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Biblical Perspective on Achieving Sustainable Development and Health Goal in Africa

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Different perspectives have been revealed in academic literatures and within the framework of health professionals in tackling health issues in the world. There are those who clamour for recreation, sports, and exercise as a means to achieving health. Also, there is the biomedical perspective, which focuses on providing a clear understanding of the causes of diseases and their physiological consequences, leading to more effective treatment and prevention. And there is the contemporary holistic view of health, which sees health as having spiritual, psychological and physical dimensions of a person balanced. But the biblical view of health points to a deeper root of health issues, which are still neglected by these aforementioned perspectives.

Keywords: health, sustainable development goals, biblical perspective on health, Africa.

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Biblical Perspective on Achieving Sustainable Development and Health Goal in Africa

Dr. Samuel Oluwatosin Okanlawon

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Health in the Bible encompasses the consistent adherence to dietary rules that pertains to nutrition, personal health and public health; being in right relationship with God and other people; promotion of beliefs and values antithetical to the values of our contemporary liberal society; and the perception of "humanity" as being whole.

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I. Introduction

The United Nations adopted 17 Sustainable Development Goals (SDGs) in 25 September, 2015. Unlike the Millennium Development Goals (MDGs), the SDGs does not distinguish between "developed" and "developing" nations, but they apply to all countries. The SDGs are an inclusive agenda. These goals cover a broad range of social, economic and environmental issues, which include poverty, hunger, health, education, climate change, gender-equality, water sanitation, energy, urbanization, environment and social justice. (*Sustainable Development Goals*, 2015, para. 1-5). Specifically, the third goal, relating to health, is targeted at ensuring healthy lives and promoting well-being for all ages.

The necessity of health and a healthy lifestyle is more germane to Africa considering its social and economic encumbrances and failure of governance. A *CSIS Global Health Policy Center* report in 2009 revealed that public health challenge is more acute in sub-Saharan Africa than anywhere in the world (Cooke, 2009). Also, a KPMG Africa report in 2012 stated that Africa is not healthy at all because of all the indicators of health, Africa lags behind the rest of the world, and behind poor countries of South-East and South Asia, that were behind Africa a few decades ago (*The State of Healthcare in Africa*, 2012, para. 2).

Some of the identified health indicators that show the decline in the state of health in Africa includes: high maternal mortality rate; high neonatal deaths; there are only 2.3 doctors per 1,000 people in Africa, less than one-tenth of the figure in Europe and less than half the figure in South-East Asia; lowest life expectancy of all the regions in the classification of the World Health Organisation (54 years); and increasing migration of health workers from Africa to the West (Moeti, 2017). While the factors identified as being responsible for this poor health condition in Africa are: the HIV/AIDS epidemic; poor health insurance schemes adopted by African governments; poor funding of healthcare; poor health infrastructures; poverty that has slowed down the emergence of private healthcare initiatives outside a few cities; conflicts leading to high incidence of death and injuries, which indirectly hampers healthcare provision; imprecise and unproductive use of external aids; and Africa's location in the tropics, where the nastiest germs and parasites flourish (*The State of Healthcare in Africa*, 2012, para. 3).

These complex and interrelated challenges ultimately demand sustained, patient and integrated responses. There is therefore the need to adopt a different strategy and framework from what we already have in order to improve the state of health in Africa. Different efforts have been made at addressing the different persistent and emerging health issues and to eradicate a wide range of disease in Africa. But in spite of the many recorded progresses made in addressing health issues in Africa, there is still a long way to go. On the other hand too, different perspectives of health have been revealed in academic literatures and within the framework of health professionals. But a biblical view of

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health points to a more comprehensive perception of health, which is physical, functional and attitudinal. Our perception of "health" has practical implications to living healthy.

Therefore, this paper seeks to explore the biblical perspective to health as a means to achieving the Sustainable Development Goal on health in Africa. It undertakes a content analysis of the biblical texts that conceptualise the notion of health within the Jan Gabriel Watt's hermeneutic theory of contextual relevance, which states that biblical interpretation involves constructing a bridge between the world of the biblical text, and that of the present day readers so that the two "worlds" may meet in an interactive dialogue. Hence, the interpreter looks for similar (connecting) and dissimilar (overlapping) elements of the two "worlds" and finds opportunities for a relevant dialogue. That of the biblical text is achieved through exegetical analysis, while that of the present day reader is achieved through qualitative research (Watt, 2008). Thus, the paper explains the similar and dissimilar elements in the Bible and in the discipline of physical and health education in relation to health being the means of achieving theSDG on health in Africa.The way we define "health" has practical implications to living healthy.

II. Perspectives of Health

A scrutiny of literature available in the context of health professionals and health practitioners reveals three (3) broad description of health. These perspectives of health are examined in the succeeding paragraphs.

a) The Perspective of Movement and Physical Activities

The consideration of health as being functional, that is, having the ability to participate in social and everyday activities, has resulted in the emphasis and obsessive pursuit for looking fit and healthy through exercises, sports, dance or recreation; slimming techniques; healthy diets, which includes use of alternative medicines and herbal remedies; and meditation. As Douglas (1978) points out, neglecting oneself or one's appearance is considered being sick. Engagement in these physical activities aims more at being "physically fit". This invariably leads to the understanding of health as psychological and social well-being (Radley, 1994). Chin & Edginton (2014) add that moderate to vigorous levels of physical activity has been encouraged as both a short-term strategy and a long-term strategy, as a pathway for individuals to feel better, have more energy and perhaps live longer.

Godbey (2009), Nesse and Williams (1996), Cranz (1982), de Vries *et al* (2003), Kaplan (1995), and Frumkin (2001) among others have promoted outdoor recreation and physical activities as a means to achieving health and wellness. They opined that outdoor physical activities in natural surroundings can mitigate health problems and improve health, while an indoor, sedentary lifestyle has negative health consequences. So, researchers and practitioners in health-related fields are now beginning to identify parks and recreation as a health service. As Murray and Lopez (1996) hints, contact with nature has particular relevance for mental health and cardiovascular disease, which are expected to become the true biggest contributions to disease worldwide by the year 2020.

Chin & Edginton (2014) state that movement and physical activities in the form of recreation, exercise, sports, dance, and walking will address illness, diseases and health issues consequent upon the consumption of processed foods that are high in fat, sugar and sodium; addiction to watching television or videos; playing video games; and using computers. Some of these issues could be obesity and overweight, and the increased incidence of non-communicable diseases like cardiovascular disease, stroke, cancer, chronic respiratory diseases and diabetes. Also, physical activities can enhance one's health by imparting cardiovascular endurance, muscular endurance, muscular strength, flexibility and body composition, as well as promoting greater agility, coordination, speed, power, and reaction time (Corbin, Lindsey, Welk & Corbin, 2010; Hoeger & Hoeger, 2010).

Furthermore, Godbey (2009) states that any outdoor pursuit that includes walking has the following health benefits for older adults: managing weight; controlling blood pressure; decreasing risk of heart attack; boosting "good" cholesterol; lowering risk of stroke; reducing risk of breast cancer and type 2 diabetes; avoiding the need for gallstone surgery; protecting against hip fracture; preventing depression, colon cancer, constipation, osteoporosis and impotence; lengthening lifespan; lowering stress levels; relieving arthritis and back pain; strengthening muscles, bones, and joints; improving sleep; and elevating overall mood and sense of well-being. These physical activities are health-enhancing. Also, it must be stated that recreation, exercise, sports and dance can help build communities through social inclusion and a sense of connection; help build families through shared experiences and shared achievements; and can help mitigate anti-social behaviour.

The perspective to health using physical activities and movement views the body as an object. And as stated by Broekhoff (1972), viewing the body as an object occurs "in a society when man (and woman) has gained the capacity at his (or her) own body as if it were a thing" (p. 88.). This perspective aligns with the International Council for Health, Physical Education Recreation, Sport and Dance (ICHPER.SD) suggestion that "a physically educated person has learned skills necessary to perform a variety of physical activities; is physically fit; does participate regularly in physical activity; knows implications and benefits from movement

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in physical activities; and values physical activity and its contributions to a healthful lifestyle" (Lynch & Soukup, 2016, p. 4). But as opined by Kirk & MacDonald (1998), this perspective of health is inadequate and too narrow because health is such a large component. Thus, there is the need for a more holistic perception of health.

b) The Biomedical Perspective of Health

Noguchi (2012) hints that the biomedical model to health originated from German medicine, in which pathology and biology achieved great success in the nineteenth century. While Wainwright (2008) opined that it emerged from the Enlightenment belief in the application of science to the situation of human problems. The model focuses on purely biological factors and excludes psychological, environmental, and social influences in the diagnosis and treatment of diseases.

The biomedical perspective of health, influenced by Cartesian dualism that separates mind/spirit from the body and reductionism, sees health as the absence of disease or an internal state depressing functional ability and deviating from the norm of health (Engel 1981; Sharkey 1952; Boorse 1997). Disease, according to Engel (1981) "is to be fully accounted for by deviations from the norm of measureable biological somatic variables" (p. 591). It is construed as understanding health and disease in scientific and biological terms. The premise of the biomedical perspective is that illnesses and disease have an underlying cause, pathological or biological, which is always a single, and any illness can be cured by removing the cause (Noguchi, 2012; Wade & Halligan, 2005). This premise has become the taken-for-granted way of thinking about sickness in Western society. So, for many people, according to White (2009), being sick is a biomedical process that is natural and has nothing to do with our social life.

Thus, biomedical health professionals focus on providing a clear understanding of the causes of disease and their physiological consequences, leading to more effective treatment and prevention. They also put great efforts to understand the ramifications and effects of disease, including personal and psychological factors (Laura & Heaney, 1990; Boorse, 1977). It is no gainsaying that the development in biomedicine, with the aid of science and technology has contributed greatly to health and has seen to easy treatment and cure of illnesses and diseases.

Adibi (2014) identified three philosophical and theoretical foundations as the basis for the biomedical health model: Rene Descartes' philosophy of Rationalism, Positivism of August Comte, and Structural – Functionalism of Talcolt Parsons. Wade & Halligan (2005) summarised the closely related sets of beliefs combined by the biomedical model: all illness, symptoms and signs arise from an underlying abnormality within the body; all diseases give rise to symptoms; health is the absence of disease; mental phenomena are separate from and unrelated to other disturbances of bodily functions; the patient is a victim of circumstances with little or no responsibility for the presence or cause of the illnesses; and the patient is a passive recipient of treatment. Adibi (2014) adds the following assumptions on which the model is based: dualistic (the divide between mind and body); mechanistic (causes are classified and understood by scientific methods); empirical (knowledge is generated by observation can be informal through a process of experimentation); and interventionist (medical knowledge can be applied to repair damage or sick biological system).

Various criticisms have been made of the biomedical perspective to health. Sociologists have been the greatest critics of biomedicine. As social scientists, who use systematic methods to understand how the lives of individuals fit in with "big picture" patterns in the society, they accuse the model of reducing complex processes to simple ones and mis-represent reality (Russell, 2013). Engel (1977) states that the approach does not leave room within its framework for the social, psychological, and behavioural dimensions of illness, while Rayan (1971), state that is has the tendency towards victim-blaming.

Furthermore, the biomedical model has been considered obsolete due to changes in proportion of illnesses and that it cannot handle patients complaining symptoms that are not attributable to any organic cause, or patients that have lifestyle-related diseases whom complete removal of cause is difficult (Barsky & Borus, 1999). According to Scriven *et al* (2010), the model has the danger of allowing physicians to perceive the body as a machine. This perspective of health has resulted in dismembering the totality of the human persons and limitations are becoming more apparent as diseases are becoming drug resistant. All of this kind of criticism gave prominence to the holistic/bio-psychosocial model.

c) The Contemporary Holistic Perspective of Health

The holistic perspective of health has been described by words such as "whole", "physical well-being", "psychological", mental or spiritual well-being', "social well-being" and as "balance and harmony" (Poulsen & Borup, 2011). It was described as being either a balance between a shift from a biomedical and illness – oriented to a humanistic and holism – oriented paradigm (Herbert & Eriksson, 1995; Berg, Hedelin & Sarvimaki, 2005). First, it treats each individual as a separate entity, both in biological and social terms. Second, it is multidimensional, introducing a less simplistic view of health and disease (Dossey, 2008; Berg & Sarvimaki, 2013).

The contemporary holistic view of health considers disease as dissonance between body mind

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and spirit (Hellestrom, 1993). Furthermore, it is an integrative approach to therapy that considers health as having spiritual, psychological and physical dimensions balanced (Papathanasiou et al., 2013; Huljev & Pandak, 2016). For Shannon (1989) and Khan & Qureshi (2018), a holistic perspective to health entails a bio-psychosocial model of healthcare, in which disease is seen as interplay between environmental, physical behaviour, psychological, and social functions and integrates mental health care services into the primary care sector. Hence, when evaluating a patient, it treats their sickness or disease holistically.

The term "holistic" comes from the term "holism", from the Greek word "*holos*" (whole, complete), which was coined by Jan Smuts (1870-1950), a politician and Prime Minister of the South African Republic, and a military leader and philosopher (Huljev & Pandak, 2016). The theory states that the whole is more than the sum of its systematic parts (Smuts, 1926). Three goals form the basis for a holistic approach to health: mental emotional improvement, prevention, and therapy or curative (Huljev & Pandak, 2016). Scholars have applied the holistic approach to health to different aspects of health issues (Tomljenovic, 2014; Huljev & Pandak, 2016; Hellestrom, 1993; Eagger, Desser & Brown, 2005; Eriksson, Lindblad, Muller & Gillisjo, 2018; Cadet, Davis, Elks & Wilson, 2016). The holistic view of health is more widely accepted as it seen to complement biomedicine by balancing out its reductionist tendencies and not the substitute (Cadet, Davis, Elks & Wilson, 2016; Greaves, 2002).

Turner & Holroyd (2017) opine that incorporating a holistic perspective to treating patients resolve the problem of incomplete assessment of ailments and allied treatment where the whole person has been overlooked and slows down recovery. They further state that bridging the gap between the holistic concept and practice requires an awareness of involved relationship while assessment and treatment is being carried out (Turner & Holroyd, 2016). Health professionals who use this approach encourage each person to be responsible for the daily care of their health through diet, exercise, lifestyle and attitude about what constitutes wellness.

The holistic model of health has been linked to the classical utilitarianism of the eighteenth century, whereby the greatest happiness of the greatest number becomes the measure of right and wrong (Blackburn, 2008). On their part, Erickson (2007) and McEvoy & Duffy (2008) state certain principles as governing the holistic approach: each individual is capable of improving his knowledge and skills and changing his behaviour towards himself and others; people are naturally inclined towards being healthy, but are also responsible for their good health status; the main focus of the recovery efforts is the individual and not the disease or injury; and the relationship between health care professionals and their patients should be one of mental collaboration.

Advocates for a holistic approach to health among other things, affirm that the necessity for the approach is that with all medical knowledge and advancement in science and technology, people are not proportionally less sick; life span is extended in many instances but the quality of life well-being and productivity usually do not follow that extension (Tomljenovic, 2014). In addition, Huljev & Pandak (2016) state that in addition to the holistic approach to health, a team approach to a patient is also extremely important. This team approach is required in the management of individuals with chronic conditions and in addressing public health challenges more broadly. This involves a collaborative effort between public health specialists, policy and service planners, researchers, information technology designers, and support personnel (Potter & Frisch, 2007). But Khan & Qureshi (2018) assert that this model is unable to solve all the challenges of treatment as it cannot maintain a balance between all the aspects of a human being in relation to diseases.

III. Biblical Perspective to Health

The biblical view of health points to deeper roots of health issues, which are still neglected by the aforementioned perspectives. It pursues health within a broader concept of human well-being. The Bible is not a textbook about health or nutrition, nor is it a book written by physicians and health professions. Yet, it provides fundamental principles to guide personal choices and behavioural patterns that promote health and prevent disease. When these principles are properly understood and applied, there will be tremendous gains for now and the future. The biblical templates for health and healthy living are considered from these four angles: dietary rules pertaining to nutrition, personal health and public health; right relationship with God and others; adherence to beliefs and values antithetical to the contemporary liberal society; and the perception of humanity as being whole.

a) Dietary Rules Pertaining to Nutrition, Personal Health and Public Health

There were certain rules in the Bible that regulated diet and nutrition for God's people (Israelites). Restriction was placed on eating some animals termed "unclean" (Leviticus 11; Deuteronomy 14): scavengers like crab and crayfish; filter feeding organisms like clam and oysters; carrion eaters or pork; and others like bears, squirrels and raccoons. Many of these animals carry parasites that cause diseases like trichinosis, lung and liver flukes in humans (Winnail, 2009, para. 6). Human populations that consume these creatures on a regular basis often have high rates of parasitic infections and they may contain high concentrations of toxic heavy metals, pathogenic bacteria and viruses, which make

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them dangerous for human consumption. These animals are nature's "clean-up-crew". That is, ecologically, their role is to devour dead plants or animals and purify water in lakes, streams and estuaries (Winnail, 2009, para. 7). So, avoiding unclean meats is a fundamental step in preventing major parasitic diseases that afflict millions of people around the world, with Africans inclusive.

Also, there are biblical rules regulating the consumption of foods. Restriction was placed on eating blood and fats (Leviticus 3:17; 7:22-27; 17:10-11; Ecclesiastes 10:17; Genesis 9:4). Medial science has now revealed that the blood of animals can contain bacteria and viruses that transmit disease (Winnail, 2009, para. 10). Epidemiological studies have linked high fats drinks and heart disease, stroke and various types of cancer (Winnail, 2009, para. 7). This prohibition relates to our contemporary diet. So, high fat diets are high calorie diets that contribute to weight problems in our society. So, today, the consumption of fatty foods are discouraged. And the Bible encourages the eating of fruits, grains, nuts and vegetables in addition to clean meats (Genesis 1:29; 2:16; 3:18; 9:3). When these biblical instructions are viewed objectively, they agree with nutritional advice based on current research: reduce intake of fats, increase use of complex carbohydrates (fruits, vegetables and white grains) and limit consumption of meat and refined carbohydrates.

In relation to personal health, certain guidelines are recorded in the Bible. We are not to eat too much honey (Proverbs 25:16, 27) because honey is a form of refined carbohydrate and those who consume large amounts of refined carbohydrates experience higher rates of diabetes and other related problems. Other instructions are: not to overeat (Proverbs 23:2); eat within a short period of time after cooking (Leviticus 7:15-18; 19:6-7); wash with water in a hot climate (Leviticus 11:40; 13:54; 14:8-9; 47; 17:19-21); not eating dead carcasses (Exodus 22:31; Leviticus 17:15-16) and offal (Leviticus 3:4, 9-10; 4:11; 16:27); maintain balance between work and rest (Exodus 20;9-10; Psalm 127:2; Ecclesiastes 5:12); and partaking in the benefits of exercises (I Timothy 4:8) and physical work (Proverbs 6:6-11; 10:4-5; 12:11; 20:13; 19:5).

Furthermore, there are rules relating to public health: cleanliness is encouraged (Isaiah 52:11; 2 Corinthians 7:1; 1 John 3:3); dead bodies are not to be touched because it could lead to the spread of disease (Leviticus 11:39); people who have infectious skin diseases should be quarantined and isolated (Leviticus 13:1-40); unclean food and materials should be incinerated (Leviticus 4:11:11-12; 7:19, 13:52, 55, 57; 16:27); human excreta is to be buried far from where people live (Deuteronomy 23:12-13); and there is prohibition of incest (Leviticus 18:6-14). The rules pertaining to public health relates to water and food contamination, sewage disposal, infectious diseases and health education.

These laws suggest an understanding of the causes of ill-health and the necessity for personal and public health, which will be endorsed in contemporary Africa. Though, some people have stated that the biblical dietary guidelines are simply Levitical rituals, and were not given for health reasons, but only indicated how the Israelites were to be separate from other people (Wenham, 1981), yet, these laws relate to the health/hygiene concerns of modern Africa. They show that individuals have a responsibility to ensure public health and their health benefits are unquantifiable.

b) Right Relationship with God and People

The Bible affirms that humanity's relationship with God and other people is regarded as the cause of good or ill health. Most contemporary theologians agree that *shalom* is the nearest dynamic equivalent to the word "health" (Wilkensen, 1980). *Shalom* means wholeness, well-being, vigour and vitality in all dimensions of human life, and is caused by being in right relationship with God and other people (Atkinson, 1993). Wilkensen (1980) understands that *shalom* is synonymous with right relationship and concedes that the Old Testament concept of health is comprised of wholeness and holiness.

In the Old Testament, humanity's relationship with God was expressed through covenants and entailed obedience to God and God's commandments, especially the *Decalogue* (Deuteronomy 20:1-20), which involved imitating God and being holy (Wright, 1983). This is a sign of humanity's love for God which must also be transferred to human relationships. A loving relationship with people will leave no room for injustice, lying, maltreating one another, among others. By implication, obedience to God's commands – the means by which people maintained a right relationship with God and with others – was conducive to health and a determining factor in good health (Exodus 15:26; 20:12; 23:25-26; Leviticus 26:14-16, 23-26; Numbers 5:20-23, 27-28; Deuteronomy 7:12-15; 28:27-29, 58-62; Proverbs 3:7-8). Moreso, longevity and physical strength is linked to God as evidenced by the lives of Old Testament patriarchs. Health becomes the consequence of obedience (Fountain, 1989).

Also, according to Field (1995) the New Testament links obedience to God's commands with having a good relationship with God (John 14:15, 21, 23-24; 1 John 2:3; 3:24), and a causal link between disobedience and ill-health is affirmed (John 5:14; Mark 2:5-12; 1 Corinthians 11:29-30; James 5:15-16). But it must be stated that a lack of good health is not always linked to sin and disobedience (John 9:13; 2 Corinthians 12:7-10; Galatians 4:13-14). Obedience to God's commands reveals the nature of loving relationships which are aimed at promoting well-being.

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In another vein, the Bible discourages the harbouring of envy or grudges that disrupt body processes (Proverbs 14:30; Matthew 5:23-24). Our relationship with God and others influence not only our own health, but also the health and wellbeing of others. As social and interrelated beings, inappropriate behaviour will endanger the well-being of others. Wilkensen (1980) summarises the biblical concept of health hinged on relationships thus:

> It is only when man's being is whole and his relationship right that he can be truly be described as healthy. The basic relationship of all is man's relationship to God and when this is disturbed, all human relationships are disturbed whether they are of man to himself, to his fellow, or to his environment (p. 1).

c) *Adherence to Beliefs and Values Antithetical to the Contemporary Liberal Society*

The biblical perspective of health is antithetical to the misguided values of our liberal society that encourages behaviours prohibited by the Bible such as prostitution and other forms of sexual immorality, oppression of the poor and vulnerable, disrespect of the elderly, favouring the rich above the poor, materialism among others. These behaviours which the liberal society termed as expressing freedoms, but prohibited by the Bible have been found to be "risk behaviours" by health education professionals. Biblical teaching reveals underlying moral principles and values that regulate the pattern of human living. These principles and values provide help and guidance for a healthy lifestyle.

Many biblical laws resolve issues that arise from actions and behaviours damaging to the health of humans such as smoking, sedentary living, medium/high alcohol consumption, and stress (Galvez, 2010). The Bible encourages those who hold its tenets sacrosanct to acknowledge certain beliefs and values that promote holistic human health (Douglas, 2001, para. 13). For instance, the *Seventh Commandment* states "You shall not commit adultery" (Deuteronomy 5:18). Anyone who abides by this rule will practice abstinence of sexual intercourse before and outside of marriage. From a public health perspective, this is the best way to prevent sexually transmitted diseases and HIV/AIDS. This is good reproductive health. But those who flout this rule are at the risk of contracting STDs and HIV/AIDS.

It must be noted that in the biblical context, health and stickiness did not depend solely on supernatural forces or gods, but on individual decisions and actions related to God's laws (Galvez, 2010). This aspect of biblical notion of health has been corroborated by *Behavioural Epidemiology*, which is applied to the understanding and prevention of lifestyle-related diseases (Sallis, Owen & Fotheringham, 2000). Those who believe in the Bible, desires to please God and hold strong moral convictions are less likely to smoke, neither abuse alcohol or drugs nor engage in promiscuous sexual activities. The Bible labels such actions as "sins" to be avoided.

On the other hand, the biblical ethos of faithfulness, loyalty and commitment that is to be exhibited in interpersonal human relationship is a powerful tool to ensure therapeutic relationships founded on trust. Also, actions premised on justice, forgiveness and reconciliation strengthens human relationships and heals hearts that could have led to emotional breakdown. Furthermore, the Bible asserts that the human body belongs to God and must not be defiled or else there will be grave consequences (1 Corinthians 6:19, 3:17). This instruction regulates every action that abuses the body such as alcoholism, use of tobacco or recreational drugs. And humans are encouraged to have a cheerful disposition (Proverbs 17:22), which resolves some diseases people suffers as a result of depression.

Though, it has become a trend for some to accuse the biblical health values of limiting human pleasure, yet, it is the act of disposing these values that is the highest displeasure anyone can do to their health. So, from a "spiritual" point of view, those who apply these beliefs and values and hold strong moral connections will fall within the group of those applying public health guidelines for healthy living.

d) *The Holistic Perception of Humanity*

The understanding of human persons is essential to our understanding the concept of health. A biblical view of the human is not founded on scientific physiology and biological classification. Our emotional, spiritual, physical view of the holistic nature of persons aligns with the medical understanding of the links between, for example, emotions (especially stress) and the immune system. Our understanding of what it means to be human is essential to understanding health care.

A biblical anthropology underscores the point that human persons have spiritual, emotional, mental, related and physical aspects which are interrelated. Spatially, humans are to relate with God; physical, humans have a body; emotionally, humans have a mind; mentally, human are rational beings; and relationally, humans naturally form partnerships as evidenced in friendships, social associations and marriage (Jubilee Centre, 1998). Thus, the Bible affirms a multidimensional nature of humans (Romans 8:1; 1 Corinthians 15:12-58; I Thessalonians 4: 13-18). This understanding of the multidimensional nature of persons has implications for our approach to health in contemporary Africa.

In the Old Testament, health was understood in terms of longevity and strength. The biblical view of health could be construed as primarily physical in

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nature, but pursued in the broader context of human well-being (Jubilee Center, 1998). This perception of health agrees with the African traditional association of health with material concepts such as life, fertility, plenty, provision, rain and having possessions (Mbiti, 1990). The physical conceptualisation of health in the Old Testament is continued in the New Testament as evidenced in the emphasis on physical healing, casting out of demons and raising the dead. All of these could have effect upon the physical and mental health of persons.

Also, the Hebrew words of the Old Testament used to refer to the entire or part of the human nature are *lev* (heart), *nephesh* (soul), *ruach* (spirit), and *basar* (flesh). The use of these words emphasise the unity of human nature, and not the existence of elements within human persons that are independent or antagonistic (Galvez, 2010). In the New Testament, the Greek words used to describe human nature, either partially or totally, are *pneuma* (spirit), *sarx* (flesh), *soma* (body), and *psuche* (soul). None of these words refer to a separated element or entity independent of the whole human nature. They refer to the entire human nature and the whole human behaving in different dimensions (Galvez, 2010). Therefore, every parts of the human person affect the other parts positively or negatively.

This view of the dependent and interrelatedness of all the dimensions of human persons encourages people to practice healthy lifestyle based on the human nature. It shows that God is interested in the quality and quantity of our lives both now and in the future. The biblical perception of human persons is at variance with that of Greek dichotomy and philosophical assumptions of the contemporary world. The biblical view of the holistic nature of person is not individualistic but interrelated. All the aspects of well-being, which involves physical, spiritual, emotional, and social are shown as interrelated and not merged. This view aligns with the proposition of the *World Health Organisation* that being healthy does not only mean that the person is not suffering from any disease or illness but it also means that a person should be completely mentally, physically and socially fit (Khan & Qureshi, 2018).

IV. Evaluation and Recommendations

The conceptualisation of health by the *World Health Organisation* incorporates a state of complete physical, mental and social well-being and not a mere absence of disease or infirmity. This has moved the issue of health from a strictly medical model toward the concept of well-being. This is affirmed by the biblical view of health that encourages the promotion of a healthy lifestyle, which addresses the issues of physical health alongside the issues of mental, relational or spiritual health.

Biblically, the human being is interconnected and interdependent. Our body, soul and spirit are parts of the same creature. The health of our physical bodies is connected to our emotional, mental and spiritual health and to our relationships as a social being. We are not just a collection of parts that operate independently. Thus, in relation to health, the Bible encourages the consistent adherence to dietary rules that performs to nutrition, personal health and public health; being in right relationship with God and other people; promotion of beliefs and values antithetical to the values of our contemporary liberal society; and the perception of humans as being whole.

Therefore, the following recommendations are suggested in order to achieve the SDG goal on health in Africa:

1. Health practitioners and professionals should incorporate all aspects of human nature in their handling of health matters, which includes physical, emotional, mental, relational and the spiritual.
2. We are to avoid foods produced through genetic engineering but eat foods that are naturally grown from the earth. The pursuit of science and technology to tamper with our foods should be vigorously discouraged.
3. The consumption of grains, fruits and vegetables should be encouraged in our diets. Foods that are domestically-grown, natural, whole, unprocessed and unrefined should be eaten, as they promote health and longevity. Denatured, refined, processed, man-made foods encourage ill-heath. Water instead of sodas or carbonated drinks should be consumed.
4. The African traditional ethos of brotherhood, familial relationships, guided sexual relationships, temperance and moderation should be encouraged and elevated above the contemporary sedentary lifestyle; sexual perversion; and materialism.
5. The appropriate relationship with God which goes a long way to regulate human relationships should be encouraged and factored into developing a holistic health framework.

V. Conclusion

The Sustainable Development Goal 3, relating to health, targeted at ensuring healthy lives and promoting well-being for all people is still far from being achieved in Africa. This is can be largely attributed to the social and economic encumbrances and failure of governance in Africa. More so, the established approaches to health in Africa, the movement and physical activities, biomedical and the contemporary holistic perspectives, have not yielded the required results. Therefore, there is the need to adopt the biblical perspective to health. The biblical perspective to health encompasses a consistent adherence to dietary rules

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pertaining to nutrition, personal health and public health; being in right relationship with God and others; promotion of beliefs and values that are antithetical to that of contemporary liberal society; and the holistic perception of humans. This approach to health is in sync with the African traditional perception of health and ethos of brotherhood. Therefore, if adopted in the promotion of the SDG goal on health, Africa and Africans will be healthier.

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