

THE CHURCH'S HEALTH-CARE SERVICE: PATHWAY TO ACHIEVING URBAN ENVIRONMENTAL SUSTAINABILITY IN DEVELOPING NATIONS

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Abstract

Environmental sustainability threatens nations; the citizens suffer from health challenges endangering their lives. Invariably, the unhealthy status of the citizens becomes one of the major effects of the environmental challenge ravaging developing and underdeveloped countries. Health-care services are inadequate for the teeming migration to the urban cities and even the residual population in the rural communities; this has resulted in a high mortality rate in pregnant women, children and other avoidable deaths of youths due to sickness. Achieving sustainable development requires an all-inclusive global action to take special care of the poorest and most vulnerable in society. Therefore, by calling and as a community of faith set to protect the most vulnerable and be steward of God on earth, the Church should stand up to this all-inclusive responsibility. There is a need for pro-activeness, self-examination, self-awareness and education on the Church's part on how to be good caretakers of the precious people handed over to the Church. The health care initiative by the Church then becomes her contribution to environmental development and its sustainability.

Keywords: *Church, Health-Care, Urban, Environmental Sustainability, Developing Nations*

Introduction

Environmental challenge is one of the three dimensions of sustainable development the world is faced with, especially in countries described to be developing and underdeveloped. Ecological sustainability is still threatened, with accelerating growth in global greenhouse gas emissions and biodiversity loss. This indicates people are still living in extreme poverty, and income inequality is rising within and among these countries. Many suffer from hunger, no access to improved water supply sources, and health challenges endangering life on the planet (The World Economic and Social Survey 2013). One significant effect of the environmental challenges in developing and under-developed nations is the unhealthy status of the citizens. Health-care services are inadequate for the teeming migration to the urban cities and even the residual population in the rural communities; this has resulted in a high mortality rate in

pregnant women, children and other avoidable deaths of youths due to sickness. Achieving sustainable development requires global actions to deliver on the legitimate aspiration towards further economic and social progress, growth and employment, and at the same time strengthening environmental protection (Banerjee 2008)

Sustainable development must be inclusive to care for the poorest and most vulnerable. The Church, by calling and as a community of faith, is to protect the most vulnerable and be the steward of God on earth. The need for the Church to stand up to this inclusive responsibility calls for pro-activeness, self-examination, self-awareness and education on how to be good caretakers of the precious people handed over to the Church (Alokwu, 2013). This has become imperative as the issue of health-care service has reached a critical level globally. This paper focuses on the Church's health-care service as a pathway to achieving urban environmental sustainability, reaching the growing number of urban dwellers to help improve urban environmental sustainability. The role would significantly boost the efforts to achieve urban sustainable development, especially in underdeveloped countries where health-care service is essential.

Environmental Sustainability

The term sustainable development, from where the concept of urban sustainability includes human development, values, and differences in cultures, refers to sustainable human development as opposed to sustainable development to emphasize issues such as the importance of gender equality, participation in decision-making processes, and access to education and health (Mitlin and Satterthwaite 1996). There are many competing and often contradictory definitions of urban sustainability (Pearce and Watford 1993; Dokun 2008). The most widely known definition of environmental sustainability comes from the Brundtland Commission, which defined sustainable environmental development benefits (for instance, health-care services) in every community meant as development that meets the essentials of the present generation without compromising the ability of future generations to meet their own needs (United Nations 1987).

Environmental Sustainability refers to the establishment of urban development forms and processes that are both more environmentally benign (Habitat International 2000), in which improvement in the quality of human life is achieved in harmony with improving and maintaining the health of ecological systems, and where a healthy economy's industrial base supports the quality of both human and environmental systems (<http://www.indigodev.com/Sustain.html>). Sustainability is a crucial attribute of high-quality aid, and the lack of a clear and explicit sustainability strategy will be a significant risk factor in

all the projected programs or the assistance to render. Invariably, sustainability connotes continuing benefits after substantial aid from donors, organizations, or the Church has been completed. This is termed environmentally sustainable development and is strengthened if environmental issues are considered at all stages of the activity cycle (The Bruntland Report, 1987).

Therefore, environmental sustainability is a process aimed at maximizing ecologically sustainable development benefits that are ongoing, reviewed and updated as circumstances change and lessons are learned from experience. Meyers and Muhajir (1997) discussed some causes of environmental challenges and issues in developing and under-developed countries below:

- i. **Unemployment:** About two-thirds (2/3) of migrants from rural to urban centers aged between 15-29 years are unemployed. It will be observed that unemployment harms the environment and its resources, the society and especially the poor themselves, as this will lead to extreme poverty.
- ii. **Poverty:** High rates of rural migration to urban cities and low economic growth are causing increased urban poverty. This, in turn, worsens the health status of the people and eventually exacerbates the health-care service situation, resulting in environmental pollution.
- iii. **Environmental Pollution and Degradation:** The informal economy of urban settlements in many developing and underdeveloped nations of the world urban environments contribute to the degradation of the environment through haphazard disposal of industrial by-products, poorly constructed residential and workplaces with large amounts of soil and water pollution; and poorly enforced emissions regulations for factories and motor vehicles. This has led to other social problems.
- iv. **Other Social Problems:** The challenge of environmental pollution and degradation has led some to live in slums located in illegal settlements with insufficient housing and inadequate sanitation are seen as the breeding grounds for socio-menace problems such as crime, drug addiction, alcoholism and several health problems (WHO Undated in Alokwu, 2013), which is the concern of this paper.

The Church Health-Care Services towards Health Challenges

In many developing and underdeveloped urban environments, over-populated slums parade high disease rates due to unsanitary and poor environmental conditions. This affects the urban population's environmental health system, creating a heavy burden of diseases and

infections such as malaria, diarrhoea, malnutrition, etc., which could lead to death. However, the Church views health as the most important of all values and, thus, the essential condition for a good life (DIFAEM 2010). In addition, health is foremost an issue of being healthy, as opposed to being sick, which implies biomedical normality, a condition of humans when not having a diagnosis. A broader perception is that health is about prosperity, well-being, and quality of life in meaningful relationships among family, friends, neighbours and work colleagues (Mæland 2009).

Concerning the Church's mission, the ailment is seen as illness, disease and sickness, which is of primary concern and requires necessary attention in health and care work. The World Council of Churches has formulated an alternative perception of health the World Health Organization as a dynamic state of well-being of individuals and society; of spiritual, physical, mental, economic, political and social well-being; of being in harmony with one another, with the material environment and with God (WCC 2010).

Therefore, the Church has seen health as a dynamic experience in relationships to people's life and God. In this way, the health theme is firmly connected to existential questions, to foundations of values and the concept of being human and to the expectations for happiness and the meaning of life (Magezi 2017). Below are illustrations of the services churches performing through their church membership in community health (World Bank, 2014).

- a. **Basic Treatment:** After training and obtaining resource materials on first aid and primary treatment of specific illnesses, some trained church members in medical or health ministry apply the essential treatment on people in the community on first aid basis and in emergencies. This was particularly prevalent in very communities where health facilities like clinics were far away and inaccessible because of unmaintained roads.
- b. **Disease Prevention:** Trained church members formed part of the community disease surveillance teams. Church members were trained to identify symptoms of common diseases and inform health facility staff if there was a suspected case of particular conditions. They were also involved in mobilizing community people to immunize their children. This included partnering with health facilities to identify children who were not vaccinated.
- c. **Health Promotion:** Church members, through formal and informal church programs and groupings, were involved in health promotion. This included sharing health information to educate community members on the symptoms of various diseases. They also focused on harm reduction in community spaces such as homesteads, schools and walkways to prevent injuries. They led in preventing disease vectors such as mosquitos by clearing tall grasses

and dirty water dams. Health education included food and nutrition. Families and community members were educated on a balanced diet.

- d. **Community Health within a Holistic Framework:** In a context with limited health care facilities, church leaders were trained to train their church members to share the information with the rest of the community.

However, because of community needs, the Church and community members developed integrated community care ministries that focused on many other activities such as livelihoods and income, savings schemes and human rights education. These interventions resulted in community building (Magezi 2018).

Pathway to Achieving Urban Environmental Sustainability

Magezi (2017) presents the church department and congregational ecology models in contributing health care services to the communities for environmental sustainability. The church department refers to denominations with established health and development departments that are centrally controlled. The churches own and run hospitals that provide the same medical care services as the government health care centers. The congregational ecology refers to individual congregations responding to health care needs that organically arise in their context out of community need. Because of its deep embeddedness in the local grassroots community, the congregational ecology provides a valuable nexus for churches' contribution to health care services where community participation is critical (Mati 2013).

The practical role of churches in developing and underdeveloped countries' contexts is to strengthen the worthwhile contribution to health care services beyond religious and spiritual contemplation. This includes disease prevention and health promotion, performed mainly by churches or church volunteers (Foster 2010). There are emergent approaches highlighted below as pathways to achieving urban environmental sustainability (Magezi 2018):

1. Diffusion of Health Practices

Sociologists explain social diffusion as a process through which cultural knowledge, practices and materials spread from one social system to another (Crossman (2012). Diffusion connotes a transportation process in environmental fluid mechanics, which is random and moves from high-concentration to low-concentration regions with an equilibrium state of uniform concentration (Karlsruher Institute für Technologie [KIT] 2009). This approach is termed modelling health lifestyle, where the community people copy the health lives of the church members as examples and request assistance where necessary. The church diffusion model focuses on developing church members' capacity to improve health. It entails people

changing their health behaviours to improve health; the non-church community members also learn about these health issues. The Church shares health information, adopts a healthier way of living, and models' basic preventive standards of a healthy life for the community to learn and emulate.

2. Church-Government Human Resource Leverage Approach

The church-government human resource leverage refers to the organic use of existing relevant human resources to reach communities effectively. This model draws from two realities of churches and church members in communities. Firstly, church members are community people with a community/family role. Secondly, church members possess different expertise and skills. A combination of community roles and particular expertise provides some spontaneous responses that are an organic approach. Therefore, the trained church members' knowledge, expertise and skills from different backgrounds will be harnessed and used in their areas of strength in communities. Most of the lead health program facilitators could be nurses already working with the Ministry of Health and performing the role under the church health program creating a solid link between the church health project and government health ministries for project sustainability (Kirunga, Ogwal & Peter 2007). This approach integrates the church health program into Church and community life spaces; it becomes part of ongoing community activities, which ensures wider reach. Furthermore, this will strengthen the integrity of the health project and, consequently, the church health program.

3. Church Member Cluster – Community Reach Model

This model entails having the trained medical officers in the Church as trainers of trainers to share the information with other Church-trained members in other communities. The church members formed clusters based on geographical convenience, training other volunteer church members; the health information charts will be given to the clusters' program coordinator. Cluster members will use the flipcharts to reach community members, which facilitation tools and information reference resources. The health information charts were accessible and constantly used as a reference resource to empower corps members to confidently share health information in the community (Magezi 2017). However, this approach will reduce the lifespan of the health flipcharts; if they are poorly and unsafely kept in some homes, they should be held securely in the church offices. This approach could also increase health information 'content inaccuracy' if some members would not adequately competent to respond to some questions asked.

4. Church Health Activities as a Government Extension Model

This approach entails integrating church health activities into the government Ministry of Health, utilizing a local health care center in the community as the driver. The church health programs, therefore, function as an extension of government health services. The program takes off from the community health center by holding meetings on health-related issues; Church health volunteers report to the clinic staff, and church community outreach will be conducted based on timetables and activities of the local clinic (James 2009). Training of church volunteers will be done mainly by professional health staff at the center. At the same time, these activities will be conducted in the format of the Ministry of Health as prescribed by community health workers.

5. Holistic Health and Community Transformation Model

This approach encourages the church membership to develop skills for people in the community for holistic and positive living. The Church is the center of information sharing and exchange on emerging issues and other community challenges on proper awareness of health-related problems. The Church brings up health communication projects to create space for community people to meet, relate and strengthen relationships in places difficult to access and with no close-by health facility (Zvobgo 1986). Health flipcharts and other pictorial materials provided an opportunity and glue for people to participate in church health care activities; it also offered a practical life dimension that strengthened members' togetherness as they applied lessons from health. The health flipchart meetings and other projects strengthened cohesion by implementing community interventions addressing community needs.

6. Integration and Interrelatedness of the Models

Integration of all the models occurs as an emphasis in different communities unintentionally to reinforce each other. It shows the reality of church health care practices in community development initiatives; these reflect the practical outworking of church interventions at the grassroots level and indicate the complexity of implementing community health care interventions (Green et al. 2002). These models could be both systematic and unsystematic. Still, its application shows that church communities' focus was central to the work. It is a fundamental tenet of health care service-programmes that will prevent diseases, promote health, enhance population health and develop the community holistically as health work extends to other community issues.

Recommendations for Effective Church Health Care Environmental Sustainability

The role and contribution of churches in health care services cannot be disputed. This role varies from establishing and managing large Christian hospitals to rural church communities on

different health information and prevention schemes. However, the following are recommended for effective church-driven health programs for environmental sustainability (WHO 2014):

The church leadership should focus on individual church members, targeted groups within the church organizations and interested members in the community where the Church is located for empowerment. The Church should create opportunities for abilities and skills development in interested people, offering training and mentorship to strengthen the community's interest in health care service. The people's full potential will be developed, understanding and knowledge will be enhanced, confidence will be built commitment will increase in health-care practices (Magezi 2017).

The church leadership should elaborate the concept of health care culture and value through an emotional and spiritual relationship between the Christian organizations and the community members by building trust, respect, admiration and commitment to healthy practices and lifestyles. Christian organizations should organize orientation and enlightenment programs to educate each community at different levels, to understand and internalize the vision and values of health care services and healthy lifestyle into every community (James 2009),

Church leadership should implement a plan to achieve targeted health care agenda and strategic plans for community health projects. This is done through strategic visioning and mission towards environmental health care services in the church community development planning. Health care service should be embedded as a mission project targeting the unreached people group, bringing and sustaining development within the community (Marafa n.d.).

Church leaders should influence and create the willingness of followers, interested groups, community leaders and members, and non-governmental organizations to work in collaboration for the achievement of health care objectives of the government for developmental sustainability. The church leadership should set clear goals for the sustainability of the health care services creating high expectations from the people by encouraging people and providing support and recognition, stirring the emotions and passions of people, and getting people to look beyond personal interests to achieve the developmental goal (Green, et, al. 2002).

The Church is responsible for meeting the spiritual, emotional and physical well-being of the members in every community location; therefore, churches should play a fundamental role in encouraging and sustaining healthy lifestyles within the community, and this should be done by constantly promoting nutritional lifestyle programs and ensuring compliance to healthy living tips as individuals, families and community. Organizing medical check-ups ensure prompt

attendance among church members, which could also be extended to the members of the community (Foster 2010). This will create sustainability consciousness within the society.

Conclusion

The Church is saddled with the all-inclusive global responsibility of holistic well-being of God's creatures on earth, which is her contribution to environmental development sustainability. The health care service initiatives, Basic treatment, Disease prevention, Health promotion and Community health within a holistic framework stand as the response to the community members. However, the Diffusion of health practices, Church-Government human resource leverage approach, Church member cluster-Community reach model, Church health activities as government extension model, Holistic health and community transformation model and Integration and interrelatedness of the models are presented as Church's emergent practical approach to achieve the urban environmental sustainability. Moreover, it is recommended that Churches should empower individuals and groups in the community, internalize health care value into all Christian organizations, encourage targeted community health care projects, motivate stakeholders to achieve collective health-care objectives of the government and encourage all to sustain community healthy lifestyle, then the church-driven health-care programs will effectively maintain environmental development.

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