, 2007) proposes that a social collective (e.g. religious attendant university students or adolescents, religious community) considers valid knowledge (epistemological foundations), and believes to exist or to be possible (ontological beliefs), influences the member actions through collective learning. The collective learning, which occurs through shared organization narratives, explains and justifies both the historical and contemporary institutional knowledge values (effective and efficient performance, found as a result of academics or knowledge) (Brenner, 2001; Elias, 2018). Having these theoretical concepts, the researcher wants to show the study variables in a structural framework divided into two categories as independent variables (Religious practices) and Dependent Variables (Health-related outcomes) in the following Figure via diagram orderly in short (Fig-1, below).

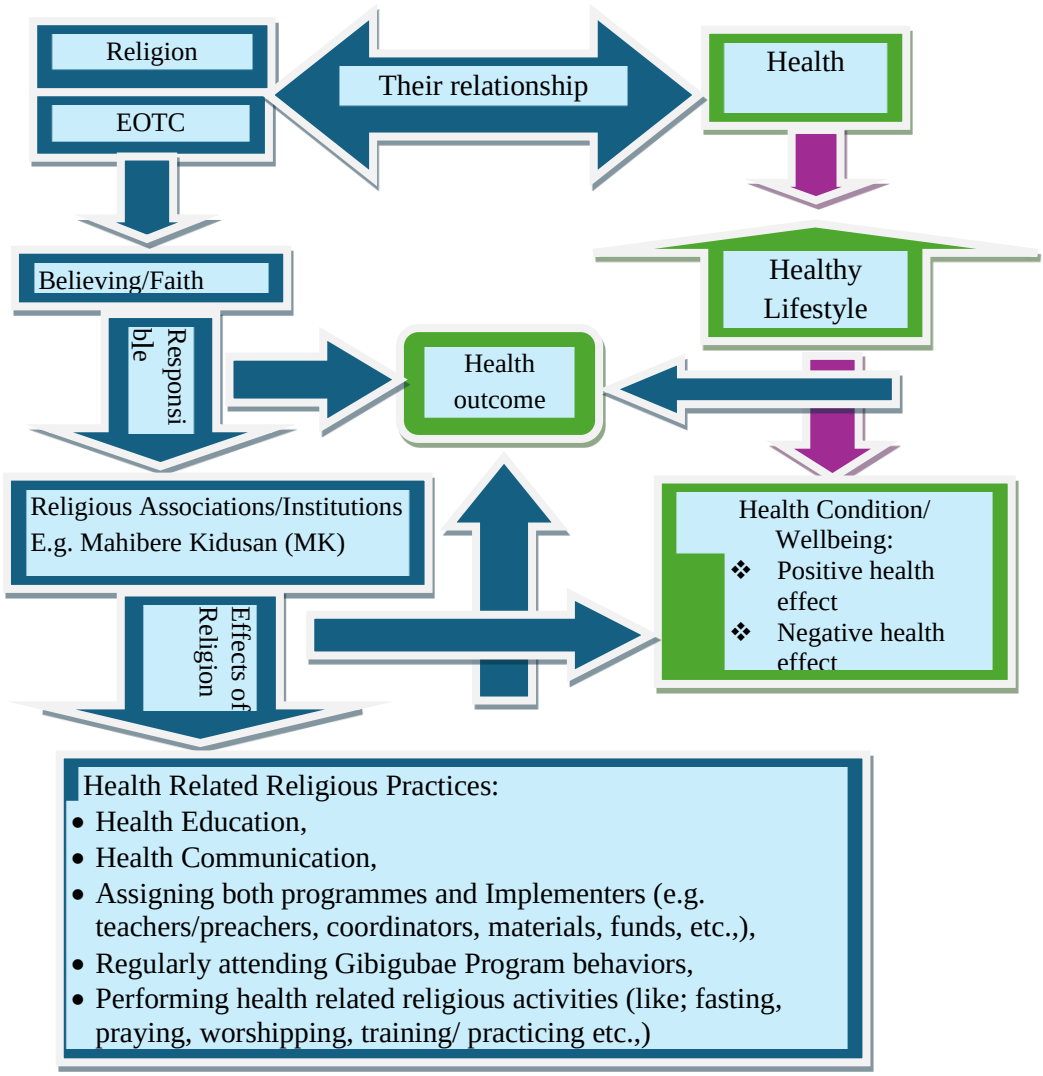

Figure 1. Conceptual Frameworks of Both Dependent and Independent Variables

Generally, the researcher wanted to study the gap that most of the previous studies or researchers did not include in their study. Because all the previous studies did not investigate the Ethiopian health-related religious practice transferring by MK for religious attendant University students or adolescents that affect their healthy lifestyle

behaviors by forming Gibi Gubae church programmes in separating in their academic year level or batch.

Thus, considering this, the researcher raised the following research questions:

1. Were there adequate health-related religious practices (HRRP) in Mk's university students' teachings under EOTC in the program?
2. What are the effects of health-related religious practices on religious attendant university students' (RAUS') healthy lifestyles (HLSs) in MK?
3. For how long are health-related religious practices on religious attendant university Gibi Gubae students delivered as Church programs?
4. What are the treatment techniques employed in health-related religious practice implemented to religious attendant university students' HLSBs?
5. Which scales were significantly important to signify the effect of HRRP on RAUS' HLSBs?
6. Was there a significant difference between health-related religious practices and gender in relation to their effect on participants' HLSBs?
7. Was there a significant relationship between gender and HLSBs?

Methods and Materials

Design

To investigate the impact of health-related religious practice on religious attendant university students' or adolescents' healthy lifestyle behaviors, the researcher used a descriptive research design of a quantitative research approach.

Study Area

This research was conducted at Addis Ababa University on its four campuses: 4 Kilo, 5 Kilo, 6 Kilo, and Tikur Anbesa, which had religious attendant university students, Gibi Gubae programs, MK Head Office Addis Ababa has been responsible for coordinating since 2014 G.C Academic Year. These sites were selected as they were

closer to both the participants and even the researcher to study and follow the program's performance and use data collectors from these campuses.

Study population

First-year, second-year, third year, and other or above university students were the target population for this study (1000; M=605, F =395) attending MK educational programs during the study period in the selected four batches of different churches or campuses in Addis Ababa University.

Table 1: General information about the study population and where they follow the program

Location (Campuses/Churches where they Attend)	Study Population		
	Male	Female	Total
Arat Kilo religious attendant students (Holy Trinity)	150	100	250
Amst Kilo religious attendant students (St. Mary)	145	115	260
Sidist Kilo religious attendant students (St. Mark)	135	80	215
Tikur Anbesa religious attendant students (St. George)	175	100	275
Total	**605**	**395**	**1000**

Source: (Shiferaw, 2014; Mahibere Kidusan, Addis Ababa Center 2014 G.C religious attendant students' Coordination Office).

Sample size and sampling technique

The sample size was determined using scientific sample size techniques to get the participants as precisely as needed (Krejcie & Morgan, 1970). With a 95% confidence level and 5% marginal error, the sample size for 1000 population was found 278 (M= 168, F= 110). Before selecting samples, students of the four campuses were stratified by sex, because the variable sex was raised in the research question to examine significant differences among variables. From each stratum, participants of this study were selected proportionally through a simple random sampling technique (lottery method).

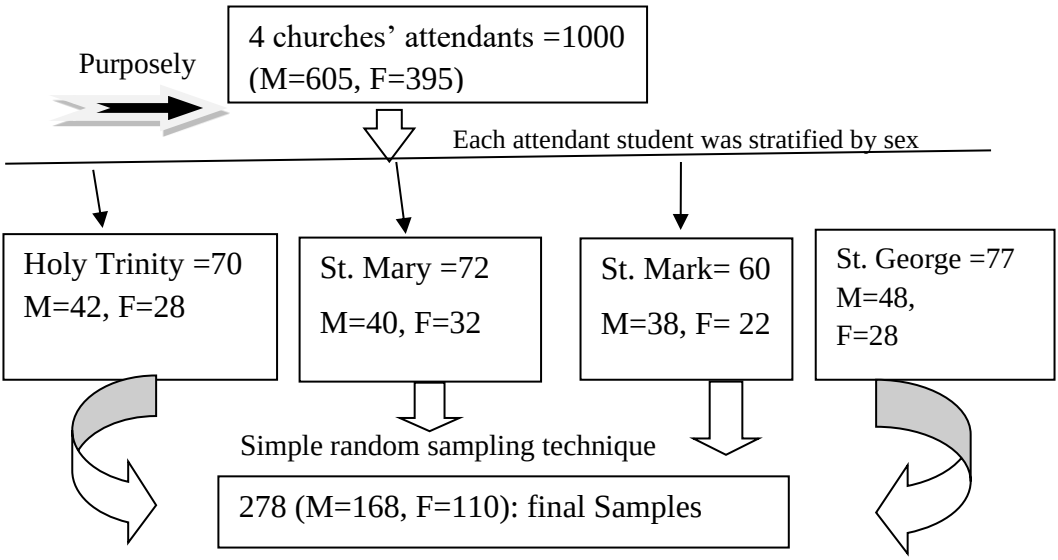

Figure 2. Schematic presentation of sampling procedure

Data Collection Instrument

In the data collection process, instrumentation simplifies all important variables in Exploratory Factor Analysis (EFA). For this study, the researcher employed a descriptive research design to tabulate the findings, which will be useful for future applications. Data were gathered using self-administered questionnaires. After conducting extensive literature reviews, the ratings were developed to assess the effects of health-related religious practices on the healthy lifestyle behaviors of religiously active university students.

The research objectives were carefully considered when preparing the ratings, which consist of 20 items rated on a five-point Likert scale, ranging from "strongly agree" to "strongly disagree." This measurement tool was designed to evaluate the variables related to the impact of health-related religious practices on the healthy lifestyle behaviors of religiously active university students. The data collection instrument was

anonymous (as it included numerous responses), structured, and consisted of closed-ended questions prepared in English.

Piloting

Piloting is one of the most effective methods for improving data collection instruments. Keeping this in mind, the researcher conducted a pilot test with fourth-year students at Addis Ababa University who were not part of the main study but were attending religious programs under MK in Addis Ababa.

The results of the pilot study led to enhancements in the instrument items. It also allowed early identification of limitations in the questionnaire's administration by selecting a few students informally. Initially, fourth year and other upperclassmen were excluded from the pilot study. However, based on feedback from the pilot, they were later included in the research.

The pilot study involved 30 participants. One commonly used indicator of internal consistency for assessing the reliability of tests is Cronbach's alpha coefficient. Analysis of the data collected during the pilot survey revealed a reliability score of r =.84. As previously mentioned, both Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) indicated that all coefficient alpha scores exceeded .70, confirming the reliability and validity of the measures.

Data Collection Procedures

To collect the data, the purpose of the study was briefly explained to the MK Addis Ababa center, and permission was obtained from this office. Subsequently, a letter of approval was sent to the Addis Ababa Religious Program Coordinator. The coordinators of the four churches that host religious attendant students (from first year to fourth year, as well as other batches) introduced the students to participate in the study, with the researcher being sent by MK.

The researcher then explained the purpose and nature of the study to the religious attendant students and obtained their verbal consent. After that, questionnaires were administered with the assistance of four data collectors to the randomly selected participants. Some of the completed questionnaires were collected sooner, and the remaining ones were obtained over the following three weeks.

Data Processing and Analysis

The researcher created dummy tables based on the key research questions before designing the questionnaires and rating scales. The collected questionnaires were categorized and coded before data entry. The data was then cleaned and exported to SPSS version 20.0 for further analysis.

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to analyze demographic variables, the availability of health education or communication, lifestyle factors influenced by MK, health-related issues, and the contributions of MK to health education or communication ratings.

The analysis included both descriptive and analytical statistics. In the analytical section, the data underwent bivariate and multivariate analysis. To achieve the research objectives, inferential statistics, bivariate analysis, chi-square tests, and independent samples t-tests were utilized to examine the relationship between gender and the presence of health education or communication contributions of MK. Given that questionnaires and ratings were available, percentages and frequency distributions were also employed.

Ethical Considerations

Initially, a letter of request was obtained from the School of Psychology at AAU to conduct the research. Written consent was then secured from MK and the coordinators

of the religious teaching program through formal letters from the leaders of the religious institution, in addition to personal communications by the investigator.

In the informed consent process, the researcher ensured that participants and data collectors were fully aware of the nature and purpose of the study, which explored health-related teachings and communication within MK. Since consent must be given voluntarily, participants and data collectors were confirmed to have the legal capacity to provide consent, with the responsibility for obtaining this consent resting with the researcher.

Regarding privacy, data collectors informed participants about their ability to control when and under what conditions their behaviors, beliefs, and values could be accessed, as well as the confidentiality of their information.

Results and Discussion

Response rate

After data were collected, coded, and entered into the SPSS, the results were interpreted, analyzed, and discussed based on the following research findings. Of the total population (1000), 278 questionnaires were distributed, but only 255 data were returned with a response rate of 91.72%.

Table 2: Socio-Demographic Characteristics Of Religious Attendant University Students

Demographic characteristics (n=255)		Frequency	Percentage
Sex	male	158	62.0
	female	97	38.0
Age	Mean=22.11, SD=3.62	Range=18-35	
Churches	Holy Trinity	63	24.7
	St. Mary	63	24.7
	St. Mark	59	23.1
	St. George	70	27.5
Bach	1st year	38	14.9
	2nd year	55	21.6
	3rd year	77	30.2
	4th or other	85	33.4

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

From the output shown in Table 2, there were 158(62.0 %) male and 97 (38.0 %) female participants were involved in the study. The majority of participants (27.5 %) were from St. George church and 59=n, 23.1% were from St. Mark church. Among the levels of the respondents mentioned the Table 2, fourth-year or other-year Gibi Gubae students were 85(33.4%), and the minimum number 38(14.9%) were from the first year. In the descriptive statistics for a continuous variable, the average age of respondents was 22.11 with an SD of 3.62 ranging from 18 to 35.

Table 3: Testing The Existence Of HRRP On Religious Attendant Students' (RAS') Program

Health-Related Religious Practice Issues(n=255)	Responses			
	Yes		No	
	N	%	N	%
There is health-related education and 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 the spiritual programs of MK	184	72.2	71	27.8
Health-related teachings provided by MK enhanced religious attendant healthy lifestyle behaviors	219	85.9	36	14.1
Giving health treatment to people by religious attendant 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 the religious programs of MK	236	92.5	19	7.5
Taking health-related training in MK's teaching program is important for students' healthy lifestyle behaviors	219	85.9	36	14.1

Here, before interpreting Table 3, let's remember the aggregated mean value of both males and females described above in Table 2 (demographic characteristics of respondents) as aggregated Mean=22.11 when the researcher observed respondents', age ranging from 18-35 years. Therefore, since these samples were taken from two different populations (age differences of Males and Females), and then the aggregate or total mean of the samples may differ from one to the other. In this case, it is used to conclude the means of the two sexes and to tell whether or not they are similar.

As shown in Table 3, out of 255 Gibigubae students,231 (90.6 %) respondents replied that there was health-related communication in the teaching of MK, while 24 (9.4 %) respondents revealed that health-related educational practices were not imparted in the program. In the second question, 223 (87.5 %) respondents agreed that MK keeps the lives of students safer through health-related communication. However, 32 (12.5%) respondents responded that MK failed to attain this. For the third question, 184 (72.2 %) respondents agree that we believe it should be given more emphasis on health issues in the program, but 71 (27.8%) respondents did not have adequate information because they said we had no know-how about this health contribution in the Gibi Gubae teaching programs.

For the fourth question, 191 (74.9%) respondents answered the question that gospel service is important for spiritual health treatment in the program, while 64 (25.1%) respondents were not aware that gospel service is helpful for spiritual health treatment in MK's religious health-related teaching programs. Finally, for the fifth question,219 (85.9 %) respondents replied the response as adding health-related courses to the MK is useful, but, 36 (14.1%) respondents did not have an understanding of the question of adding health-related courses in the MK teaching program is important for student's life safer.

Table 4: Impacts of Health-Related Religious Practices on Religious Attendant Students' Life

Effects of Health-Related Religious Practices (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
A healthy relationship with the people issues is frequently raised in MK	206	80.8	49	19.2
Religious attendant university students use health-related religious practices to save their lives from unhealthy behaviors	201	78.8	54	21.2
Risky behaviors like chewing chat, smoking cigarettes, shisha…are properly addressed in MK teaching programs for religious students	209	82	46	18
Attending religious programs regularly is an important activity for religious participants'	230	90.2	25	9.8
Health-related issues are usually addressed by MK for students	198	77.6	57	22.4

Table 4 shows the relationship between the variables which reveals the effect of health-related religious practice on religious attendant university students' Healthy lifestyle behaviors.

According to Table 4 above, the majority of the respondents (90.2%) support the prevailing health communication in MK teaching programs. Marriage issues of the EOTC are frequently raised in MK. The other (9.8%) respondents disagreed with the question. Attending religious programs regularly is very important for a better healthy

lifestyle with the prevalence of addressing health communication and health education in MK's teaching programs.

Table 5: Assessing How Health-Related Religious Practices Were Frequently Exercised

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

To address the research questions properly, it is mandatory to use more than one item, but as other things remain constant, the researcher was interested to see for how long the EOTC has been practicing health-related teachings through the coordination of MK to influence the healthy lifestyle of university students of AAU who often attend religious teachings that include health communication, health education, and other important discussions in the religious programs.

In Table 5 above, respondents state that MK sometimes teaches health-related issues 120 (47.1%) and 26 (10.2%) respondents replied that MK failed to address these issues in its religious teachings.

Table 6: Types of Religious Treatment Techniques Used to Solve Participants' Lifestyle Issues

Health-Related Religious Treatment Techniques (n=255)	Responses			
	Yes		No	
	N	%	N	%
When students are feeling ill, MK teaches them about, praying, using holy water, fasting, and taking communion... as the best	236	92.5	19	7.5
Health-related religious treatment techniques are delivered in simple ways	189	74.1	66	25.9
During the prevailing illness, religious leaders/Father Confessors, Physicians/Medical doctors, and Family members…are treated by MK as important health treatment providers for religious attendant students	204	80	51	20

In Table 6, 236 (92.5%) participants responded that MK teaches students about religious mechanisms to be applied for safety when they get ill illness, and 19 (7.5%) respondents did not support that MK teaches about when these students feel ill suggesting praying, using holy water, fasting, and taking communion as best ways of recovery. About 74.1% of the respondents showed that MK preaches to them about health-related issues through panel discussion, integrating with religious courses, print media, and panel discussion.

Table 7: Total Ratings of Health-related Religious Practice on Participants' Lifestyles of MK

Some selected Items (n=255)	Ratings				
	Strongly agree N (%)	Agree N (%)	Undecided N (%)	Disagree N (%)	Strongly disagree N (%)
There is health-related communication in MK's teachings for religious attendant 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 religious attendant students	130 (51.0)	100 (39.2)	16 (6.3)	6 (2.4)	3 (1.2)
As using religious mechanisms is important when other types of mental disorders, etc.…what MK has given in teaching mechanisms.	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)

The results shown above (Table 7) were interpreted and analyzed as follows and the maximum and minimum results are interpreted among the 20 items. In the first item,114 (44.7%) and 108 (42.4 %) respondents agreed that health-related communication issues are addressed in MK's teachings for religious students. However, 20(97.8 %) respondents said that they failed to decide while 10 (3.9 %) respondents disagreed, and 2 (0.8 %) respondents strongly agreed. Finally, for these descriptive statistics, the total ratings of health communication contributions of MK range from 20-75, and the Mean=35.14, with SD=8.64.

Assessing Dichotomous Variables of Health-Related Religious Practices Associated with Existence of Healthy Lifestyle Behaviors

Among the selected Health related religious practices or predictors like 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 unhealthy style of life, which is categorical and dichotomous (coded as 1=yes, 2=no)

The presence of health-related religious practices or predictors, X^2 = (3, n=255) = 19.770, P =0.000, were significantly related to the presence of health-related religious practice in MK's religious attendant students for their health condition when the chi-square test was run out. Overall associated health-related religious practices in the existence of health communication were examined and the results are 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: Cross-Tabulation on Sex * Health-Related Religious Practices (HRRP) (n=255)

Sex * HRRP			HRRP		Total	χ2	df	p-value
			Yes	No				
Sex	Male	Frequency (N)	141	17	158			
		Expected N	143.1	14.9	158.0			
		% within sex	89.2%	10.8%	100.0%			
		% within HRRP	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 HRRP	39.0%	29.2%	38.0%			
		% of Total	35.3%	2.7%	38.0%			
Total		Frequency (N)	231	24	255	.518	1	.472
		Expected N	231.0	24.0	255.0			
		% within sex	90.6%	9.4%	100.0%			
		% within HRRP	100.0%	100.0%	100.0%			
		% of Total	90.6%	9.4%	100.0%			

Note: HRRP= Health Related Religious Practice, N= Frequency, Sex *HRRP

The result of this chi-square 2 by 2 table indicates that the expected cell size (9.13) is greater than 5. The assumptions are not violated and since the variable sex (male/female) and health-related religious practice (yes /no) have only two categories (2x2 table), Continuity Correction is used to compensate for the overestimate of the 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 the P-value. 05, the result is not significant. This means that the proportion of males who responded to health-related religious practice is not significantly different from the proportion of females who responded to the prevailing presence of health-related religious practice (HRRP) in MK.

To find out what percentages of males responded to HRRP 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 HRRP, while 10% were not responding to the Prevalence of MK. For females, 92.8 % of females were responding to HRRP, while 7.2% replied that there were absences of health communication to PHC in MK.

It is also possible 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 the total". Based on the findings, 90.6 % of the sample responded to HRRP, and 9.4 % did not respond to the presence of health-related religious practice in MK. This tries to indicate that comparing the values of both sexes with the presence of HRRP in the program, in general, demonstrates samples in percentage.

Table 9: Examining Significance Mean Difference Score between Gender and Healthy Lifestyle Behavior Scores Analyzing Independent Sample T-Test

Mean difference score values (n=255)			F	Sig	T	df	Sig. 2-tail	N	M	SD	Upper
Total Healthy Lifestyle Behaviors	Equal variances assumed		.071	.790	.572	252	.568				2.844
	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

Under Table 9, the researcher wanted to observe a significant mean difference in scores of independent variable gender (Male/Female) compared with the dependent variable Students' lifestyle behaviors (HLSBs) by analyzing the independent sample t-test. Because independent sample t-test is a statistical technique that is used to analyze the mean comparison of two independent groups; and then in my study these two independent sample groups were males and females. As the researcher tried to explain about the independent sample T-test above, but when samples are taken from two different populations (males and females' Mean result), then the mean of the sample may differ (for example as shown above in Table 9, the different scores for males, M=35.38, SD=8.790 and females, M=34.74, SD=8.408). In this case, it is used to conclude the means of two populations and to tell whether or not they are similar. Therefore, it is possible to conclude that there is a significant difference between males and females.

As a result, we can present the results for this type of independent sample T-test ~~was~~ conducted to compare the healthy style of life scores for males and females of religious attendant 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).

Discussion

Results from the data analysis evidenced that 90.6% of the students agreed that there were health-related religious issues addressed in the programs MK offers to university students. Most male (89.2%) and female (92.8 %) respondents corroborated this. However, from the overall target groups, 9.4 % revealed the absence of HRRP. When this result was viewed from a gender perspective, few males (10%) and females (7.2%) pointed out that MK failed to directly include HRRP in its teachings.

The results might suggest the influence of EOTC's HRRPs in shaping RAUS's HLSs when it was expected as compared with the previous researchers' initial hypothesis of the finding. However, based on the findings of similar studies, a more plausible explanation with the previous study entitled "The Implementation of Health Communication in EOTC…" (Shiferaw, 2014) was given. In this previous study, except few limitations of EOTC's HRRP's done previously, findings also showed that there were similar practices. For example, studies have shown that some individuals with various health-related problems who used religious activities or 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) An increase in spirituality after testing positive for HIV is associated with slower disease progression over four years (Iron son, stuetzle, & Fletcher, 2006). Religion may affect whether a person initiates substance use, its level of significant effects, and possibilities of recovery (Miller, 1998). This seems quite reasonable since religious beliefs and teachings are generally supportive of enhancing social connectedness, responsibility, and tendencies of proscriptions (Stylianou, 2004) which, probably increases social contacts and enhances support (Ellison & George, 1994). This positive result was not expected as compared to previous studies.

The data manifested a clear understanding of EOTC's HRRP that shapes religious attendant University students' inappropriate behaviors. These were observed after students regularly attended health-related teaching programs given by its stakeholders, spiritual religious institutions, or associations in the university. For example, EOTC has organized and transmitted its mission by some of its important stakeholders to save her believers. These EOTC's missionaries are (1) Holy Trinity Theological College (HTTC) currently called Holy Trinity University in Addis Ababa around 4 kilo. For Example, I was there, and I am an eyewitness to this issue because I hold a Bachelor's Degree in Theology (B.TH) after 5years of learning (from Academic year of 2007E.C to 2011 E.C). (2) Sewasiwe Berhan Kidus Paulos Theological College in Addis Ababa, Ethiopia, (3)Taeka Negest Beata Le Mariyam Gedam Minilik Primary Memorial Priests' Training Center, in Addis Ababa around Bete-Mengist,(4) Mahibere Kidusan (MK), religious Association found its Head Office in AA, around 5 kilo, which has many branches in all over Ethiopian Universities' Sunday school programs named as GIBI GUBAE for religious attendant university students to follow, to learn and to be successful in their lifestyles. For example, religious attendants of DMU's students are well organized and beneficial by MK in all DMU's branches, Health Science College believers, etc. are examples. (5) Different Sunday schools in many Ethiopian Churches and towns.

Further research is needed to establish a sensitive agenda to assess how adolescents' lifestyles will be saved, shaped, and adjusted for future generations. The researcher recommended that EOTC's supported practices and other types of religion should contribute their responsiveness by preaching, training, and awareness creation based on their dogmas, canon laws, etc. for their believers. Finally, even if there were some of the limitations of the study, there were many important strengths and teachable-ness for readers by correcting and fulfilling the other gaps.

Conclusion

Based on the results of the study, the following conclusions were drawn:

The study assures that this research objectives with their appropriate findings, the health-related religious practices run by the coordination of MK health education, and health communication are delivered to the religious attendant university students to care for, save, and prevent them from youth-related delinquencies like substance use, drug addicted, unsafe sex, respecting elders, dogmas and canon laws, be positive thinkers, be role models, do good things for others, and finally to lead their future lives.

The EOTC has played a role in shaping Ethiopian Religious attendant university students' lives by giving well-teachable programs and making them graduate completing their study after seriously and regularly attending all years of church education.

This finding indicates that EOTC believer students who joined any Ethiopian university should follow, attend, and learn Gibi Gubae MK's spiritual programs in order to be high achievers academically, to be successful in every aspect, and also to be healthy and normal in their current and future lives, both spiritually and secularly.

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