

Underlying Reasons of Christians' Reluctance to Adopt a Healthy Lifestyle at Senga Seventh-Day Adventists Church in Gweru - Zimbabwe

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Abstract

The purpose of this descriptive study was to establish underlying reasons of respondents' reluctance to adopt a healthy lifestyle at Senga SDA Church in Zimbabwe. A sample of 41 members filled in a structured questionnaire which was used to collect data. Data were analysed statistically using SPSS 16.0 to identify descriptive information of the results. Findings showed that while members (87.80%) expected leaders to be role models even in the adoption of a healthy lifestyle, leaders did not consider themselves charismatic. It was recommended that further studies with larger samples for generalisation of results are necessary.

Keywords: Healthy Lifestyle; Role Model; Reluctance; Adventists

Introduction

The knowledge of Africa's problems of poverty, social conflicts, poor resources management, climate changes and others may make one think that the inhabitants of the continent are not threatened by diseases of the affluent world. Examples of the diseases are high blood pressure, diabetes, coronary heart diseases, obesity, gout, cancer, etc... are also referred to as non-communicable diseases (NCDs). The world Health Organisation [62] stated that unhealthy diets and physical inactivity are among the leading causes of the major NCDs, including cardiovascular disease, type 2 diabetes and certain types of cancer, and contribute substantially to the global burden of disease, death and disability. Other diseases related to diet and physical inactivity, such as dental caries and osteoporosis, are widespread causes of morbidity. However, some media reports have been informing readers that NCDs threaten the African continent.

Factors that increase the risks of non-communicable diseases include elevated consumption of energy-dense, nutrient-poor foods that are high in fat, sugar and salt; reduced levels of physical activity at home, at school, at work and for recreation and transport; and use of tobacco. Variations in risk levels and related health outcomes among the population are attributed, in part, to the vari-

ability in timing and intensity of economic, demographic and social changes at national and global levels. Of particular concern are unhealthy diets, inadequate physical activity and energy imbalances in children and adolescents.

WHO [63] propounded that NCDs are the world's biggest killers, causing an estimated 35 million deaths each year - 60% of all deaths globally - with 80% in low- and middle-income countries. Unless addressed, the mortality and disease burden from these health problems will continue to increase. WHO projects that, globally, NCD deaths will increase by 17% over the next ten years? The greatest increase will be seen in the African region (27%) and the Eastern Mediterranean region (25%).

In Africa, high incidence and prevalence rates of NCDs goes hand in hand with a high rate of Christianity through the work of religious leaders. It has been observed that Africa has been in decline in health system delivery fuelled among other things by the brain-drain, yet this crisis does not touch much religious institutions. Leaders are viewed as individuals who inspire followers through their words, ideas, and behaviours. Church leaders' effort to preach the good news of salvation has contributed greatly to the

high rates of Christians in many parts of the continent of Africa. If religious leaders combined Christian doctrines with concepts of healthy lifestyle, including proper healthy eating and physical activity, members of various churches would be in good health.

WHO stated that one of the major challenges in the prevention of NCDs and in the promotion of physical activity and other healthy lifestyle choices is communicating the importance of action now in return for future benefits.

The WHO 2008-2013 action plan for global strategy for the prevention and control of NCDs set out six objectives with particular focus on low-and middle-income countries and vulnerable populations. One of the objectives is: "to promote interventions to reduce the main shared modifiable risk factors for NCDs: tobacco use, unhealthy diets, physical activity, and harmful use of alcohol." Church leaders' health promotion may be one strategy as church members view information from their leaders as divine and strive to live by taught principles.

A review of related literature and studies did not show any other study done in Zimbabwe, particularly in Senga, Gweru to investigate causes of reluctance of Christians to adopt a healthy lifestyle among the Seventh-day Adventist church members.

Therefore, this study sought to answer the following research questions

- To what extent do religious leaders promote healthful eating?
- How exemplary have religious leaders been in practising a healthy lifestyle?
- What is the impact of church leaders' behaviour in health issues on members?

Significance of study

The knowledge of causes of Christians' reluctance to adopt a healthy lifestyle will benefit the studied population in that appropriate strategies will be used by religious leaders to address health issues. Furthermore, results of the study showed participants the condition of susceptibility to NCDs or not and help them to take appropriate measures for prevention or control. This study also helped policy makers to come up with strategies that involve church leaders to in the prevention and control of NCDs.

Scope and delimitations

This study focused on Seventh-day Adventist Church members because of their theoretical teaching on a healthy lifestyle to that

advocate among others for proper nutrition, physical exercise, drinking clean, safe, and enough water; exposing oneself to moderate sunshine, being temperate in all things, breathing clean fresh air, taking enough rest, and trusting in God, commonly referred to as laws of health in the Adventist jargon. If Adventists live the talk of a healthy lifestyle, it could have influenced other Christian denominations in that respect.

Design of the study

This research was a descriptive study. The population of study will comprise of members of the various registered churches in Senga High density suburb, Gweru in Zimbabwe. A sample of 41 members was drawn from the population using a probability sampling method. A self-administered structured questionnaire was used to collect data from respondents. Data were collated, cleaned, and analysed using SPSS computer package. Data are presented in the following section using tables. Results will be made known to participants through seminars and published in a research journal.

Results and Discussions

Table 1 above shows that there were more females (56.10%) than males (43.90%). This could have contributed to a delay in deciding to adopt the health reform principles as according to Robbins and Judge [50], evidence indicates that women analyse decisions more than men do. They are more likely to overanalyse problems before making a decision and rehash the decision once it has been made. This is likely to lead to more careful consideration of problems and choices or decisions are delayed in the process (p. 169). However, this explanation appeared not fitting in the case at hand, as indicated by table four below, the majority of members are more than ten years old in the Seventh - day Adventist Church. Thus, though the majority is female, who through rumination (over-thinking about problems) take long in making choices, their reluctance in adopting health reform principles is not be justified by Robbins and Judge's concept.

"O" level: a level of secondary education (1st to 4 year) in a specific subject taken by school students aged between 14 and 16 years in Britain and its colonies.

"A" level: a level of secondary education (5th to 6th year) taken by school students aged between 18 and 18 years in Britain and its colonies.

Table 2 showed that the majority of respondents (82.92%) had done at least the ordinary level of education. Results showed that

Gender	Counts	%
Female	23	56.10
Male	18	43.90

Table 1: Distribution of respondents by gender.

Education level	Counts	%
Primary	7	17.07
“Ordinary” level	16	39.02
“Advanced” level	1	2.44
College and University	17	41.46

Table 2: Distribution of respondents by educational level.

the population is capable of reading to discover themselves what is required to keep their bodies in good health. Though, the level of education appeared satisfactory in terms of reading abilities, it did not have a positive influence on the adoption of health and nutrition principles. Yet according to White’s CD, real success in education depends upon the fidelity with which men carry out the Creator’s plan [75] and the words of wisdom “are life unto those that find them, and health to all their flesh” (Proverbs 4: 22 and [75]). The same author went on to say that true religion brings man into harmony with the laws of God, physical, mental, and moral. It teaches self-control, serenity, and temperance. Religion ennobles the mind, refines the taste, and sanctifies the judgment. Religion tends directly to promote health, to lengthen life, and to heighten our enjoyment of all its blessings [75].

Table 3 showed that age groups were normally distributed after the sample there were respondents in their 10s, 20s, 30s, 40s, 50s, 60s, and 70s. The lowest score was 12 and highest was 75 years; More clusters were in decreasing order found around 20, 40, and 50 respectively. These results agreed with what Paulsen in Adventist World said: “more than half of our global community is under 30 years of age, and we need to pay attention to what the young professionals (the 22 to 32 years old) are saying, for among them we should look for both today’s and tomorrow’s leaders - they are very observant with a sense of fairness. This is God’s people, the church of the end-time, and yet they see thing things inside the church they feel should not be there” [1]. These statements of the World’s Church leader, though not directly referring to health and nutrition issues, imply that older generation should accept to adopt change of course without sacrificing principles. Thus, even change in lifestyle should be accepted among older and young generations. Even White asked the following question connoting health reform:

“What study can be more important for the young than that which treats of this wonderful organism that God has committed to us, and of the laws by which it may be preserved in health? [75]”.

Age	Counts	%
12	2	4.88
13	1	2.44
18	2	4.88
20	2	4.88
21	4	9.76
22	3	7.32
23	2	4.88
24	2	4.88
26	2	4.88
28	2	4.88
29	1	2.44
30	2	4.88
31	1	2.44
32	1	2.44
35	2	4.88
36	1	2.44
39	1	2.44
40	2	4.88
42	1	2.44
50	2	4.88
51	1	2.44
52	1	2.44
53	1	2.44
60	1	2.44
75	1	2.44

Table 3: Distribution of respondents by age.

Even non-Adventist writers supported this view that the leading causes of death for adults in America aged 25 through 64 are cancer, heart disease, stroke, injuries, chronic lung disease, and liver disease; all have been associated with behavioural risk factors. Thus, many adults today would benefit from changes in their lifestyle behaviours. For example, incorporating exercise and a balanced, low - fat diet into one’s lifestyle can contribute to weight loss and to controlling important risk factors for heart disease - high fat intake, overweight, and sedentary lifestyle [7]. Though these observations were made in America, the global village ideas have brought western lifestyle in third world countries; even disease preventive measures apply in both.

The same authors remarked that though aging is inevitable because of natural processes programmed into our genes at conception, we can adopt lifestyle habits, such as consuming a healthful diet, exercising, and paying attention to our work and recreational environments, which will slow the processes within the natural limits set by heredity. Clearly, good nutrition can retard and ease the aging process in many significant ways... by postponing and slowing disease processes, optimal nutrition can help to prolong life up to the maximum life span [1].

Table 4 shows a distribution of respondents by years of SDA church membership. Scores were normally distributed, ranging from 4 months to 75 years. More scores clustered between 15 and 20 years, the latter representing the highest frequencies. These results showed that more members have spent reasonable amount of time in the church and know what governs them, which means that their contribution of information should not be treated as childish statements. However, it has been found that to perform effectively, a group of people requires three different types of skills: it needs people with technical expertise; people with the problem - solving and decision making skills to be able to identify problems, generate alternatives, evaluate those alternatives, and make competent choices. Finally, a group needs people with good listening, feedback, conflict resolution, and other interpersonal skills [50]. Though church members are not new, lack of the above could have contributed to the observed reluctance of to adopt the health reform.

Years	Counts	%
≤ 1	2	4.88
3-10	10	24
11-20	16	39
21-30	9	21.9
31-75	4	9.7
Total	41	100

Table 4: Distribution of respondents by years of SDA church membership.

Table 5 above shows a distribution of respondents by marital status, with more respondents being singles (53.66%). Single parents represented 7.32% of the respondents. The high number of singles could be explained by the fact that the Church is mainly composed of young people. This is also due to the fact that in developing countries, there is a high fertility rate and populations are clustered below 50 years of age.

Marital status	Counts	%
Single	22	53.66
Married	16	39.02
Single parents	3	7.32

Table 5: Distribution of respondents by marital status.

Table 6 represents a distribution of respondents by occupation in the church, with ordinary members scoring 68.29% and 31.71 representing respondents who held leadership positions.

Though ordinary members represented a bigger portion of respondents, it was a good thing that leaders were part of the sample. Church members view their leaders as individuals who inspire them through their words, ideas and behaviours. Leading is viewed as a gift from God (Ephesians 4: 11 - 15 "... and He Himself gave some to be apostles, some prophets, some evangelists, and some pastors, and teachers, for the equipping of the saints for the work of ministry, for the edifying of the body of Christ..." Robbins and Judge defined these kinds of leaders as charismatic. They have a vision, are willing to take personal risks, sensitive to followers’ needs, and exhibit behaviours that are out of the ordinary. Thus, church leaders should not remain behind in health reform, but pioneering learning, and the implementation of its principles for the good health and nutrition church members [50].

This study confirmed the latter assertion as per findings in table 7 below - distribution of respondents’ perceptions on various factors and their impact on diet, health and spirituality. The majority of respondents (80.48%) perceived that church leaders’ adoption of health reform principles would have a positive influ-

Occupation	Counts	%
Leader	13	31.71
Ordinary member	28	68.29

Table 6: Distribution of respondents by occupation in the church.

ence on members’ abidance to the lifestyle. Factor 19, and 20 also showed that respondents attributed the reluctance of ordinary church members in health reform matters to unclear position of the worldwide church over the issue (56.10%), and church leaders’ inconsistency (70.73%) respectively. This means that the ordinary it appeared to ordinary members that there seems to be no clear position from the general conference, the highest authority of the church to whether each member should adopt the principles, or not. In addition, there is inconsistency in terms of what leaders generally say and do in their homes. Unclear position appears also in some of the church’s publication: “ person who joins the Seventh - day Adventist Church today must determine in their mind whether she (White, E. G - who promoted health and nutrition reform among church members) spoke truthfully or not when she declared that God called her to be His messenger” [12]. Yet, even non - Seventh - day Adventists know Adventists to be particular about health and nutrition issues.

An example can be drawn from the following statement: “Seventh - day Adventists believe the body is the temple of the Holy Spirit. Thus, their dietary practices focus on health. Vegetarianism is the foundation of their dietary standard, although not all adherents are strict vegans. Other dietary standards call for abstaining totally from alcoholic beverages and avoiding certain “hot” spices and condiments such as pepper and chilli, aged cheeses, and caffeine-containing beverages. The church recommends that its members eat a wholesome diet, consisting of whole grains, fruits, nuts, vegetables, a little milk, and occasionally eggs” [7]. The seemingly undecided position of the worldwide church and inconsistency of its leaders could be evidenced by the fact that the majority of its leaders are not vegetarians while they are supposed to spearhead such programmes that promote good health of members including themselves. Robbins and Judge described this situation as an organisational source resistance to change, which includes the following: structural inertia - organisations have built-in mechanisms to produce stability; when an organisation is confronted with change, this structural inertia acts as a counterbalance to sustain

stability and group inertia - even if an individual wants to change their behaviour, group norms may act as a constraint [50].

The church is organised under different departments and services to among other things, distribute responsibility and provide specialised expertise to strengthen various aspects of the church life. Thus, leaders’ behaviour influence to a great extent, the behaviour and practice of church members.

Table 7 presents results of the distribution of respondents’ perceptions on diet’s influence on health and spirituality of an individual. These views were presented as below.

The majority (95.13%) agreed that a proper diet influences a person’s physical abilities. These results confirm what Family Heritage Books (2001) found that poor physical health can cloud the mind, depress the attitudes, and make it more difficult to keep spiritual health [13].

The majority (95.13%) of respondents agreed that a proper diet influences an individual’s mental abilities as stated by Family Heritage Books that the willpower has a decided influence on how we live our lives and apply or reject the various laws of health [19]. White wrote that it is impossible for those who make free use of flesh meats to have an unclouded brain and an active intellect [66].

The majority (95.13%) of respondents agreed that a proper diet influences an individual’s spiritual status as thinking is influenced by the kinds of diet people live on. Results confirmed what White said that eating, drinking, and dressing all have a direct bearing on our spiritual advancement [67].

To the question of whether a proper diet is one of the requirements for an outpouring of the latter rain, 46.34% disagreed, while 36.59% agreed to the statement. It is not always the majority which is right, in this case the minority was right as White mentioned that the Spirit of God cannot come to our help, and assist us in perfecting Christian characters, while we are indulging our appetites to the injury of health, and while the pride of life controls [65].

To the question of whether health principles should be taken as God’s command, “Thus says the Lord ...” the majority (95.12%)

	Rating score	Counts	%
Healthy diet influences on physical ability	Disagree	1	2.44
	Undecided	1	2.44
	Agree	4	9.76
	Strongly agree	35	85.37
	Disagree	1	2.44
Healthy diet influences mental ability	Undecided	1	2.44
	Agree	4	9.76
	Strongly agree	35	85.37
	Disagree	1	2.44
Healthy diet influences spiritual status	Agree	5	12.20
	Strongly agree	34	82.93
	Undecided	2	4.88
Healthy diet is one of the requirements for an outpouring of the latter rain	Strongly disagree	11	26.83
	Disagree	8	19.51
	Undecided	7	17.07
	Agree	10	24.39
	Strongly agree	5	12.20
Health reform principles should be considered as God’s command	Undecided	2	4.88
	Agree	9	21.95
	Strongly agree	30	73.17
Consciously / Knowingly not reforming is sin	Strongly disagree	2	4.88
	Disagree	2	4.88
	Undecided	3	7.32
	Agree	14	34.15
	Strongly agree	20	48.78
Beverages that excite injure the body	Undecided	1	2.44
	Agree	11	26.83
	Strongly agree	29	70.73
Health reform is a requirement for sanctification	Strongly disagree	1	2.44
	Disagree	1	2.44
	Undecided	4	9.76
	Agree	14	34.15
	Strongly agree	21	51.22
Clean animals will be slaughtered & eaten in heaven	Strongly disagree	22	53.66
	Disagree	10	24.39
	Undecided	6	14.63
	Agree	2	4.88
	Strongly agree	1	2.44

Church leaders should be exemplary in adopting health reform	Strongly disagree	1	2.44
	Undecided	4	9.76
	Agree	20	48.78
	Strongly agree	16	39.02
Preachers consecrate enough time on health and nutrition topics during church services	Strongly disagree	8	19.51
	Disagree	10	24.39
	Undecided	7	17.07
	Agree	12	29.27
	Strongly agree	4	9.76
Practising health message has an influence on one's salvation	Strongly disagree	2	4.88
	Undecided	4	9.76
	Agree	17	41.46
	Strongly agree	18	43.90
Health reform principles are as important as the 10 commandments	Strongly disagree	1	2.44
	Disagree	2	4.88
	Undecided	4	9.76
	Agree	20	48.78
	Strongly agree	14	34.15
God expects all Christians to be health reformers	Strongly disagree	1	2.44
	Disagree	1	2.44
	Undecided	2	4.88
	Agree	18	43.90
	Strongly agree	19	46.34
Habits of eating/ drinking show one's level of Christianity	Disagree	3	7.32
	Undecided	3	7.32
	Agree	19	46.34
	Strongly agree	16	39.02
Health reform message helps prevent affluent diseases	Strongly disagree	3	7.32
	Disagree	1	2.44
	Undecided	3	7.32
	Agree	10	24.39
	Strongly agree	24	58.54
Health reform message was good for people who lived before modern medical technologies	Strongly disagree	24	58.54
	Disagree	10	24.39
	Undecided	2	4.88
	Agree	2	4.88
	Strongly agree	3	7.32
Church leaders' adoption of health reform can have a positive influence on church members	Strongly disagree	1	2.44
	Disagree	2	4.88
	Undecided	5	12.20
	Agree	16	39.02
	Strongly agree	17	41.46

Lack of clear position of world’s church contributes to the reluctance in adopting health reform principles	Strongly disagree	9	21.95
	Disagree	4	9.76
	Undecided	5	12.20
	Agree	12	29.27
	Strongly agree	11	26.83
Leaders’ inconsistency in health reform contributes to members’ reluctance in adopting the health reform.	Strongly disagree	4	9.76
	Disagree	3	7.32
	Undecided	5	12.20
	Agree	18	43.90
Fear of malnutrition contributes to members’ reluctance in adopting the health reform.	Strongly agree	11	26.83
	Strongly disagree	5	12.20
	Disagree	10	24.39
	Undecided	4	9.76
	Agree	14	34.15
	Strongly agree	8	19.51
Lack of knowledge of reasons contributes to members’ reluctance in adopting the health reform	Strongly disagree	3	7.32
	Disagree	9	21.95
	Undecided	12	29.27
	Agree	12	29.27
	Strongly agree	5	12.20
Lack of reading information contributes to members’ reluctance in adopting the health reform	Strongly disagree	3	7.32
	Disagree	5	12.20
	Undecided	5	12.20
	Agree	19	46.34
	Strongly agree	9	21.95
Eating/ drinking to please self contributes to members’ reluctance in adopting the health reform	Strongly disagree	5	12.20
	Disagree	1	2.44
	Undecided	2	4.88
	Agree	14	34.15
	Strongly agree	19	46.34

Table 7: Distribution of respondents’ perceptions on various variables and their impact on diet, health and spirituality.

agreed to this fact. These results confirm what White (1938) said that it is just as much sin to violate the laws of our being as to break one of the ten commandments, for we cannot do either without breaking God’s law [65].

Of the total number of respondents, 82.93% said that for an informed person, consciously/ knowingly refusing to follow health

reform principles is a sin. This is as White has put it that every careless, inattentive action, any abuse put upon the Lord’s wonderful mechanism, by disregarding His specified laws in the human habitation, is a violation of God’s law ... it is as truly a sin to violate the laws of our being as it is to break the ten commandments [65].

As to whether stimulant foods/ drinks (Caffeinated tea, coffee, coca cola, chocolate, etc...) are injurious to the body, 97.56% agreed

to this fact. This showed that respondents had the knowledge of the hurtful effects of stimulating drinks. White also said it that tea, coffee, and tobacco, as well as alcoholic drinks are artificial stimulants ... hurtful indulgence. It temporarily excites the mind to unwonted action, but the after - effect is exhaustion, prostration, paralysis of the mental, moral, and physical power [65]. There are also health effects reported by Hartland Institute of Health and Education: "A study of 1,413 women showed that drinking three or more cola drinks on a regular basis lead to lower bone density, which eventually can lead to osteoporosis. Diet colas were almost as bad, but decaffeinated cola had less dramatic effect on the bones... the phosphoric acid, which is considered a negative influence on bone health, and is found in cola, may partly explain the link between cola intake and lower bone density [www.webmd.com/ content/ article/128117039.htm](http://www.webmd.com/content/article/128117039.htm).

The majority (85.37%) of respondents perceived the adoption of health reform principles as an important factor of sanctification as White rightly put it "it is impossible for any to enjoy the blessing of sanctification while they are selfish and gluttonous... in the gratification of perverted appetite, and passion, even professed Christians cripple nature in her work and lessen physical, mental, and moral power. Some, who are doing this, claim to be sanctified to God; but such a claim is without foundation [65].

To the question of whether clean animals will be slaughtered and eaten in heaven, a sizeable number (78.05%) of respondents disagreed. These results showed that respondents are people of the Word (Bible) as Isaiah 65:25 affirms that they shall not hurt nor destroy in all My holy mountain, says the Lord. The lion shall straw like the ox. Isaiah went on to say that the leopard shall lie down with the lamb, for the earth shall be full of the knowledge of the Lord (Isaiah 11:6 - 9). Even John saw it as Revelation 21: 4 highlights that there shall be no more death [which might be considered both for all God's creatures]. White stipulated "those who profess to be fitting for translation should not become butchers" [66].

About the question of whether church leaders should be exemplary in the adoption of health reform principles, 87.80% agreed to this fact as White has put it "let not any of our ministers set an evil example ... our ministers, who know the truth, should arouse

the people from their paralysed condition, ... let them and their families live up to the light of health reform [65]. She went on to say that "there is a solemn responsibility upon all, especially upon ministers who teach the truth, to overcome upon the point of appetite ... with strict temperate habits, ... and the impressions made upon their hearers would be more marked" [65] ... shall we not a decided testimony against the indulgence of perverted appetite? Will any who are ministers of the gospel, proclaiming the most solemn truth ever given to mortals, set an example in returning to the fleshpots of Egypt? Will those who are supported by the tithe from God's storehouse permit themselves by self-indulgence to poison the life - giving current flowing through their veins? [65].

Robbins and Judge also affirmed that leaders are viewed as who inspire followers through their words, ideas, and behaviours. These are called charismatic leader (which refers to gifted leadership), they are set apart from ordinary people and treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities. These are not accessible to the ordinary person but are regarded as of divine origin or as exemplary, and on the basis of them, the individual concerned is treated as a leader." It is argued that this type of leadership is one of the several ideal types of authority [50].

Christian leaders are viewed to be charismatic too, and should be exemplary in all. Even David knew that God's high purpose for Israel could be met only as rulers and people should seek with unceasing vigilance to attain to the standard placed before them. He knew that in order for his son Solomon to fulfil the trust with which God was pleased to honour him, the youthful ruler must be not merely a warrior, a statesman, and a sovereign, but a strong, good man, a teacher of righteousness, an example of fidelity [59]. She further wrote that the higher the position a person occupies, the greater the responsibility that he/she has to bear, the wider will be the influence that he/ she exerts and the greater his/her need of dependence on God. Ever should the individual remember that with the call to work comes the call to walk circumspectly before his/her fellow human beings.

In finding out whether preachers dedicated enough time to health and nutrition topics, 43.90% disagreed, while 39.03% agreed; only 17.07% were undecided. This calls preachers to present remember health issues in their messages. Even White advo-

cated for this call where she said, "men and women must be instructed, and ministers and people should feed that the burden of the work of health reform rests upon them to agitate the subject and urge it home upon others [59].

Results of this study showed that the majority (85.36%) perceived that the adoption of health reform principles has an influence on one's salvation. These results agree with the White's publications that stated: "The use of unnatural stimulants is destructive to health and has a benumbing influence upon the brain, making it impossible to appreciate eternal things. Those who cherish these idols cannot rightly value the salvation which Christ has wrought out for them by a life of self-denial, continual suffering and reproach, and by finally yielding His own sinless life to save perishing man from death.

A sizeable number of respondents (82.93%) perceived that health reform principles are as important as the 10 commandments. The figures given here confirmed what White said that "It is a duty to know how to preserve the body in the very best condition of health, and it is a sacred duty to live up to the light, which God has graciously given. If we close our eyes to the light for fear we shall see our wrongs, which we are unwilling to forsake, our sins are not lessened but increased. If light is turned from in one case, it will be disregarded in another. It is just as much sin to violate the laws of our being as to break one of the 10 commandments, for we cannot do either without breaking God's law. We cannot love the Lord with all our heart, mind, soul and strength, while we love our appetites, our tastes, a great deal better than we love the Lord. We are daily lessening our strength to glorify God, when He requires all our strength, our entire mind. By our wrong habits we are lessening our hold on life, and yet professing to be Christ's followers, preparing for the finishing touch of immortality.

In finding out whether God expects all Christians to be health reformers, the majority (90.24%) agreed to the claim. The affirmation was echoed by White that "the Lord is waiting for His people to become wise in understanding. As we see the wretchedness, deformity, and disease that have come into the world as the result of ignorance in regard to the proper care of the body, how can we refrain from giving the warning? [59].

When answering the question of whether Christians' habits of eating and drinking showed whether they are of the world or not, 85.36% agreed. Results confirmed what White said, "our habits of eating and drinking show whether we are of the world or among the number whom the Lord by His mighty cleaver of truth has separated from the world" [64].

Of the total number of respondents, 82.93% perceived that the health reform message was given to help prevent some diseases. These results agreed with White who indicated that God has permitted the light of health reform to shine upon us in these last days, that by walking in the light we may escape many of the dangers to which we shall be exposed. Satan is working with great power to lead men to indulge appetite, gratify inclination, and spend their days in heed less folly ... the liability to take disease is increased tenfold by meat eating [59]. One example was the outbreak of anthrax, bird flue, etc. About anthrax it was reported: "Chimusoro said the first case of the deadly disease was noticed last week at a clinic in Lower Gweru communal lands. Two people have died from suspected anthrax ... people were, among other measures, being urged to refrain from eating uninspected meat, ... desist from coming into contact with affected animals, animal products or eating meat, which is not inspected" [41]. The report shows that meat consumption exposes to several diseases, which can be avoided by adoption of a plant - based lifestyle. White also wrote, "some cannot be impressed with the necessity of eating and drinking to the glory of God... it has been the curse of their lives. You cannot make them understand the truths for these last days ... if His laws were never violated, and all acted in harmony with the divine will, health, peace, and happiness, instead of misery and continual evil, would be experienced" [41].

To the question of whether the health message was for those who lived before the current modern medical discoveries, the majority (82.93%). White also asserted that God has permitted the light of health reform to shine upon us in these last days, that by walking in the light we may escape many of the dangers to which we shall be exposed. She went on to say that he who cherishes the light which God has given him upon health reform has an important aid in the work of becoming sanctified through the truth, and fitted for immortality... eating, drinking, and dressing are carried to such excess that they become crimes, and are among the marked

sins of the last days, and constitute a sign of Christ's soon coming [41]. Yet donkey eating continued even in the following year 2008 as Chenyika reported: "Donkey meat on sale ..." the two eventually went on selling the donkey meat as beef to the locals mainly residents of Mkoba 16, 17, and 18 ... the meat was selling very fast with scores of people scrabbling for it.

Results of the study also showed that a sizeable number (80.48%) perceived church leaders' adoption of health reform principles would have a positive influence on members to adopt the lifestyle. This goes in line with what was discussed on question number ten above.

More results (56.10%) of the study revealed that members' reluctance to adopt the health reform could be due to an unclear position of the worldwide Church on the issue, while 31.71% disagreed. In this regard, the position of the worldwide Church has been clear; the review of literature on health issues showed that members are taught from childhood to adults that their bodies are God's temples [78]. Even literature from non-Adventists sources shows clearly that "Seventh - day Adventists believe the body is the temple of the Holy Spirit ...vegetarianism is the foundation of their dietary standard, although not all adherents are strict vegans ... the Church recommends that its members eat a wholesome diet, consisting of whole grains, fruits, nuts, vegetables, a little milk, and occasionally eggs" [7].

Church leaders' inconsistency (not living what is taught with regard to health reform) was perceived by 70.73% of respondents to contribute to the reluctance of members in adopting the health reform principles. Leaders should be exemplary otherwise, it becomes like in Eli's case: Because of Eli's position, his influence was more extended than if he had been an ordinary man. His family life was imitated throughout Israel. The baleful results of his negligent, ease-loving ways were seen in thousands of homes that were moulded by his example...Actions speak louder than the most positive profession of godliness. If professors of religion, instead of putting forth earnest, persistent, and painstaking effort to bring up a well-ordered household as a witness to the benefits of faith in God, are lax in their government and indulgent to the evil desires of their children, they are doing as did Eli, and are bringing disgrace on the cause of Christ and ruin upon themselves and their households. But great as are the evils of parental unfaithfulness under any circum-

stances, they are tenfold greater when they exist in the families of those appointed as teachers of the people. When these fail to control their own households, they are, by their wrong example, misleading many. Their guilt is as much greater than that of others as their position is more responsible. Even during Jesus Christ's time, leading played a great influence of followers: "The life of Christ was filled with words and acts of benevolence, sympathy, and love, ... yet after the work had been accomplished, many were ashamed of the humble yet mighty teacher. Because the rulers did not believe on Him, the people were not willing to accept Jesus [74].

Fear of malnutrition was perceived by 53.66% of the total number of respondents to be a leading factor in the reluctance of church members' adoption of the health reform principles; while 46.59% did not agree to the assertion. It is very true especially in line with food choices. These are affected by the knowledge and awareness we have of our environment and the judgements we make related to it. People have been educated that animal proteins are good for good health; without them, there is fear of diseases such as kwashiorkor, Marasmus, and aggravation of opportunistic infections in cases of HIV and AIDS. Yet, the fear is based on belief, as vegetarians do not suffer from such diseases because of their lifestyle.

Many studies including the "Oxford vegetarian study: an overview" and the "Mortality in vegetarians and non - vegetarians: detailed findings from a collaborative analysis of five prospective studies," found a lower mortality rate from ischemic heart disease, cerebrovascular disease, stomach cancer, colorectal cancer, lung cancer, breast cancer, and prostate cancer. Finally, in deciding upon any course of action we are not to ask whether we can see that harm will result from it, but whether it is in keeping with the will of God. "There is a way which seems right unto a man; but the end thereof are the ways of death" [Proverbs 14:12 and 74].

Therefore, fears about malnutrition are not scientifically justifiable. As in the days of Christ, the Jewish scribes and elders, who professed great zeal for the honour of God, crucified His Son. The same spirit still exists in the hearts of those who set themselves to follow their own will in opposition to the will of God. The will of God is to restore man to his original state before the fall in the Garden of Eden. This includes spiritual both spiritual and physical (health) restoration.

Of the total numbers of respondents, 41.47% attributed the reluctance of church members in adopting the health reform principles to a lack of knowledge about the motives (reasons), while 29.27% disagreed to this assertion. While it could be true that knowledge could have a positive impact in respondents' adoption of health reform principles as Brown pointed out that sound knowledge about nutrition necessarily precedes the selection of a healthful diet. But, between knowledge and practice lie multiple beliefs and experiences that act as barriers to change. Nutrition knowledge is not the only factor in food choices; attitudes and values have a lot to do with changing food choices for better [8]. Dysinger argued that it is a belief that lack of nutrition knowledge prevents people from making better food choices [16].

Of the total numbers of respondents, 68.29% attributed the reluctance of church members in adopting the health reform principles to a lack of reading materials/ information. Though results seemed to reflect the truth about reading information in the country at the time of research because of forex problems to import books, it is our work to obtain knowledge of these principles, and by obedience to cooperate with Him in restoring health to the body as well as to the soul [71, quoted by 65]. And this compilation was done to alleviate the problem brought by forex scarcity in the country for those who have never heard the message. But a good number know what is right, but they are overcome by feelings, and peer pressure.

Results of this study (80.49%) showed that eating/ drinking to please appetite contributed to a reluctance of church members in adopting some of the principles of health reform principles. These percentages show that respondents knowingly, might sacrifice health principles and eat/ or drink something that could be harmful to their body. Though food should be prepared and served in a way that satisfies appetite, selecting food on health reasons should be the leading factor. Even White said that appetite is not a safe guide. She went on to write that, "the controlling power of appetite will prove the ruin of thousands, when, if they had conquered on this point, they would have had moral power to gain the victory over every other temptation of Satan [74]. Marshall, Acton-Hubbard and Bull also propounded that appetite is a learned response tied in with what and when a person wants to eat ... if you want to be healthy and weigh what you really want to weigh, it is the best policy to train carefully the tastes and feelings for foods over a period of time [40].

Conclusion

The findings of the study showed that 87.80% of the studied sample expect their church their leaders to be role models, even in healthy lifestyle, as it is in upholding Christian principles. Furthermore, findings indicated that a sizeable number (90.24) are aware that God expects all Christians to be health reformers. It has been shown that 82.93% of our sample agreed with health lifestyle advocates that health reform prevents diseases of affluence such as high blood pressure and diabetes. Finally, responses highlighted that respondents know that a healthy lifestyle is good even in the age of modern medical advancements (82.93% agree/ strongly disagreed that health reform was good before modern medical advancements). Of the total sample population, 82.93% know that health reform has an influence in matters of salvation. As pointed out by White, the Lord bears long with the waywardness of men, and to all, He grants opportunity to see and forsake their sins; but while He may seem to prosper those who disregard His will and despise His warnings, He will, in His own time, surely make manifest their folly.

Recommendations

A study with a larger sample is recommended with more variables to fully understand why the reluctance.

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