

Balancing Acts: Theological Insights, Ethical Dilemmas, and Empirical Evidence in Faith-Based Health Promotion

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ABSTRACT

This review delves into the multifaceted realm of health promotion within Faith-Based Organizations (FBOs), synthesizing empirical evidence from diverse studies. Religious leaders emerge as influential figures, facilitating acceptance and positive outcomes in health interventions. The empirical landscape spans HIV prevention, mental health education, cardiovascular health, and maternal and child health, showcasing the versatility of FBOs in addressing diverse health issues. Theological perspectives underscore the interconnectedness of spiritual and physical well-being, guiding health promotion initiatives. Ethical considerations, including respect for autonomy and destigmatization efforts, navigate the delicate balance between religious beliefs and evidence-based practices. FBOs play a pivotal role in community well-being, emphasizing the importance of ongoing research, collaboration, and culturally sensitive implementations. This review encapsulates the dynamic interplay of factors influencing health promotion within FBOs, advocating for continued exploration and application in this vital area.

Keywords: *faith-based organizations, health promotion, religious leaders, empirical evidence, theological perspectives, ethical considerations, community well-being, collaboration.*

INTRODUCTION

Health promotion, a multifaceted approach aimed at enhancing well-being and preventing illness, plays a pivotal role in fostering healthier communities (Pulimeno, Piscitelli, Colazzo, Colao & Miani, 2020). In the context of faith-based organizations (FBOs), health promotion takes on unique dimensions that intertwine spirituality, community engagement, and holistic well-being (Davey, Kahiya, Krisjanous & Sulzberger, 2021; Davis, 2019). Health promotion, within FBOs, extends beyond conventional healthcare approaches by integrating faith, cultural values, and community support to address the physical, mental, and spiritual aspects of individuals (Davey et al., 2021).

Faith-based organizations (FBOs) represent a diverse array of institutions, including churches, mosques, synagogues, temples, and other religious groups that play a central role in the spiritual, social, and cultural fabric of communities. These organizations are characterized by their shared religious beliefs and values, creating a sense of community among their members (Tursunov, 2022). FBOs often serve as not only places of worship but also as community centers, engaging in various social and humanitarian activities.

The importance of health promotion in FBOs lies in their influential position within communities (Cornish, 2021). FBOs serve as central hubs for social and spiritual activities, allowing them to reach diverse populations and address health disparities. The inherent trust and communal bonds present in FBOs create a conducive environment for effective health promotion initiatives. These organizations not only provide a platform for health education but also offer a supportive network that can positively influence behavioral changes and promote healthier lifestyles (Brewer & Williams, 2019; Cornish, 2021).

The purpose of this review is to comprehensively explore the role of health promotion in faith-based organizations. By delving into existing empirical studies, this review aims to analyze the impact of health promotion initiatives within FBOs, identify challenges faced in implementation, and highlight best practices. Furthermore, the review seeks to underscore the theological and ethical considerations associated with health promotion in these settings. Through this exploration, the ultimate goal is to pro-

vide insights that can inform future research, policy development, and practical strategies for enhancing health promotion within faith-based organizations.

HISTORICAL PERSPECTIVE ON FBOS AND HEALTH PROMOTION

Historically, FBOs have been instrumental in addressing health needs within their communities (Brewer & Williams, 2019). Dating back centuries, religious institutions have been at the forefront of healthcare provision, establishing hospitals, clinics, and charitable services. Faith-based healing practices and rituals have been an integral part of diverse cultural and religious traditions, contributing to the overall well-being of individuals (Davis, 2019; Tursunov, 2022).

In more recent times, FBOs have increasingly recognized the importance of health promotion as a preventive strategy (Soni et al., 2023). The HIV/AIDS epidemic, for example, prompted many religious organizations to engage in awareness campaigns (Rogers et al., 2016), support initiatives, and destigmatize the disease (Stewart, Salas-Brooks & Kelly, 2019). This historical perspective showcases the adaptive nature of FBOs in responding to emerging health challenges while upholding their commitment to the holistic welfare of their communities.

UNIQUE ATTRIBUTES OF FBOS IN PROMOTING HEALTH

FBOs possess distinct attributes that enhance their effectiveness in health promotion. Their strong community ties and influential leadership enable them to disseminate health information efficiently. The sense of trust and familiarity within religious communities fosters open dialogue about health issues, facilitating culturally sensitive interventions (Brewer & Williams, 2019). Moreover, FBOs often operate on principles of compassion and service, motivating volunteers to actively participate in health promotion activities, such as screenings, vaccination drives, and educational workshops (Burchardt, 2013).

The unique combination of spirituality, communal support, and a commitment to social justice positions faith-based organizations as vital contributors to health promotion efforts. This distinctive role reflects the potential for FBOs to address not only physical health but also the broader well-being of individuals and communities (Wells et al., 2022).

EXAMINING THEOLOGICAL PERSPECTIVES ON HEALTH AND WELLNESS

The intersection of theology and health promotion within Faith-Based Organizations (FBOs) is a complex terrain that reflects the diverse religious landscapes they represent (Bolotta, Scheer & Feener, 2019). Theological perspectives on health and wellness vary widely, encompassing beliefs about the body, the nature of illness, and the role of divine intervention in healing (Marques, Freeman & Carter, 2021).

Within Christianity, for instance, theological perspectives often emphasize the concept of the body as a temple, highlighting the importance of stewardship and care for one's physical health (Bolotta et al., 2019). Scriptures may be interpreted to encourage healthy living practices and holistic well-being. In Islam, health is often viewed as a gift from Allah, and adherents are encouraged to maintain their health as an expression of gratitude (Erşahin & Erşahin, 2021). Hinduism and Buddhism also incorporate teachings on the interconnectedness of mind, body, and spirit, promoting balance and harmony for overall well-being.

ETHICAL IMPLICATIONS OF HEALTH PROMOTION INITIATIVES IN FAITH-BASED SETTINGS

Implementing health promotion initiatives in faith-based settings raises ethical considerations that require careful navigation (Faust, Bensimon & Upshur, 2009). One primary concern involves respecting individual autonomy and religious freedom (Khaitan & Norton, 2019). Health interventions should be voluntary, and individuals should have the freedom to make choices aligned with their beliefs. This requires a delicate balance between providing health information and allowing individuals to exercise their autonomy without coercion.

Stigmatization of certain health conditions is another ethical concern. FBOs must approach health promotion in a manner that avoids perpetuating stigma associated with issues like mental health (Pottinger, Passard & Gordon Stair, 2021) or HIV/AIDS (Millum, Campbell, Luna, Malekzadeh & Karim, 2019). Open dialogue and destigmatization efforts within the faith community are essential to create an environment conducive to seeking help and support.

Furthermore, the ethical use of resources is crucial. FBOs often operate with limited financial means, and ethical considerations demand responsible allocation of resources to ensure that health promotion programs benefit the community as a whole (Hounmenou, 2023). Transparency in financial matters and accountability to congregants contribute to ethical practices within FBOs.

BALANCING SPIRITUAL AND PHYSICAL WELLBEING IN FBOS

Balancing spiritual and physical wellbeing is a key challenge and opportunity within FBOs (Khan, 2020). Theological teachings often emphasize the importance of spiritual health alongside physical health, recognizing the interconnectedness of these dimensions. Health promotion initiatives should be designed to acknowledge and respect these spiritual beliefs.

Incorporating spirituality into health programs can involve prayer, meditation, or rituals that align with religious traditions (Timbers & Hollenberger, 2022). However, it is crucial to strike a balance that recognizes the diversity within religious congregations (Dobbs, 2019; Nelson & Nelson, 2021). While some individuals may find solace in traditional spiritual practices, others may prefer evidence-based approaches. Flexibility in program design allows FBOs to cater to the varied needs and preferences of their members.

Theological teachings on issues like bioethics, end-of-life care, and reproductive health (Nicol, Iwu-Jaja, Hendricks, Nyasulu & Young, 2022) also influence health promotion efforts (Eberl, 2019; McCarthy, Homan & Rozier, 2020). FBOs must engage in thoughtful theological reflection to navigate these ethical complexities, respecting diverse perspectives within their congregations.

Summarily, theological and ethical considerations play a pivotal role in shaping health promotion initiatives within Faith-Based Organizations. An understanding of theological perspectives on health, a commitment to ethical principles, and a nuanced approach to balancing spiritual and physical wellbeing contribute to the development of effective and culturally sensitive health programs within FBOs. By navigating these considerations thoughtfully, FBOs can foster holistic well-being that encompasses the spiritual, physical, and ethical dimensions of their communities.

EMPIRICAL REVIEW OF HEALTH PROMOTION IN FAITH-BASED ORGANIZATIONS

The empirical landscape surrounding health promotion in faith-based organizations (FBOs) is marked by a growing body of research that underscores the impact of these organizations on community health. Numerous studies have investigated the effectiveness of health promotion initiatives within various religious settings. Quantitative research often employs survey methodologies to measure changes in health knowledge, behaviors, and outcomes among FBO members. These studies provide valuable insights into the tangible benefits of health interventions facilitated by FBOs.

In a comprehensive exploration of the potential influence of religious leaders and faith organizations on health outcomes, Toni-Uebare & Inusa (2009) highlighted the significance of involving authoritative figures like priests, bishops, imams, and scholars in health-related interventions. Their findings suggested that such involvement improved acceptance, participation, and positive health outcomes within faith communities.

Building on this foundation, Ochillo et al. (2017) delved into the role of faith-based organizations (FBOs) in HIV prevention in Africa. The study emphasized the accessibility of FBOs and their impact on information dissemination and counseling. Notable influences included decisions regarding sexual behavior, minimal impact on multiple relationships, increased HIV testing, and positive outcomes related to abstinence and fidelity.

In 2021, Pottinger et al. recommended leveraging faith-based organizations to promote mental health education in Jamaica. The underutilization of mental health services prompted the study, revealing a substantial gap in mental health education by community leaders. The workshops facilitated by FBOs were well-received, leading to increased satisfaction, knowledge, and competency among participants.

Moving forward to 2023, Sanusi et al. conducted a systematic review on the effectiveness of faith-based institutions in maintaining normal blood pressure. Their findings indicated that faith institutions played crucial roles in cardiovascular health education, lifestyle modification, and psychological control. The demand for relationships of trust with local leadership, contextualization to local sociocultural realities, and volitional participation with prior consent by faith/community leaders were identified. However, limited evidence for effectiveness was found, including a significant mean SBP reduction of 2.98 mmHg (95%CI -4.39 to -1.57) three months after interventions. Twelve months post-intervention, there was a significant mean SBP reduction of 0.65 mmHg (95%CI -0.91 to -0.39). Non-significant changes were observed in mean DBP. Other cardiovascular health indicators, such as body weight, waist circumference, and multiple outcomes, showed beneficial reductions. The significant mean weight reduction was 0.83 kg (95% CI -1.19 to -0.46), and non-significant mean waist circumference reduction was 1.48 cm (95% CI -3.96 to +1.00).

Stewart's assessment in 2016 emphasized the potential of faith-based interventions in African American churches for health promotion. Subsequent work by Stewart, Rogers et al (2016) explored the HIV-related context among young African American women in these churches, revealing the influence of personal faith and church doctrine on sexual decision-making.

Nicol et al. (2022) provided evidence on the effectiveness of Faith-Based Organizations (FBOs) in improving Maternal and Child Health (MCH) outcomes in Africa. The study highlighted the diverse range of MCH services offered by FBOs and their positive impact on maternal morbidity and mortality, increased uptake of maternal healthcare services, and user satisfaction.

Olivier et al. (2015) stressed the need for improved information and partnership between faith-based health providers and national health systems. The study acknowledged the continuing role of faith-based health providers in health provision, especially in fragile health systems.

Finally, Burchardt's (2023) analysis traced the emergence of Pentecostal FBOs in Cape Town, focusing on their involvement in HIV/AIDS programs. The study revealed the complex connections between the promotion of faith and moral agendas and the organizational challenges arising from development work.

Odumosu et al.'s (2010) mapping of Faith-Based Organizations' activities in Nigeria showed that despite limited registration, active FBOs were present throughout the country, mobilizing volunteers efficiently and impacting social institutions and poverty reduction.

Collectively, these studies present a chronological and interconnected narrative, showcasing the evolving role of faith-based organizations in health promotion, from the influence of religious leaders to the multifaceted impact on specific health issues across diverse regions and populations. The empirical data from Pottinger et al. (2021), Ochillo et al. (2017), and Sanusi et al. (2023) enrich this narrative by providing tangible insights into mental health education, HIV prevention, and cardiovascular health within the context of faith-based organizations.

CHALLENGES AND BARRIERS IN IMPLEMENTING HEALTH PROMOTION IN FAITH-BASED ORGANIZATIONS

Faith-based organizations (FBOs) encounter a range of challenges when implementing health promotion initiatives. One prevalent challenge is the diversity of beliefs and practices within religious congregations. The heterogeneity among members may lead to varying levels of receptiveness to health messages, creating difficulties in crafting universally applicable interventions (Odumosu et al., 2010). Additionally, the potential conflict between religious teachings and modern health practices can pose a

challenge. Striking a balance that respects religious values while promoting evidence-based health behaviors becomes a delicate task (Rogers et al., 2016; Ochillo et al., 2017).

Resource constraints present another common challenge. Many FBOs operate with limited financial resources, hindering their capacity to develop and sustain comprehensive health promotion programs. This financial constraint often translates to inadequate training for religious leaders, limiting their ability to effectively disseminate health information within their communities (Burchardt, 2013; Nicol et al., 2022).

ANALYZING BARRIERS TO EFFECTIVE HEALTH PROMOTION

Several barriers impede the effectiveness of health promotion in FBOs. Stigmatization associated with certain health issues, such as HIV/AIDS or mental health, may deter open discussion within religious communities. Cultural taboos and societal judgments can exacerbate the reluctance to address these sensitive topics, hindering the impact of health interventions (Nicol et al., 2022; Pottinger et al., 2021).

Resistance to change, both within congregations and among religious leaders, poses a significant barrier. Traditional practices and long-standing beliefs may resist integration with modern health approaches, impeding the adoption of evidence-based strategies (Zanfrini, 2020). Additionally, hierarchical structures within FBOs may result in bureaucratic challenges, delaying the implementation of health promotion initiatives (Rachmawati, Umniyatun, Rosyidi & Nurmansyah, 2022).

EXPLORING SOLUTIONS AND STRATEGIES TO OVERCOME CHALLENGES

Addressing these challenges requires multifaceted strategies. Culturally tailored health promotion programs that respect religious values while incorporating evidence-based practices can enhance community engagement. Collaborations with healthcare professionals and organizations can provide FBOs with access to expertise, resources, and funding, alleviating the financial burden (Marques et al., 2021; Nelson & Nelson, 2021; Pottinger et al., 2021).

Education and training programs for religious leaders play a pivotal role in overcoming resistance to health interventions (Pottinger et al., 2021). Empowering leaders with the knowledge and skills to communicate health messages effectively helps bridge the gap between traditional beliefs and contemporary health practices. Furthermore, fostering open dialogue within congregations through support groups or community forums can help dismantle stigma and encourage a more receptive environment for health discussions (Millum et al., 2019).

Addressing the challenges and barriers faced by FBOs in health promotion necessitates a nuanced and collaborative approach. By recognizing the unique context of religious communities and implementing tailored strategies, FBOs can enhance their capacity to promote holistic well-being within their congregations.

SUMMARY OF KEY FINDINGS

The exploration of health promotion in faith-based organizations (FBOs) reveals a rich tapestry of intertwined themes, ranging from the influential role of religious leaders to the diverse array of health promotion initiatives. The empirical evidence provided by studies such as Toni-Uebari & Inusa (2009), Ochillo et al. (2017), Pottinger et al. (2021), and Sanusi et al. (2023) underscores the positive impact that FBOs can have on community health. Religious leaders, acting as influential figures within faith communities, contribute significantly to the acceptance and success of health interventions. From HIV prevention to mental health education, FBOs demonstrate their potential to address a wide spectrum of health issues.

The role of FBOs extends beyond conventional healthcare approaches, with studies like Stewart's (2016) and Nicol et al.'s (2022) emphasizing their capacity to influence behaviors, improve health outcomes, and provide essential services such as maternal and child health. Additionally, the nuanced ex-

ploration of Pentecostal FBOs in Burchardt's (2023) analysis offers insights into the evolving dynamics and challenges within faith-based development work.

EMPHASIZING THE IMPORTANCE OF HEALTH PROMOTION IN FAITH-BASED ORGANIZATIONS

The importance of health promotion within FBOs is paramount, grounded in their unique position as trusted community hubs. These organizations serve as conduits for disseminating health information, fostering positive behavioral changes, and providing support systems that extend beyond the realms of conventional healthcare. The theological perspectives explored in this context highlight the holistic nature of well-being, recognizing the interconnectedness of spiritual and physical health.

FBOs play a critical role in addressing health disparities and promoting well-being within communities. The evidence suggests that their influence extends to areas such as HIV prevention, mental health education, cardiovascular health, and maternal and child health. The incorporation of cultural and religious values enhances the effectiveness of health promotion initiatives, creating a tailored approach that resonates with the beliefs and practices of diverse congregations.

CALL TO ACTION FOR CONTINUED RESEARCH AND IMPLEMENTATION IN THIS AREA

In concluding this exploration, it is imperative to issue a call to action for continued research and implementation in the realm of health promotion within Faith-Based Organizations. While existing studies provide valuable insights, there is a need for ongoing research that delves deeper into the complexities and nuances of FBO engagement in health initiatives. Future research should explore the long-term sustainability of health promotion programs within FBOs, assessing their impact on community health over extended periods.

Moreover, the dissemination of best practices and successful case studies is essential to inform other FBOs, healthcare professionals, and policymakers. Collaboration between the healthcare sector and FBOs should be encouraged, fostering a mutual exchange of knowledge and resources. Recognizing the diversity within religious communities, future implementations should prioritize inclusivity, ensuring that health promotion initiatives are culturally sensitive and address the specific needs of various congregations.

In conclusion, the dynamic landscape of health promotion within faith-based organizations reveals a multifaceted journey marked by challenges, successes, and a commitment to holistic well-being. By embracing the rich tapestry of religious beliefs, engaging with ethical considerations, and balancing spiritual and physical health, FBOs can continue to be vital contributors to community health. The call to action is clear - let us continue to explore, understand, and implement health promotion strategies within the unique context of faith-based organizations to enhance the well-being of diverse communities worldwide.

REFERENCES

- Bolotta, G., Scheer, C. & Feener, R. M. (2019). Translating religion and development: Emerging perspectives from critical ethnographies of faith-based organizations. *Progress in Development Studies*, 19(4), 243-263.
- Brewer, L. C. & Williams, D. R. (2019). We've come this far by faith: the role of the Black church in public health. *American Journal of Public Health*, 109(3), 385.
- Burchardt, M. (2013). 'We are saving the township': Pentecostalism, faith-based organisations, and development in South Africa. *The Journal of Modern African Studies*, 51(4), 627-651.
- Cornish, K. L. (2021). Faith Leaders' Perceived Role in Mental Health Promotion in Impoverished Communities. Walden University,
- Davey, J., Kahiya, E., Krisjanous, J. & Sulzberger, L. (2021). Shaping service delivery through faith-based service inclusion: the case of the Salvation Army in Zambia. *Journal of Services Marketing*, 35(7), 861-877.

- Davis, D. (2019). Faith-Based Organizations Engaged in Community Economic Development. Point Park University, Dobbs, P. J. E. (2019). How Theology Shapes Practice in Faith-Based Organisations Supporting Families in New Zealand. University of Otago,
- Eberl, J. T. (2019). A bioethical vision. *Journal of Catholic Social Thought*, 16(2), 279-293.
- Erşahin, S. & Erşahin, Z. (2021). Healing, Care, and Well-Being in Islamic Tradition. *Care, Healing, and Human Well-Being within Interreligious Discourses*, 162.
- Faust, H. S., Bensimon, C. M. & Upshur, R. E. (2009). The role of faith-based organizations in the ethical aspects of pandemic flu planning—lessons learned from the Toronto SARS experience. *Public Health Ethics*, 2(1), 105-112.
- Hounmenou, C. (2023). Experiences of Faith-Based Organizations as Key Stakeholders in Policy Responses to Human Trafficking. *Societies*, 13(8), 193.
- Khaitan, T. & Norton, J. C. (2019). The right to freedom of religion and the right against religious discrimination: Theoretical distinctions. *International Journal of Constitutional Law*, 17(4), 1125-1145.
- Khan, S. (2020). The role of faith-based organizations (FBOs) in the rehabilitation of offenders. *The Oriental Anthropologist*, 20(2), 262-275.
- Marques, B., Freeman, C. & Carter, L. (2021). Adapting traditional healing values and beliefs into therapeutic cultural environments for health and well-being. *International journal of environmental research and public health*, 19(1), 426.
- McCarthy, M., Homan, M. & Rozier, M. (2020). There's no harm in talking: Re-establishing the relationship between theological and secular bioethics. *The American Journal of Bioethics*, 20(12), 5-13.
- Millum, J., Campbell, M., Luna, F., Malekzadeh, A. & Karim, Q. A. (2019). Ethical challenges in global health-related stigma research. *BMC medicine*, 17, 1-9.
- Nelson, P. J. & Nelson, P. J. (2021). Religion, Development, and Faith-Based Organizations. *Religious Voices in the Politics of International Development: Faith-Based NGOs as Non-state Political and Moral Actors*, 13-39.
- Nicol, J. U., Iwu-Jaja, C. J., Hendricks, L., Nyasulu, P. & Young, T. (2022). The impact of faith-based organizations on maternal and child health care outcomes in Africa: taking stock of research evidence. *The Pan African Medical Journal*, 43.
- Ochillo, M. A., Van Teijlingen, E. & Hind, M. (2017). Influence of faith-based organisations on HIV prevention strategies in Africa: a systematic review. *African health sciences*, 17(3), 753-761.
- Odumosu, O., Alonge, S. & Olaniyi, R. (2010). Mapping the Activities of Faith-Based Organisations in Development in Nigeria.
- Olivier, J., Tsimpo, C., Gemignani, R., Shojo, M., Coulombe, H., Dimmock, F., ... & Wodon, Q. (2015). Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction. *The Lancet*, 386(10005), 1765-1775.
- Pottinger, A. M., Passard, N. & Gordon Stair, A. (2021). Using faith-based organisations to promote mental health education to underserved populations in Jamaica. *Health Education Journal*, 80(4), 461-471.
- Pulimeno, M., Piscitelli, P., Colazzo, S., Colao, A. & Miani, A. (2020). School as ideal setting to promote health and wellbeing among young people. *Health promotion perspectives*, 10(4), 316.
- Rachmawati, E., Umniyatun, Y., Rosyidi, M. & Nurmansyah, M. I. (2022). The roles of Islamic Faith-Based Organizations on countermeasures against the COVID-19 pandemic in Indonesia. *Heliyon*, 8(2).
- Sanusi, A., Elsey, H., Golder, S., Sanusi, O. & Oluyase, A. (2023). Cardiovascular health promotion: A systematic review involving effectiveness of faith-based institutions in facilitating maintenance of normal blood pressure. *PLOS Global Public Health*, 3(1), e0001496.
- Soni, G. K., Bhatnagar, A., Gupta, A., Kumari, A., Arora, S., Seth, S., . . . Fields, R. (2023). Engaging faith-based organizations for promoting the uptake of COVID-19 vaccine in India: a case study of a multi-faith society. *Vaccines*, 11(4), 837.
- Stewart, J., Salas-Brooks, J. & Kelly, B. (2019). Implementation of HIV interventions into faith-based organizations: models and methodological considerations. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 82, S305-S313.
- Timbers, V. L. & Hollenberger, J. C. (2022). Christian mindfulness and mental health: Coping through sacred traditions and embodied awareness. *Religions*, 13(1), 62.
- Tursunov, M. D. O. (2022). Faith-Based Organizations (FBOs) and Their Contributions to Achieving Sustainable Development Goal (SDG) 4: A Global Perspective. *Hamad Bin Khalifa University (Qatar)*,
- Wells, A., McClave, R., Cotter, E. W., Pruski, T., Nix, D. & Snelling, A. M. (2022). Engaging faith-based organizations to promote health through health ministries in Washington, DC. *Journal of Religion and Health*, 1-20.
- Zanfrini, L. (2020). Migrants and religion: paths, issues, and lenses: a multidisciplinary and multi-sited study on the role of religious belongings in migratory and integration processes: Brill.