

Faith and Health: The Complexity of the Ethiopian Orthodox Church and Health Care - Hope Through Healing Hands

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The Ethiopian Orthodox Church (EOC) comprises 43.5% of the population, or almost half. After that, Muslim communities make up 33.9% of the population. In the minority, Protestant denominations comprise 18.6%. And finally, there are a few other traditional religions at 2.6%, and Catholics at less than 1%. The EOC has a long, rich cultural history in Ethiopia. It was a part of the Coptic Orthodox Church until 1959 when it was granted its own patriarch. It is a hierarchical religion with archbishops and bishops worldwide.



In the Tigray region, there exist a host of monolithic churches, or churches hewn out of one single rock. There is a community of churches in Lalibela that are famous rock churches, but there are a few in Mekele as well. We visited one on the outskirts of town while there.

Perhaps most famously, in the town of Axum, The Chapel of the Tablet at the Church of Our Lady Mary of Zion claims to house the original Ark of the Covenant with the Ten Commandments as held by Moses.

In Mekele, we were able to visit with both an Ethiopian Orthodox Priest, Keshi Gebre Tsadkan, as well as staff from the St. Frumentius Abba Selama Kessate, Berhan

Theological College Mekelle including Mr. Tesfaye Hadera, Dean; Mr. Mekonnen Tesfay, Vice Dean; and Mr. Assefa Reda'e, Bible for Development Coordinator.



Knowing that there are over 500,000 Ethiopian Orthodox Priests throughout the nation of Ethiopia, there is an embedded potential arm of the culture to support and educate citizens about access to health care. Before he died in 2012, the former Patriarch Abune Paulos urged Ethiopians to seek not only “holy water” to heal HIV/AIDS, but he also encouraged his followers to adhere to their regimen of anti-retroviral medications. This was a crucial message for people living with HIV/AIDS to seek proper care and treatment.

In the same way, priests serving as “godfathers” to families throughout the country have the opportunity to educate families about the importance of women’s health, antenatal care, and family planning. This being said, the situation is made complex by the current stigma that still surround issues of sexuality. The statistics show little participation in pre-marital sex in Ethiopia, probably due to the average age of 16 for marriage for girls. Yet, girls typically marry older men who want children immediately. The gatekeepers of the community including ethnic leaders, mothers-in-law, and religious leaders tend to support the husband in the wish for families. Thus, the highest unmet need for contraception in the country is for young married girls between the ages of 15-19 at 30% as of 2011.

However, some priests are aiding in the destigmatization of family planning in their communities, such as Gebretsadkan. He shared that he goes with his wife to the Health Post to demonstrate his support for her choice of contraception. As a “godfather,” he advises many husbands and families on how to better time and space pregnancies, encouraging contraception, as a life saving mechanism in some cases.

When I asked about his theological position supporting family planning, he asked, is it not a sin to *not* be able to provide food, clean water, and clothing for your own children? To allow your children to suffer from hunger, malnutrition, and potential disease because you cannot support them? Isn’t it better to take advantage of the knowledge that family planning allows for healthier deliveries, births, newborns and children properly timed and spaced as well as a more stable family economically?

Similarly, in speaking with the Dean and Professors of the Seminary, they too argued that in fact Ethiopia had accomplished the request to “Be fruitful and multiply the earth,” as noted in Genesis. Now, it was time to rethink the health of mothers, children, and families with access to family planning.

The St. Frumentius Abba Selama Kessate, Berhan Theological College Mekelle partnered with UNFPA and Population Council to create a “**Developmental Bible.**” This book, printed in Amharic, held 365 different devotions with Scripture related to development and health issues. The Scripture correlated with issues such as HIV/AIDS, maternal and child health, infectious disease, hunger, malnutrition, and family planning.

These books are the basis of a “Developmental Bible” course at the Seminary for formal training of priests as well as an informal training for current priests through workshops. At the end of the training, they receive the books to use in their communities in devotion and worship. These Developmental Bibles have been disseminated throughout the nation.

Some argue that the religious leaders pose a barrier to family planning. Others contend that the support of religious leaders has been helpful from HIV/AIDS awareness and education to family planning. We conclude that due to the pastoral, rural nature of the country, that likely there is much work to be done to educate and encourage priests to urge their followers to seek information and services to improve maternal and child health, including family planning.

In every village, there is a priest or an imam or a pastor. If these religious leaders were incentivized to promote awareness and education of health care opportunities, like family planning, the religious communities could also be a powerful arm mobilizing the nation to achieve MDG5, improving maternal health.