

PROJECT ABSTRACT

Master of Arts in Missiology

Adventist University of Africa

Theological Seminary

TITLE: A STRATEGY TO EMPOWER THE SEVENTH-DAY ADVENTIST STAFF IN DJIBOUTI ADVENTIST HEALTH CENTRE TO REACH MUSLIMS IN DJIBOUTI CITY, DJIBOUTI

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Date completed: June 2017

This study was intended to empower the staff in Djibouti Adventist health Center to reach Muslims through the health message. The Researcher used a base-line survey in order to find out the strength and the weakness of the health center. Christ's methods to win souls were adapted – healing, preaching and showing sympathy. This won the confidence of the community. The result showed that there was no substantial regular training to equip the Adventist staff to reach Muslims. The Researcher used seminars to equip the Adventist staff. After the evaluation, they testified that they were better equipped to embark on Muslim outreach due to improved knowledge and skills. They, in turn, conducted two seminars to the non-Adventist staff and to the community. After practicing their improved skills and approach, most of the community decided for health reform. The relationship between the Muslim staff and the community was improved and there was a more positive attitude prevailing among the Muslim staff, Adventist staff and the community. The Researcher recommended

that regular training of the staff would sustain the gains of this study in order to reach Muslims for Christ. The study also recommends that higher organization closely makes sure that, prior to their appointment, individuals appointed to such Muslim dominated area should have the training and skills to reach Muslims. It was further recommended that the appointed medical missionaries have sufficient communication skills to reach the population they are sent to in order to avoid the gaps which become a barrier to their work.

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IN DJIBOUTI CITY, DJIBOUTI

A project

presented in partial fulfillment of

the requirements for the degree

Master of Arts in Missiology

by

Bahiru Woldegebreal

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Dedicated to my beloved wife, Eyael Mesfin,
and my children, Naomi Bahiru and Eliana Bahiru

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LIST OF ABBREVIATIONS

DAHC- Djibouti Adventist Health Centre

DAHCADCOM- Djibouti Adventist Health centre Administration committee

DOEP- Djibouti outreach evangelistic project

MOH- Ministry of health

SDA- Seventh-day Adventist Church

AMR- Adventist Muslim relation

EMR- Eastern Mediterranean region

N-NCDs- Nutrition-related no communicable diseases

FDI- Foreign Direct Investment

IMF - International monetary fund

ACKNOWLEDGMENTS

I would like to extol my wonderful God for his protection and the good health he gave me throughout the period of this research. Glory and honor be unto Him.

Further, my heartfelt gratitude goes to my wife and children for their prayer and willingness to help in anything that pertain to my project. Furthermore, my earnest gratitude is extended to my respectful adviser Dr. Paul Mukasa, for his kindness, tolerance and for his guidance towards the accomplishment of this project. Last, but not least, I would like to express my thanks to Djibouti Adventist Health center committee members' for their enthusiasm towards this project and their cooperation in all seminars which were conducted to complete this project.

May God bless you all.

CHAPTER 1

INTRODUCTION

Background of the Study

Djibouti Adventist health center started operating as a Dental Health facility in 1994¹ after the agreement signed between the government of Djibouti and the seventh-Day Church on August 15, 1989.² It was to serve as a dental Clinic and also present the truth to the Muslim community.

A clinic building was built with enough rooms for treatment and training of community Health workers from among the young of Djibouti. Two units of staff housing were built in a prime housing area of the city to house the expatriate missionaries. At the time of the opening of the clinic, a church started with few members attending every Sabbath. The clinic building provided a comfortable, wide meeting place for worship.³

In June 1995, the first regular mission dentist arrived to operate the clinic. He was then joined by an Ophthalmologist in June 1999 to start an eye clinic. The clinic situated in the slam section of the city, has made its name as a clean and safe facility for health care delivery to the people which the government could not fully provide.

The eye clinic has developed very fast in serving the needy population not only from Djibouti but even from the nearby Ethiopian and Somalia.⁴ The 2007 DAHC

¹Ethiopia union mission of Seventh-day Adventists, “Minutes of operating board of the Djibouti Adventist health center, meeting” (Addis Ababa, Ethiopia: Ethiopia Union mission, 23 February 1994).

²Country agreement between the republic of Djibouti and the General Conference of Seventh-day Adventists Eastern Africa division, 15 August 1989.

³Guill Mulenga, “Djibouti Adventist Health Center Annual Report” (Djibouti, 2003– 2004).

⁴ Ibid.

statistics reported that the Eye clinics was treating 40 – 60 patents every day, and an average of 6 -10 patients were visiting the Dental clinic every day. Some of the clients came from Somalia, Yemen and Ethiopia.⁵ The eye and dental clinics conduct health education every morning.⁶

Adventist Muslim relationship (AMR) Seminars were given inside and outside of Djibouti for the purpose of reaching Muslims with gospel.⁷ And since May 2013, there were soul wining efforts by Djibouti Outreach Evangelistic Project (DOEP).

Though there were information of attending AMR seminars but the study couldn't find any attempts to reach Muslims through AMR and other soul wining effort and plans, the researcher observed that currently there is no such activity and other strategy to rich Muslims in Djibouti through health message.

Statement of the Problem

The Djibouti Adventist health Centre is located in a country where the majority of people are Muslims.⁸ The centre does not have systematic strategic plan to reach Muslims in Djibouti through health message. Since the establishment of the Centre the researcher could not find any effective method in place to work towards the Adventist Muslim relationships.

The Purpose of the Study

This study endeavoured to empower DAHC staff to integrate health services and the gospel for the evangelization of the community and win souls for Christ. The method

⁵Guill Mulenga (Djibouti, 2007).

⁶Guill Mulenga (Djibouti, 2001).

⁷Djibouti Adventist Health Center, “Minutes of the Djibouti Adventist Health Center.” (Djibouti, 246 – 0309 16 March 2009).

⁸<http://gis.emro.who.int/HealthSystemObservatory/PDF/Djibouti/Health%20status%20and%20demographics.pdf>, accessed on March 3, 2014.

which Jesus used in soul winning is the appropriate way to bring souls to Him and this is the purpose of this program development.

Significance of Study

This study is significant to the community and the health centre. The community benefits from the counsel of the health message and it is a help to the Djibouti Adventist workers to change their methods in reaching the Muslims through health message. In addition, it provides a model for other Adventist Health institutions with similar mission.

Delimitation of the Study

There are many ways of winning souls for Christ such as AMR, dialogue, colporteur ministry, and Faith Development in Context (FDIC) ministry. The Researcher chose to train the Adventist staff in DAHC to reach Muslims through the Health message.

This is because the number of patients at DAHC is great and provides an opportunity for outreach. Furthermore, the health professionals are already gifted with the medical skills which make a good combination of health and the gospel. Therefore the researcher prefers to use health message to fulfil the objective of this study.

Methodology of the Study

This study was undertaken using program development as a method of research.⁹ The Researcher reviewed literature concerning the biblical foundations of the program to be undertaken, then consulted other literature such as Ellen G. White writings, scholarly articles and materials for health ministry and Islamic materials regarding this subject. This review helped the Researcher to broaden his knowledge about this program development.

⁹Shawna Vyhmeister, ed. *Adventist University of Africa standards for written Work* (Adventist University of Africa: 2013).

Further, the Researcher used qualitative and quantitative methods to collect data about the setting of the study before working on the materials that would comprise the implementation of the program. Tools used included interviews, questionnaires, and documents analysis. The data collected was analyzed and a program for the Adventist Staff at DAHC was then developed. The methods used included seminars and trainings for DAHC staff. After the implementation of the program at DAHC the Research undertook the evaluation which was done through interviews and personal observation.

CHAPTER 2

THEORETICAL AND BIBLICAL FOUNDATIONS ON HEALTH MINISTRY

This chapter presents a review of literature for the foundations of the health ministry focusing on diet and drugs. These are the most common problems for humans regardless of their race, religious affiliation, nationality, age group or professions. For that reason it has discussed the basic principles of health ministry from the Bible, Ellen G. White, Islamic sources and other writers to derive a method how to approach the Islamic societies so that souls may be reached through the health message.

Biblical Foundations for Health Ministry

Original Diet and the Change

The Bible indicates that the original diet for humans was so perfect and it was only vegetations and fruits. It has been observed that after the entrance of sin to this world, the change of diet occurred that spoiled the whole human life and health.

According to the Bible before the entrance of sin in to the world, man was given vegetables and fruits to eat. In the same manner animals were given vegetables, or green Plants and grass. Originally it was not God's purpose that man should kill animals for food (Gen 1:29-31).

The Bible clearly indicates that the change of diet occurred after the flood. "Every moving thing that lives shall be food for you. I have given you all things, even as the green herbs. But you shall not eat flesh with its life, that is, its blood" Gen 9:3-4 NKJV. This permission does not mean that man was supposed to eat all kinds of animals.

The Biblical dietary Law forbids the eating of carcasses of animals that had died or been killed by other beasts. “Whatever dies naturally or is torn by beasts he shall not eat, to defile himself with it: I am the Lord.” Lev 22:8 NKJV. The fact that Noah was acquainted with this distinction is clear from the previous command to bring clean and unclean beasts into the ark (Gen. 7:2) and by the fact that he offered only clean animals as his burnt offering (Ch. 8: 20).¹

The change of diet after the flood probably was caused by the shortage of the vegetables on the earth and God allowed to human to eat animals product as a supplementary. In Leviticus 11, God has given clear guide lines to distinct between the clean and unclean animals.

Clean and Unclean Animals for Food

This section presents the discussion on how to distinguish between cleans from the unclean animals, according to Leviticus 11 namely;

1. Animals have a split hoof divided and that chews the cud.
2. in the water any that have fins and scales.
3. Birds that were not allowed to be eaten, such as: - the eagle, the vulture, the black vulture, the red kite, any kind of black kite, any kind of raven, the horned owl, the screech owl, the gull, any kind of hawk, the little owl, the cormorant, the great owl, the white owl, the desert owl, the osprey, the stork, any kind of heron, and the hoopoe and the bat.
4. All flying insects that walk on all fours are unclean.
5. Every creature that moves about on the ground is unclean.

The SDA Bible commentary described that, “the principles set forth in this chapter were designed by God to protect those who love and choose to serve Him against the use, as food, of those forms of animal life that would bring injury to their bodies.”²

¹“Change of Diet after the Flood,” [Gen 9:3-4], *Seventh day Adventist Bible Commentary (SDABC)*, rev. ed., ed. Francis D. Nichol (Washington, DC: Review & Herald, 1953), 1:263.

² “These Are the Bests,” [Lev.11:2], *Seventh day Adventist Bible Commentary (SDABC)*, rev., ed. Ed. Francis D. Nichol. (Washington, DC: Review & Herald, 1953), 1:753.

The expositor's Bible commentary explains that:-

“The spiritual and hygienic reasons for the laws may still be affirmed. They are remarkably valuable in the area of public health. It would be in line with God's promised blessing that ‘none of these diseases’ of Egypt would be visited on Israel, for ‘I am the Lord your Healer’ (cf. Exodus 15:26).”³

According to Matthew Henry's Commentary “Most of the meats forbidden as unclean are such as were really unwholesome and not fit to be eaten; and God as a wise and loving father does by his children, whom he restrains from eating that which he knows will make them sick.”⁴

It was God's intention when He gave the dietary law to humans so that they may keep their body from harmful foods as the result may keep themselves from diseases that bring injury to their bodies.

Diet and Spirituality

In order to discover the relationship between diet and spirituality, it is advisable to explore the Bible. According to Dan 1: 5 the king appointed “a daily provision of the king's meat, and of the wine which he drank” to feed Daniel and his three friends in captivity.

“But Daniel resolved not to defile himself with the royal food and wine, and he asked the chief official for permission not to defile himself this way.” Dan 1: 8 NIV

Keil and Delitzsch Commentary gives an idea about that, the “the command from the king, that the young men to eat and drink from the king's table was a taste to Daniel

³ Frank E. Gaebelin, *The Expositor's Bible Commentary on the Whole Bible*, vol.2, *Genesis to Leviticus* (Michigan: Grand Rapids, 1990), 569.

⁴ Matthew Henry, *Matthew Henry's Commentary on the Whole Bible*, vol. 1, *Genesis to Deuteronomy* (USA: Hendrickson, 1990), 381.

and his friends their loyalty to the Lord and to His law, as Joseph was tasted in Egypt. (Gen 39:7 f.).”⁵

According to Pfandl description, the reason why Daniel and his friends refused to take the King’s offer is because participation in the king’s meals was considered as taking a part in the worshipping of the Babylonian idols. ⁶

The SDA Bible commentary presents five reasons why Daniel and his friends rejected the royal food:

(1)the Babylonians, like other pagan nations, ate unclean meats (see CD30); (2) the beasts had not been properly killed according to Levitical law (Lev. 17:14.15); (3) a portion of the animals eaten was first offered as a sacrifice to pagan gods (see Acts 15:29); (4) the use of luxurious and unhealthful food and drink was contrary to strict principles of temperance; (5) for Daniel and his friends there was the added desire to avoid a flesh-food diet. The Hebrew youth determined to do nothing that would interfere with physical, mental, and spiritual development.⁷

God’s dietary principle is to protect body, mind and the spiritual life of his people from defilement. Anyone can conclude that temperance has to do with the relationship with God which obeying His principle has positive impacts on some one’s spiritual life.

Ellen G. White and Health Ministry

Counsels on Diet and Food

Ellen described that the selection of foods are underlined because they have special purpose to protect human physical body from any kind of defect and to build humans body. She added that most students have no knowledge of the influence of diet on health as result they are in a position of incapable to control their appetite.⁸

⁵ C. F. Keil and F. Delitzsch, *Keil and Delitzsch Commentary on the Old Testament* (Massachusetts: New Updated Edition, Hendrickson, 1996).

⁶ Ibid.

⁷“Not Defile Himself,” [Dan 1:8], *The Seventh-day Adventist Bible Commentary (SDABC)*, rev. ed., Francis D. Nichol (Washington, DC: Review & Herald, 1953), 5:760.

⁸White, *Counsels on Diet and foods* (USA: Review and Herald, 1938), 159.

Ellen, in her book, *Child guidance*, discourages between meals that the stomach needs to have a time of rest so that the system may function properly.”⁹

In the other aspect Ellen advice Parents, “to secure small homes in the country, with land for cultivation, where they can have orchards and where they can raise vegetables and small fruits to take the place of flesh meat, which is so corrupting to the lifeblood.”¹⁰

When Ellen G white described on the subject of how to present the health reform, she says that “we are to be brought into connection with the masses, should health reform be taught them in its most extreme form, harm would be done. We ask them to leave off eating meat and drinking tea and coffee”¹¹

She strongly advised that this is a subject that needs to be carefully handled. “There are poor families whose diet consists of bread and milk, and, if they can get it, a little fruit. All flesh food should be discarded, but vegetables should be made palatable with a little milk or cream or something equivalent.”¹²

The harmful food needs to be discarded and Health reform needs to be present with special care by avoiding extreme approach. No one can escape from the effects of poor dietary habit hence; this principle can be applicable to all, regardless of races and religions.

⁹Ellen G. White, *Child Guidance* (Tennessee: Southern, 1954), 389.

¹⁰White, *The Adventist Home* (Tennessee: Southern, 1952), 140

¹¹ White, “Eating to live,” Chapter 62 in *Child Guidance*, The Publishing Ellen G. White Writings, CD ROM, Ellen G. White Estate, 1998.

¹²White, *Counsels on Diet and Foods* (USA: Review and Herald, 1938), 358.

Relationship between Diet and Character

Ellen described in *fundamentals of Christian education* that the parents have great responsibility how to protect their children from the defilement of their body.¹³

Uncontrolled appetite is one of the main issues for human that affect their body and mind. For that reason, one can derive a prominent and applicable principle that guarding appetite is able to shape character but the solution is also pointed out as Christ overcome any one has offered the solution but the choice is up to the person.

Counsels on Medical Evangelism

Ellen in her vision confirmed the need of establishing the health-care institution which would have two missological aspects; first for the Adventist believers to improve their health; the second aspect, when physicians devoted to successful treatment of disease, people will be brought directly the influence of the truth.¹⁴

“By becoming acquainted with our people and real faith, their prejudice will be overcome and they will be favourably impressed.”¹⁵

Luke in his ministry as writer of the gospel was not only a preacher but also a medical missionary worker. Ellen explains that as a physician Luke ministered to the sick, and prayed for the healing. Through this avenue the way was opened for the gospel message. That is why Luke could manage to preach to the heathen. This fact shows that to follow the divine plan and not to separate teaching and healing.¹⁶

Ellen assures that health message, is a strong tool to remove the hindrance of the everlasting gospel, “Many will be reached who otherwise never would have heard the

¹³White, *Fundamentals of Christian Education* (Tennessee: Southern, 1923), 143.

¹⁴Knight, George R. *A Daily Devotional Lest We Forget* (Review and Herald: USA, 2008), 170.

¹⁵Ibid.

¹⁶Ellen G White, *Ministry of Healing* (Mountain View, CA: Pacific Press, 1942), 141.

gospel message. A demonstration of the principles of health reform will do much toward removing prejudice against our evangelical work.”¹⁷

When Ellen talks about the health professionals, she says; “Medical missionaries who labour in evangelistic lines are doing a work of as high an order as are their ministerial fellow labourers.”¹⁸

The medical missionary worker is one of the most important tools to tackle the above discussed challenges and for the effective means of soul wining. It has a power to open many of the closed doors for gospel ministry. Unfortunately, this work has not given more attention in the gospel ministry.

Scholarly Foundations for Health Ministry

Medical Counsels on Flesh Diet

Those who are in Medical field from their experience, the Ludington and Diehl describes that the commercials hide the truth about the beef and they do not tell that the cholesterol content of the beef. The average hamburger weighs about five ounces and an average size steak weighs about six ounces.¹⁹

Nedley stated about meat under the title of *The Great Meat and Protein Myth* as follows “it is high time we set aside the great meat and protein myth. Preoccupation with meat and its protein, rather than improving health, has contributed too many diseases, cancer, osteoporosis, kidney failure, and kidney stones.”²⁰

Proteins are composed of chains of amino acids; the body can synthesize all but 9 essential amino acids from the foods we eat. A food that contains all 9 essential amino acids is called a complete protein food. Examples are animal products, including milk, meat, cheese, and eggs. A food

¹⁷White, *Counsels for the Church* (Canada: Pacific, 1991), 308.

¹⁸ Ellen G White, *Gospel workers* (USA: Review and Herald, 1915), 360, 361.

¹⁹Aileen Ludington and Hans Diehl, *Dynamic Living: How to Take Charge of Your Health* (USA: Review and Herald, 1991), 110,111.

²⁰Neil Nedley, *Proof Positive: How to Reliably Combat Disease and Achieve Optimal Health through Nutrition and Lifestyle*. USA: Neil Nedley, M.D., 1998.

sources that does not contain all 9 essential amino acids is called an incomplete protein food. Vegetables, grains, and legumes (peas or beans – including chickpeas, butter beans, and peanuts) are principal sources of incomplete protein. Vegan vegetarians, people with limited access to animal-based food sources, and those who have significantly limited their meat, egg, and dairy product consumption, need to understand how essential amino acids can be obtained from incomplete protein sources.²¹

Hence, medical counsels discourage eating flesh foods. It has harmful effects on health.

Medical Prohibitions for Unhealthy Beverages

Unhealthy beverages are taken by many people on different occasions for so many reasons but the effects are so risky. According to Insel and Walton description, Alcohol is CNS depressant, and its effects vary because body systems are affected to different degrees at different BACs.”²²

“Alcoholism is usually characterized by tolerance to alcohol and withdrawal symptoms. Everyone who drinks –even non-alcoholics- develops tolerance after repeated alcohol use.”²³

Anspaugh and Hamrick characterized alcoholism as follow:-

Alcoholism is a disease in which a person loses control over drinking. According to a definition approved by the national council on Alcoholism and Drug dependence and the American Society of Addiction Medicine, alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. An Alcoholic is a person who suffers from the disease of alcoholism. For alcoholics, alcohol increasingly becomes the focus of life, and family, social, work, or school responsibilities become less important and are eventually disrupted by the desire and need for alcohol.²⁴

²¹Dale B. Hahn and Wayne A. Payne, *Focus on Health*, ninth edition (USA: McGraw-Hill, 2009), 108.

²²Paul M. Insel and Walton T. Roth, *Core Concepts in Health* (NY: McGraw Hill, 2008), 167, 173.

²³Ibid.

²⁴David J. Anspaugh and Michael H. Hamrick, *Wellness Concepts and Applications*, sixth edition (NY: McGraw Hill, 2006), 365.

“Women who are alcoholics face unique problems, and women who use alcohol or tobacco during pregnancy put their children at risk of developing certain health problems. The rate of alcoholism is increasing among younger women.”²⁵

According to Research, alcoholism can be inherited. Children of Alcoholic parents are four times more likely to become alcoholics even when raised by non-alcoholics.

Medical View on Stimulants

The writers of *focus on health in their ninth edition* described that the stimulants’ intoxication effects and potential consequences, “Stimulants excite or increase the activity of the central nervous system (CNS). Also called ‘uppers,’ stimulants alert the CNS by increasing heart rate, blood pressure, and the rate of brain function.”²⁶

The authors emphasizes the exception of cocaine, that is able to produce psychological dependence so strong to use the drug consensually for some users. This seems to be capable of producing psychological dependence and withdrawal so powerful that continued use of the drug is inevitable for some users.²⁷

The principal constituents responsible for the stimulant effects of *khat* are widely thought to be the alkaloids cathinone and cathine, which are structurally related to amphetamine. The subjective effects of *khat* are reasonably well understood; it initially leads to euphoria, feelings of alertness and excitability, typically followed by irritability and insomnia and, later, lethargy.²⁸

Insel and Roth noted that “the minimum dose of 259gm per day can produce restlessness, nervousness, excitement, insomnia, flushed face, diuresis, muscle twitching,

²⁵ Anspaugh and Hamrick, *Wellness Concepts and Applications*, 365.

²⁶ Dale B. Hahn and Wayne A. Payne, *Focus on Health*, ninth edition (USA: McGraw-Hill, 2009), 174.

²⁷ Ibid.

²⁸ William Eckersley, Ruth Salmon, and Mulugeta Gebru, “*Khat, Driver Impairment and Road Traffic Injuries: A View from Ethiopia*,” accessed 14 February 2014, http://faculty.ksu.edu.sa/hazzaa/selected_papers/Prevalence-and-risk-Factors-Associated-with-nutrition-relate_Medicne-2012.pdf, 235.

rambling thoughts and speech, and stomach complaints.²⁹ The medical professional shows how stimulants affect harmfully human's body and mind.

Drug Abuse and Their Impact on Health

What does drug abuse mean?

Hahn and Payne giving example that Americans use drugs of many types. "Misuse is defined as the inappropriate use of legal or illegal drugs in medications."

If drugs are not used in a proper way, they lead someone to be harmed physically and physiologically. According to the Authors' information, in northern American, Every day eight of 10 people take in caffeine that is most popular psychotropic. Six of the seven most popular soft drinks contain caffeine.³⁰

Ludington and Diehl argue, "Commercials for products high in caffeine appeal to teens that are looking for legal drugs that act as stimulants. But using a chemical to "feel good" is a behaviour that may serve as gateway to the use of other drugs."³¹

Daniel described that drug Addiction is a core concept that has been evolving with scientific advances over the past decade is that drug addiction is a brain disease that develops over time as a result of the initially voluntary behaviour of using drugs.³²

Daniel argues, "Addiction involves inseparable biology and behavioural components. It is the quintessential biobehavioral disorder. Many people also erroneously still believe that drug addiction is simply a failure of will or of strength of character."³³

²⁹ Paul M. Insel and Walton T. Roth, *Core Concepts in Health* (NY: McGraw Hill, 2008), 150.

³⁰ Ibid..

³¹ Allen Ludington and Hans Diehl, *Take Charge of Your Health* (USA: Review and Herald, 2001), 79.

³²Eileen L. Daniel, *Taking Sides Clashing Views in Health Society*, 6th edition (NY: McGraw Hill, 2008), 176.

³³Ibid.

Daniel notes that though Researchers contradicts on their conclusions. The finding of addiction as a brain disease does not mean that the addict is simply a hapless victim. If the addicts try their part seriously recovery is assured.³⁴

Nedley explain about the legal drugs, “that Many prescription and over the counter drug medications can depress frontal lobe function. Many people are on medications that are not actually necessary, and their side effects may be harmful to the personality and character.”³⁵

Drug addiction is not simply a failure of will or of strength of character but it is a brain disease.

Impact of Diet on Behaviour

Reed stitt pointed out that, “Hypoglycaemia, nutrient deficiency, allergic reaction, toxicity; the growing science of neurochemistry demonstrates that all these disorders can affect the way the brain operates, and the way we behave.”³⁶

Broad studies and a great deal of clinical evidence indicate that many people who show abnormal, anti-social, delinquent or violent behaviour are in fact suffering from brain malnutrition or brain poisoning, possibly bought on by a high consumption of processed food and junk foods. Our rising crime rate must be seen as just another of the earth’s consequences of our love of processed food.³⁷

Hewitt highlighted that “the majority people of the world ignorantly harm their health by eating the following items such as: - cakes, puddings, pastries, jellies, jams, and gravies- all of which are high in calories and deficient in vitamins and minerals.”³⁸

³⁴ Daniel, *Taking Sides Clashing Views in Health Society*, 177.

³⁵ Neil Nedley, *Proof Positive: How to Reliably Combat Disease and Achieve Optimal Health through Nutrition and Lifestyle* (USA: Neil Nedley, M.D., 1998), 267.

³⁶ Barbara Reed Stitt, *Food and Behaviour: Natural Connection* (USA: Natural press, 1997), 94.

³⁷ Ibid.

³⁸ Donald W. Hewitt, *Diet without Danger* (California: Pacific Press, 1981), 38, 39.

He further explains that when they are eating these unhealthy stuffs of food, their bodies cannot get necessary vitamins and minerals; and though they filled up but they are starved as the result they would developed harmful psychic tensions.³⁹

Boonstra and Harding commented on relationships of the senses and health as follows:-

Unhealthful practices in thinking, eating and living make God's voice of Instruction and direction less distinct. Our minds become clouded. Perhaps it is because we do not get physical exercise. It may be because we eat excessively. Or maybe we don't sleep enough and our brains are so wearied that our decision-Making capacity is weakened, and, of course, there are those who take various Chemicals into their bodies that fog the thinking mechanisms.⁴⁰

Wrong choice of food can have a bad effect on one's thinking power. The best way to keep ourselves pure is to follow divine instruction.

Islamic Foundations for Health Ministry

Qur'an Counsel on Health

Even if one cannot find direct statements on health instruction or principles in the Qur'an there is a dietary restriction law which is mainly related to religious requirements. Here are some of the dietary rules from the Qur'an:

Forbidden food: Al-maita (dead animals – cattle, beast not slaughtered), blood, the flesh of swine, and that on which Allah's name has not been mentioned while slaughtering (that which has been slaughtered for idols) and that which has been killed by strangling, or by a violent blow, or by a headlong fall, or by the goring of horns, and that which has been (partly) eaten by a wild animal, unless you are able to slaughter it (before its death), and that which is sacrificed (slaughtered) on An-Nusub (stone altars). Forbidden also is to use arrows seeking luck or decision; (all) that is fisqun... (Sura 5:3)

³⁹ Hewitt, *Diet without Danger*, 38, 39.

⁴⁰ Shawn Boonstra and Fred Harding, "*Eyes Steps for Better Health*" Nampa: Pacific Press, 2007, <http://books.google.com/books>, 11, accessed April 18, 2011.

It is clear that the dead body such as cattle and the flesh of swine is forbidden. Muslims consider greatly the keeping of their bodies from unclean food in order for them to have clean minds.

“So eat of the lawful and good food which Allah has provided of you. And be grateful for the favor of Allah, if it is He whom you worship.” Surah 16:114

“O mankind! Eat of that which is lawful and good on the earth, and follow not the footsteps of shaitan (Satan). Verily, he is to you an open enemy.” Surah 2:168

What does it mean when Quran says lawful? Is there any list of foods that are lawful?

“Made lawful to you this day are *At- Tayyibat* [all kinds of *Halal* (lawful) foods, which Allah has made lawful (meat of slaughtered eatable animals, milk products, fats, vegetables and fruits). The food (slaughtered cattle, eatable animals) of the people of the scripture (Jew and Christians) is lawful to you and yours is lawful to them.” Surah 5:5

"And from the fruits of date palm and grapes you get wholesome drink and nutrition: Behold in this is a sign for those who are wise" (Surah 16:67).

The qur’anic verses advices humans to eat lawful and good food which are acceptable to the Christians and Jews. In this regard Quran has some agreement with the scriptures on dietary law.

Muslim Authors on Health

Maqsood, discuss that, “one of the most despised and unclean food is swine. He says that no Muslim should ever eat the flesh of swine or any swine product. It does not mean that a Muslim convert has only to give up sausages, bacon, ham, and pork pies. It also means not eating food which has fats from a pig.”⁴¹

⁴¹ Ruqaiyyah Waris Maqsood, *Islam* (London: Hodder Education, 2006).

Maqsood assert that in the east the pig is regarded as a very unclean animal, because pigs eat excrement. Muslims do not want to put pork on their plate. He notes that Muslims are terrified to go to the west because the general public feeds on pork.

They are convinced that pork is the cause of sickness like allergies. And the author assured that there are medical evidences for its effects on health.⁴²

The prohibition of questionable food and drink is not by any means an arbitrary dictatorial decree of God. It is first and foremost a divine intervention in the best interest of human beings and for their own sake. When then Qur'an describes these forbidden things as bad, impure, and harmful, it has a vigilant eye on a person's morality and wisdom, on his health and assets in the estimation of Islam.⁴³

Athar described that, "though the Quran is not a book of medicine or of health sciences, but in it there are hints which lead to guidelines in health and diseases. Prophet Mohammed has been sent as an example to mankind so his traditions in matters of health and personal hygiene are also a guide for his followers."⁴⁴

He recommends that Fruits are best diet for health because they are low in calorie, high in vitamins and minerals, and fiber and sugar is fructose and not sucrose. He added that the study made by Dr. Anderson confirms that fructose cannot raise the blood sugar and even lowers the high blood sugar of diabetics. Honey is fructose.⁴⁵

Diet and Character: Islamic View

According to the Islamic bulletin site Ramadan or fasting time is an ideal time to break bad habits, by doing that character would improve. The site continue described

⁴² Ibid.

⁴³ Hammudah Abdalati, *Islam in Focus* (Maryland: Amana publications, 1998), 106.

⁴⁴Shahid Athar, "Health Guidelines from Quran and Sunnah," <http://www.soundvision.com/Info/halalhealthy/DivineHelp.asp>, accessed 23 November 2014.

⁴⁵ Ibid.

that only abstaining from food can't bring change but someone by fasting needs to reflect and show the better quality of character. ⁴⁶

The Ahmadiyya Movement site explains that “The swine is the only animal which has no territorial instincts, or sense of honor regarding its female mate, or with regards to sexual behavior in general. The January 1973 issue Reader’s Digest magazine approved that the character traits of one animal can be transmitted to another by means of food.”⁴⁷

Shamsi concluded that foods and drinks forbidden by Islam has a confirmation from Reliable medical doctors and social scientists. They are harmful and destroy the spirit and morality of humans.⁴⁸

Bible and Qur’an have common agreement on idea that wellness is a gift from the creator that human possessed from the day of their organ but the cause of sickness is as the result of human disobedient to the natural law.

Christians and Muslims writers also affirmed that most of the problem of health in the human life is the wrong practice of eating and drinking habit. They have common ground that humans problem of deterioration of health is caused by human themselves. The recommendation is to follow God’s principle for Health reform.

The Principles for Outreach

For soul wining approach Christ method needs to be the role model of above all other methods. “Christ's method alone will give true success in reaching the people. The Saviour mingled with men as one who desired their good. He showed His sympathy for

⁴⁶Islamic Bulletin, “*What Could You Gain from Fasting?*” http://www.islamicbulletin.org/newsletters/issue_23/fasting.aspx, accessed 23 November 2014.

⁴⁷The Lahore Ahmadiyya Movement, “*Dietary Laws in Islam,*” [http:// www .muslim.org/islam/less-qur/128.htm](http://www.muslim.org/islam/less-qur/128.htm), accessed 23 November 2014.

⁴⁸ Rashid Shamsi, “*Why Islam Forbids Pork?*” <http://islamic-world.net/sister/h1.htm>, accessed 23 November 2014.

them, ministered to their needs, and won their confidence. Then He bade them, ‘Follow Me’⁴⁹

Salvation is the heavenly plan for the fallen human race. Apart from the heavenly wisdom human invention cannot be the solution to solve sin’s problem.

Diop strongly recommend mingling with men as follow:-

It is necessary to mingle with people of other faiths or philosophies, to learn about their worlds and words or concepts used belong to webs of words and ideas that tell different stories.” Each world religion has an inner logic. Finding this inner logic by means of the identification of the diagnosis a religion offers of human problem(s) and the solution (s) they propose to their adherents along with the values attached to them and the taboos they reject, helps to better understand and relate to these people. Creative interfaith and mission endeavours focus on similarities and common ground between faith traditions.⁵⁰

“We must make sure that we are spiritually prepared for meeting Muslims. Ask the Lord to open their hearts to His spirit. Muslims are not usually won to the lord by clever arguments against Islam. It is better to approach Muslims in a friendly and loving manner that demonstrates Christ’s love.”⁵¹

Cloute says that in witnessing to Muslims there are three barriers:

First, Islam teaches that the Bible is corrupt, and only the Quran is Word of God.

Second, Christianity and Islam fought each other as the result there is hatred both sides.

Third, if a Muslim becomes a Christian he/she will be isolated from community.⁵²

How then barriers can be removed so that to give witness to the Muslims?

Paul can be a good example that he was blasphemmer, a persecutor and a violent man. He called himself the chief sinners. He was the great enemy but by the power of

⁴⁹Ellen G White, *Ministry of Healing* (Mountain View, CA: Pacific Press, 1942), 143.

⁵⁰Ganoune Diop, *Mission to World Religions and Contemporary Worldviews: An Adventist Perspective*, General Conference of Seventh-day Adventists World Headquarters, Edinburgh 2000, 19.

⁵¹ Diop, *Mission to World Religions and Contemporary Worldviews*, 193.

⁵²Justin C. Cloute, “*Reaching Muslims with the Gospel*,” Daniel, Eileen L. *Taking Sides Clashing Views in Health Society*, 6th edition (NY: McGraw Hill, 2008).

God become a great missionary. He saw the love of God. The same power of God that changes Paul in to his servant can also change Muslims too.⁵³

“Muslims are people for whom Christ died, not opponents to be silenced and downgraded by all means. Never become angry when Muslims debate relentlessly with you. Argue on behalf of the truth by all means, but do it charitably and tactfully and, above all, avoid sheer confrontation and quarreling.”⁵⁴

The following recommendations are very vital in witnessing to Muslims:

Choice appropriate time and place. “Every society and culture has appropriate times and places for certain things or events. If we choose an inappropriate moment to speak about an important matter, the person will not listen to us. Not because of the subject, but because of the inappropriate time.”⁵⁵

Find Persons of Peace

Jesus recommended to his disciples that they should first identify a person of peace (Matt 10: 11-13). Then he will become the base for a new house fellowship, particularly if the members of his family and social network become followers of Jesus at the same time with him, as in the example of Cornelius in acts 10.⁵⁶

In family oriented cultures it is best to share Good News in a family oriented way. It is therefore much more effective to included entire families from the start. This might have as a consequence that the whole process slows down; however, it follows much the divine mandate of blessing all families on earth, because the family structure is respected and families will not be torn apart.⁵⁷

⁵³ Answering Islam, “Communicating the Gospel to Muslims,” <http://www.answering-islam.org/Gilchrist/Vol2/3a.html>, accessed 10 November 2014.

⁵⁴ Ibid.

⁵⁵ Moussa Sy and Ben Naja, *And You Shall be a blessing: Encountering People of Other Cultures and Religions* (Frontiers, 2009, 2011), edited May 2009 – March 2011, 51.

⁵⁶ Ibid., 53.

⁵⁷ Ibid.

Pray with Muslims and Pray for Their Needs

Muslims believe that Allah is of all powerful and supreme. Also they have fear of the supernatural presence of evil power.

Through Pray Muslims will have understanding of the true and loving character of God that overcomes their fears. Prayer can help Muslims to understand God's desire that they may know Him as their father (Galatians 4:7, Matthew 18:3).⁵⁸

Build on the Truth Which They Already Know

“There are fragments of truth in all cultures and religions- possibly not the whole truth, but very precious aspects or elements of truth. All truth is God's truth: God himself put it in their hearts (Romans 2:15). We should identify it and build on it.”⁵⁹

Both religions have affirmed the second coming of Jesus, both have Prophets and prophecy. Both believe God sent prophets such as Adam, Noah, Abraham, Moses, David, Joseph, John the Baptist, Jesus etc. Muslims and Christians consider the Old Testament and the New Testaments divine scriptures.⁶⁰

Muslims believe that God gave the Taurat to Moses, the Zabur to David, and the Injil to Jesus. These three books correspond to the Pentateuch, the Psalms and the Gospels. In these books, we have many things in common, e.g. the story of creation or the story of the birth of Jesus.⁶¹

This fact helps for Muslims to understand that these books are the revelation of God.

⁵⁸ Christians Answer Network, “How can Followers of Christ Best Pray for Muslims?” <http://christainanswernet/q-eden/muslim-prayer.html>, accessed on September 22, 2015.

⁵⁹ Ibid., 57.

⁶⁰ Jafor Ahmed, “*Similarities and Dissimilarities between Islam and Christianity*,” http://www.academia.edu/371684/Similarities_and_Dissimilarities_between_Islam_and_Christianity, accessed on September 22, 2015.

⁶¹ Ibid.

Everyone who has a plan to reach others with the good news needs to have basic principles of how to teach. “The things you have heard me say in the presence of many witnesses entrust to reliable men who will also be qualified to teach others.”

2 Tim 2:2-3 NIV.

Christ method of soul winning is pointed out that the fundamental one for soul winning method for any group of people because it is heavenly wisdom. Particularly reaching for Muslims is highlighted that love is the basic.

Being familiar with the barriers of the target group, some similarity between Qur’an and Bible and praying with Muslims will be open more doors of influence on reaching the souls.

Having the above principles in mind, the advice of Schubert has a good conclusion for the discussion. To accomplish the soul winning exercise someone must avail himself under the power of God. The human wisdom or hard work cannot bring people in to Christ.⁶²

⁶²Schubert, Walter, *Ministry magazine*, March 1958.

CHAPTER 3

LOCAL SETTING OF DJIBOUTI

This chapter covers geographical, political, demographics, socio-economic, health and religious setting of Djibouti. It also explores the status of Djibouti workforce pertaining to Adventist Muslim relations in connection with the mission of DAHC. Hence it uncovers the gaps that need to be filled with program development of this project.

Geographic Location

The Republic of Djibouti is located in the Horn of Africa. It is bordered by Eritrea in the north, Ethiopia in the west and south, and Somalia in the southeast. The border is formed by the Red Sea and the Gulf of Aden at the east. Djibouti occupies a total area of just 23,200 km² (8,958 sq mi).¹

“Djibouti is a desert, torrid, dry land with a coastal plain and a plateau separated by central mountains. It has a few natural resources and little industry. Its natural resources comprise of geothermal areas, gold, clay, granite, limestone, marble, salt, diatomite, gypsum, pumice, and petroleum. Lake Assal is the lowest point in Djibouti as well as in Africa (155 meters).”²

Political

The political setting of Djibouti has some bearing on the mission of DAHC. This section therefore describes the historicity and current political setting to provide a glance to the context of Djibouti’s political life.

¹Wikipedia, “Djibouti,” <http://en.wikipedia.org/wiki/Djibouti>, accessed March 3, 2014.

²Regional Health Systems Observatory, “Health System Profile Djibouti,” <http://gis.emro.who.int/HealthSystemObservatory/PDF/Djibouti/Socioeconomic.pdf>, accessed March 3, 2014.

In the late 19th century, the colony of French Somaliland was established. In 1967 it was renamed as a French Territory of the Afars and the Issas. A decade later, the people of Djibouti voted for independence, and then in 1977 the Republic of Djibouti was established and in the same year joined the United Nations.³

Since 1977, Hassan Gouled Aptidon with one-party state served as president until 1999. The first multi-party presidential elections in 1999 resulted in the election of Ismail Omar Guelleh.⁴

The government Djibouti has a good relationship with France and good number of French military presence is in the country. The government has strong relationship with United States of America. Hence this is the only sub-Saharan Africa state that accepted to have the United States military base in the country for a global war against terrorism.⁵

In other words, Djibouti has exhibited a stable political atmosphere where most of the institutions work without insecurity and instability for several years now. Hence, DAHC finds itself in a suitable environment protected to pursue its mission within a quiet environment.

Demography

The population of the Republic of Djibouti was estimated at 793,000 in mid 2005 (the last census dates from 1987), with the following ethnic groups: Somali 60%, Afars 35%, French, Arab, Ethiopian, and Italian 5%.⁶

³Wikipedia, "Djibouti," <http://en.wikipedia.org/wiki/Djibouti>, accessed March 3, 2014.

⁴One world nation, "Republic of Djibouti," [http://www.nationsonline.org/oneworld/djibouti .htm](http://www.nationsonline.org/oneworld/djibouti.htm), accessed on March 3, 2014.

⁵Ibid.

⁶<http://gis.emro.who.int/HealthSystemObservatory/PDF/Djibouti/Health%20status%20and%20demographics.pdf>, accessed on March 3, 2014.

Djibouti is a multi-ethnic. The Somali and Afar make up the two largest ethnic groups in Djibouti. Both speak Afro-Asiatic languages, which serve as recognized national languages. Arabic and French are official languages.⁷

Djibouti is host to a considerable number of refugees and thousands of economic migrants who enter Djibouti illegally assume a variety of jobs in Djibouti city.⁸

Religion

It is essential to understand some aspects of religion and the history of the religious life of Djibouti in the context of DAHC. This section is therefore focused on religion in Djibouti and the related aspects.

The history of Djibouti, recorded in poetry and songs of its nomadic peoples, before thousands of years ago when Djiboutian traded hides and skins for the perfumes and spices of ancient Egypt, India, and China. Because of their contacts with the Arabian Peninsula for more than 1,000 years, Somali and Afar tribes in this region adopt Islam, Djibouti's capital becoming the Islamic State of Adal.⁹

Arabs were the first settlers in the country dating back in 3 B.C. In 825 B.C. the religion of Islam was introduced. The French occupation in the 1800s up to the late 1900s introduced Christianity to the country, but Islam still remained the religion practiced by the majority of the Djibouti people.¹⁰

Out of the total population of Djibouti, 94% Islam, Only 6% practice Christianity. A little over 9,000 people are Roman Catholics and Other Christian churches include the

⁷Wikipedia, the free encyclopedia, "Djibouti," <http://en.wikipedia.org/wiki/Djibouti>, accessed on March 3, 2014.

⁸<http://gis.emro.who.int/HealthSystemObservatory/PDF/Djibouti/Health%20status%20and%20demographics.pdf>, accessed on March 3, 2014.

⁹ <http://africanhistory.about.com/od/djibouti/p/DjiboutiHist1.htm>, accessed 17 February 2014.

¹⁰Study Lands, "Religious beliefs in Djibouti," <http://www.sestudyabroad.com/guide/DJ-religion.htm>, accessed 17 February 2014.

Protestants, the Greek Orthodox Church, and the Ethiopian Orthodox Christians are few in number.¹¹

Religious Freedom

How can one carry on his mission in a purely Moslem culture? The answer to this question is found in the description of the religious freedom of Djibouti.

“The constitution of Djibouti provides for freedom of religion, and other laws and policies contribute to the generally free practice of religion. Although Islam is the state religion, the government does not impose sanctions on those who choose to ignore Islamic teachings or to practice other faiths.”¹²

Further, there is no legal prohibition against proselytizing, but social norms and customs discourage proselytizing by non-Muslims. Additionally, there are no legal repercussions for from Islam to another religion or for marrying outside of Islam, but converts may face negative social, tribal, and familial attitudes towards their decision.¹³

The status of religious affairs therefore favors the mission of DAHC in reaching out to Muslims through health message. It could carry out its work without any legal hindrance except for the cultural and traditional norms of the society.

Religion in Daily Life

In order to find acceptability and enter the community for any cause, it is necessary to understand religion in the life of a Djiboutian. Because Islam is the dominant

¹¹I Study Lands, “Religious beliefs in Djibouti,” <http://www.sestudyabroad.com/guide/DJ-religion.htm>, accessed 17 February 2014.

¹²Bureau of Democracy, Human Rights and Labor, “International religion Freedom Report 2010,” <http://www.state.gov/j/drl/rls/irf/2010/148683.htm>, accessed February 10, 2014.

¹³Study Lands, “Religious Beliefs in Djibouti,” <http://www.sestudyabroad.com/guide/DJ-religion.htm>, accessed 17 February 2014.

religion in Djibouti, on Fridays the streets are empty as men go to the mosques to pray. Women pray at home and then prepare the midday meal.¹⁴

Dress code is considered important for social acceptance, although Djibouti is somewhat less conservative than other Muslim countries. Women generally cover their heads but wear sheer and colorful clothes. Alcohol is sold in supermarkets, and nightclubs and bars; but Djiboutian does not drink Alcohol openly.¹⁵

Muslims in Djibouti traditionally observe Eid Al-Fitr, Eid Al-Adha, the Islamic New Year, and the Prophet Muhammad's Birth (Mawlid an-Nabi) and Ascension (Shab-e-Miraj) as national holidays.

Health

Djibouti's health services are provided by the public sector with an affordable charge to the entire population and non-national without discrimination.¹⁶

“Djibouti's population is growing rapidly at 3 percent annual due to a high fertility rate (4.2 children per woman) and a significant migratory influx. Inadequate Health personnel and a limited material budget have led the supply of health services to decline both in terms of quality and quantity.”¹⁷

According to International Journal of General Medicine 2012 under the article of Prevalence and risk factors associated with nutrition-related non-communicable diseases

¹⁴Culture Games World Edition 2008, “Republic of Djibouti,” <https://www2.viu.ca/homestay/host/CultureGrams/Djibouti.pdf>, accessed February 10, 2014.

¹⁵Ibid.

¹⁶World Health Organization Country, “Cooperation Strategy at a Glance: Health Situation,” http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_dji_en.pdf, February 22, 2016.

¹⁷World Health Organization, “Division of Health Systems and Services Development,” <http://gis.emro.who.int/HealthSystemObservatory/PDF/Djibouti/Socioeconomic.pdf>, accessed 3 March 2014.

in the Eastern Mediterranean region which include Djibouti, the National prevalence of overweight and obesity among male and female preschool children.¹⁸

The main risk factors include high blood pressure, high concentrations of serum cholesterol, tobacco smoking, unhealthy eating habits, overweight or obesity, and physical inactivity. The shift from a traditional diet to a more westernized diet is the most countries in the EMR.¹⁹

As the result of rapid improvement of economy, people are consuming diets high in saturated fat, salt, and refined carbohydrates, and low in polyunsaturated fats and fiber, along with a marked sedentary lifestyle and increased stress.²⁰

Eckersley and his colleague described that khat is growing largely in the Eastern Africa approximately about 20 million people chewing Khat every day on the Arabian peninsula and in eastern Africa. Further says that in the early afternoon hours people does not any activates and spent several hours consuming.²¹

The widespread chewing of khat in Djibouti presents some health and societal problems. There is the obvious issue of physical side effects associated with prolonged usage that have a negative impact on one's health. Some studies have indicated that most adult male Djiboutians spend more than five hours a day chewing khat, with the country's high level of unemployment thought to be partially to blame for the pervasive habit.²²

¹⁸Musaiger and Al-Hazza, "Prevalence and Risk Factors Associated with Nutrition-related Noncommunicable Diseases in the Eastern Mediterranean Region," *International Journal of General Medicine* 15 (2012): 199.

¹⁹Ibid.

²⁰Ibid.

²¹William Eckersley, Ruth Salmon, and Mulugeta Gebru, "Khat, Driver Impairment and Road Traffic Injuries: A View from Ethiopia," accessed 14 February 2014, http://faculty.ksu.edu.sa/hazaa/selected_papers/Prevalence-and-risk-Factors-Associated-with-nutrition-relate_Medicne-2012.pdf, 235.

²²Encyclopedia Britannica, "Djibouti: Healthandwelfare," <http://www.britannica.com/EBchecked/topic/166928/Djibouti/280736/Religion#toc37639>, accessed 14 February 2014.

As the result of khat usage by the employed workers, it affects the productivity as use of drug hold back labour productivity.²³

According to the Secretary General of the ministry of health in Djibouti most people sit too much and chewing khat and no activities that affect their health too.

He describes the common problems that related to dietary habit, the minority people eat a variety of diet and the majorities do not have enough food to eat, in the contrary suffer malnutrition. And he added that most people have lack of information on healthy food.²⁴

He further says that the ministry of health has no any program of teaching the people on the advantage of healthy food and he affirm that if any institution is willing to teach, it is encouraged by the MOH.

Concerning the harmful drugs taking he stated that there is no great problems for the people of Djibouti though there are areas some people take alcohol and use illegal drugs.²⁵ He further assured that if anyone wants to teach the side effects of the illegal drugs including Khat is most welcome.²⁶

The health profile of Djibouti shows that the main problem of the country on health issue is mainly life style. The above information from the different sources shows that lack of health education, illiteracy, poverty are the problems that have affected all age groups primarily the productive age group and the young people.

²³ **Encyclopedia Britannica, “Djibouti: Healthandwelfare,” <http://www.britannica.com?EBchecked/topic/166928/Djibouti/280736/Religion#toc37639>, accessed 14 February 2014.**

²⁴ Ali Silaye Abdullah, Secretary General of MOH of Republic of Djibouti, interviewed by the Researcher, Djibouti, 19 March 2015.

²⁵ Ali Silaye Abdullah, Secretary General of MOH of Republic of Djibouti, interviewed by the Researcher, Djibouti, 19 March, 2015.

²⁶ Ibid.

Economy

The country of Djibouti, because of its desert feature, it has no considerable natural resources and capacity in agricultural and industrial pursuits together with an huge unemployment, foreign debt, and regular budget deficits. Due to that condition, the government depends on financial, telecommunications, and trade-related services.²⁷

“As a result, the economy relies heavily on the service sector, which accounts for some four-fifths of the country’s gross domestic product.”²⁸

According to IMF the Economic growth of Djibouti was improved in 2012 by 4.5% as the result of port activity and foreign direct investment (FDI). Though, it is still less than the growth of 2008. Further explain that increased FDI was for salt mining and building the Chabelley airport.²⁹

“Djibouti in 2012 began construction of a third port to secure its position as a critical transshipment hub in the Horn of Africa and the principal conduit for Ethiopia's trade. Djibouti also received funding in late 2012 for a desalination plant to begin address the severe freshwater shortage affecting Djibouti City, and particularly its poorest residents.”³⁰

“However, being capital-intensive, the large investment in these sectors has not culminated in a reduction in poverty and unemployment. Moreover, extensive tax exemptions granted to FDI projects have undermined government revenue mobilization efforts.”³¹

²⁷Encyclopedia Britannica, “Djibouti: Health and welfare,” [http://www.britannica.com/EBchecked/topic/166928/Djibouti/280736/religion# oc37639](http://www.britannica.com/EBchecked/topic/166928/Djibouti/280736/religion#oc37639). (Accessed 14February 2014).

²⁸Ibid.

²⁹Djibouti Chamber of Commerce, “Country Profile: Republic of Djibouti,” <http://www.icricinternational.org/download/member/filegallery/52/Djibouti%20--CP.pdf>, accessed on February 17, 2014.

³⁰International Monetary Fund, “Djibouti: Recent Developments,” <https://www.imf.org/external/np/country/notes/djibouti.htm>, accessed 23 February 2014.

³¹Ibid.

Though Djibouti shows substantial growth in Economy than in the past; the Researcher could not find any information that the government of Djibouti financial allocation to improve or to support the health sector.

Djibouti Adventist Health Centre (DAHC)

Establishment of DAHC

DAHC began its service sometimes in the year 1994/5 with only dental clinic services and training center and this facility was opened to the public. The eye service was added later. The Eye clinic sees 40 – 60 patents every day, and Dental sees an average of 6-10 patients every day.³²

Outreach to the Muslim Community

The total numbers of DAHC workers are 21; out of these 71% (15 workers) are Muslims and 29% (six workers) are Adventist. In order to know the capability of the SDA staff in reaching Muslims, the survey questionnaires and interview were used.

The results of the interviews indicate that the appointed personnel did not have any training on how to reach Muslims before they were appointed to the current position as missionary at Djibouti Adventist Health center.³³

This means that the Adventist staff was not well equipped to reach Muslims and there is a necessity of regular training to the Adventist staff.

³²Guill Mulenga, “Djibouti Adventist health Center Annual Report,” (Djibouti, 2007).

³³ David Manento and Vincent Roy Dionzon, DAHC Medical Missionaries, interviewed by the Researcher, Djibouti, 17 March 2015.

Health Education

The Djibouti Adventist health centre conducted a number of successful outreach by Djibouti Adventist Eye Care Initiative, according to the Report. Since May, 2012 there is a soul winning effort by Djibouti outreach evangelistic project (DOEP).

Health lectures were presented to the Arhiba community on October 18, 2012 and November 15, 2014 at Alade refugee camp.³⁴

An interview with the ophthalmologist and the Dentist reveals that the Health Centre has strategy plan to reach Muslims. Such as: - health talks at the clinic to the patients every Sunday morning. Once in a year in the American embassy health check up for the embassy staff and Health seminar once in awhile for the community and to the Health Centre staff.³⁵

Adventist-Muslim Relations at DAHC

Key informant interview results. The Researcher conducted a quantitative survey using structured interviews in order to have some basic facts in relation to the program development and to prepare the right materials to meet the need identified of DAHC.

The first part of this survey consisted of an interview schedule with key informants who were also administrators of DAHC and ophthalmologist. The guide for the interview schedule is found in the appendix C. The results indicated that the key informants, who were also the administrators of DAHC and ophthalmologist had worked for 2 years in their positions.

³⁴ Bahiru Woldegebreel, "Djibouti Outreach Evangelism Project Report" (Djibouti, December, 2012).

³⁵ David Manento and Vincent Roy Dionzon, DAHC Medical Missionaries, interviewed by the Researcher, Djibouti, 17 March 2015.

It was also understood from that survey that DAHC has strategic plan and that plan included some health education programs in the clinic.

Once a week the respondents would conduct the health programs and they could have a counseling program with individual patients but only when the situation allows, otherwise they did not have a regular program for that. The respondents also made it clear that they need to have more healthful food demonstration in health food class. And it would need more preparations to be implemented.

Although the respondents mentioned that DAHC was effective in soul winning, they admitted that they did not attend any seminar or training on reaching Muslims before being appointed to their current positions. However, respondents remarked that it would be better if there had visitations from higher organization to boost their capability for reaching souls through health message.

Furthermore, they mentioned that it would be better if there were some printed materials in official language (French) and or local languages. Having audiovisual aid, health canteen and cooking classes would also be very helpful. The outcome of the interview showed that the respondents were there without proper training, or being equipped for the mission of the health institution. Particularly reaching Muslims through health message. This means that it would be difficult to bring the Muslims to the loving savior or Jesus if the workers are not equipped.

Results of the survey. The second part of the baseline survey consisted of a questionnaire which had three sections: the purpose of the first section was to explore the status of the Adventist staff relationship with Muslims. The second section was designed to look for the status of the Adventist staff on witnessing for Muslims. And on third section, Adventist staff on condition of reaching Muslims through health message.

There results of the first, second and third sections of the questionnaire are presented below in Table 1 to 3 respectively.

Table 1. DAHC Adventist -Muslim Relationships

Questions	Yes	No
1. Have you read Quran?	1(25%)	4 (75%)
2. Do you think you can direct Muslims to the Bible through Qur'an?	4(75%)	1(25%)
3. Do you have a chance to meet Muslims often?	5 (100%)	-
4. Have you ever discussed religious issues with Muslims?		5(100%)
5. Have you ever attended Muslim weddings?	3(60%)	2(40%)
6. Have you ever been in a Muslim home?	5(100%)	-
a. Regularly	1(25%)	4 (75%)
b. Occasionally	5(100%)	-
7. Have you been to Mosque?	1(25%)	4(75%)
8. Are you willing to visit a mosque if you get a chance?	4(75%)	1(25%)
9. Do you know some of the things that provoke Muslims?	5(100%)	-
10. Do you know some of the things that Christianity and Islam share a history?	5(100%)	-

The outcomes of the questionnaire in this section (Table 1) attest that only 25% of the respondents have read the Qur'an although 75% believe that the Qur'an can be a good bridge to lead Muslims to the Bible. Although all the respondents had plenty of opportunities to meet with Muslims, none has ever tried to discuss religious issues with them.

In fact, only 60% have ever attended Muslim wedding function where they could learn more about them and get an opportunity to discuss with them. All have occasionally been to a Muslim home but only 20% of the respondents go to the Muslim home regularly. Similarly, only 25% have ever been to a Mosque.

Lastly, despite the fact that 75% are willing to visit a Mosque, where they could get a change to share their faith, none of these know some of those things that would offend Muslims nor does anyone know what they have in common with the Christians.

The second issue in the structured interview was about the status of DAHC witnessing to Muslims. The respondents were the DAHC Adventist Staff. The results are revealed in Table 2 below.

Table 2. DAHC Adventist-Muslim Witnessing

Questions	Yes	No
1. Do you know some of the methods to approach Muslims?	5(100%)	
2. Do you think prayer by Christians for Muslim is acceptable?	5(100%)	
3. Have you ever attended any seminar that can help you to reach Muslim?	5(100%)	
a. one time	2(40%)	
b. two times	3(60%)	
4. Did the seminar create some interest in you?	5(100%)	
5. Do you think Approaching Muslims is easy?	5(100%)	
6. What would be your challenge in discussing with Muslims?		
a. Languages barriers?	3(60%)	2(40%)
b. Not enough training how to reach Muslims?	4(80%)	1(20%)
c. Fear of rejection?	2(40%)	3(60%)

All the respondents (100%) have some methods to approach Muslims. They think that Christian prayers for Muslims are acceptable, which is an indicator of their level of knowledge on Christian Muslim relationships. According to the respondents, only 40% have attended seminars once and the rest of the 60% have attended seminars on Muslim relationships twice.

However 100% think that the seminars created in them an interest to approach Muslims. The barrier for both of them would be language and lack of enough seminars or knowledge (60% and 80% respectively). The fear of rejection is not their problems, only 40% think that this would be a challenge.

The results here are encouraging. It reveals the weaknesses and prospects if the empowerment was carried out. The other interview was conducted on the status of the Adventist staff reaching Muslims through the health message. The results are presented in Table 3 below.

Table 3. Adventist Staff Condition of Reaching Muslims through Health Message

Questions	Yes	No
1. Do you have an experience how to reach souls through health message?	3(60%)	2(40%)
2. Is it an effective way to use health message to reach Muslims?	5(100%)	-
3. Do you know some of the dietary restriction law in Quran?	5(100%)	-
4. Do you have an idea that weather there is similarity between Quran and scripture on dietary restrictions law?	5(100%)	-
5. Do you think diet affect some one's character?	5(100%)	-
6. Do you think Muslims agree on the above point?	5(100%)	-
7. Do you think some of the dietary law of Muslims in agreement with Adventist?	5(100%)	-

All the respondents have some experience of reaching souls through the health message and find it is effective. They know the principles of dietary law that acceptable by the Qur'an and by the Bible too which also some similarity with the Adventist dietary principles.

All the respondent have the same opinion that the dietary laws has a relationships with character or can affect the character and they do believe also that Muslims can agree in this point.

This section shows that Adventist staff has some back ground of the health message and confidence that health can be effective tools for reaching Muslims.

There is a gap on the level of readiness and skills of current staff for the mission of DAHC. To fill this gap it is indispensable to develop a program that will equip the current DAHC staff.

CHAPTER 4
PROGRAM DESIGN, IMPLEMENTATION, AND EVALUATION

Program Design and Preparation

This research was commenced with the purpose of developing a strategy to empower the DAHC staff to reach the Muslims. The setting in chapter 3 indicated that there was a gap in the mission of the DAHC. This was evident on the level of readiness and skills of the current staff for the mission of DAHC. In order to fill this need the Researcher resolved to develop a program that will equip the current DAHC staff. Thus the main objective of this study is to empower the DAHC staff to integrate health services and the gospel to reach out to the Muslim community.

In preparation to undertake this program development, the Researcher sought for the opportunity to observe the current practices of DAHC. Thus, one day he had a chance to go to the Djibouti American embassy where DAHC offers free health checkups to the US Embassy Staff.

Through observation of the ongoing checkups, he noticed that the DAHC medical team had only the Eye and Dental checkups and did not include health counsel. This was one of the missing links which would be an avenue to integrate health and the gospel message. Hence, he thought of including life-style education and planned to share “NEW START” when he had the opportunity to go the embassy again. This experience acted as a pilot study. The outcome was encouraging and many came to the counseling table, asked questions and took counsels.

Through this experience let to the development of this program in order to reach the Muslims in Djibouti through health message. The following the design of the whole program.

The Researcher's first step was to pray personally and to give a prayer request to every prayer meeting. He shared this plan with DAHC administration board and sought permission to develop and implement the program. The permission was granted to start this project on Djibouti Adventist Health center.

The second step was to plan with the DAHC health professionals to conduct the health seminars for the DAHC. The Researcher conducted survey before implementing the program. Then he collected materials which included books and internet resources.

Books from the library were used to prepare training materials and to derive the basic principles for soul winning in reference to Muslims. Internet materials which deal with Muslim evangelism which were written by authors who have rich experience in reaching Muslims were also consulted. When this was in place, the program was ready for implementation.

Program Implementation

Based on the findings in chapter three and the baseline survey conducted before the program, the Researcher set the schedule for the implementation of the empowerment seminar on "Reaching Muslims through health message." Table 4 indicates the date and time, topic (s) and attendance.

Table 4. Schedule for Empowerment Seminar

Date	Time	Topics	Attendee	Presenter
March 24/15	5:00 – 5:40 (40 minutes)	Part one: the basic principles of health ministry	SDA, DAHC staff	The searcher
	5:40-6:20 (40 minutes)	Part two: the principle of witnessing to the Muslims		
	6:20-30 (10 minutes)	Evaluation		

DAHC Adventist staff were engaged with preparing healthy food and refreshments for the participants and set up the meeting venue to conduct the seminar. On March 24, 2015, in the afternoon the seminar was conducted from 5:00pm – 6:30pm.

The theme of the seminar was “*Reaching Muslims through health message*”, it had two parts. The first part was devoted to the discussion of the basic principles of health ministry from Bible, the spirit of prophecy, Islamic sources and other writers. The Researcher intended to show the biblical principle of health ministry and the change of original diet and dietary laws from the Bible.

This aspect highlighted God’s perfect plan for human race. During the program, it was explained to the participants that before the multiplication of the people in this world the dietary laws were given to guard humanity from the diseases that affect minds and body. Hence, health became a universal issue irrespective of religion, race, class, and gender.

In this seminar it was further emphasized that Islamic sources such as the Qur’an point to the Bible to show the lawful foods. This spells out a common ground to be used to reach Muslims. But it needs to be done in a very systematic way and gradually in order to lead them into Biblical truth.

The second part of the seminar the principles in witnessing to Muslims were discussed. The purpose was to equip the DAHC Adventist staff with valuable information

that can help them in reaching Muslims. In this part of the seminar, it was emphasized that Christ's method is the most effective way to win souls.

It was emphasized that the participants would use this method to mingle with people and create an environment to develop relationship so before proceeding step by step to the reach the intended goal. This point was presented so that the participants may understand that when they mingle with Muslims they ought to know their likes and dislikes. It was made clear to the participants that building smooth relationships with the Muslims should be prioritized.

Further, the seminar pointed out that there should be a spiritual preparation before they meet the Muslims. It was explained that in soul winning the aim is not to win the argument but revealing the love of God to the other individual, which will draw them to Christ.

Furthermore, barriers in witnessing to Muslims were also noted during the seminar. For example, the Bible as God's Word is considered corrupt by Muslims. Secondly, Christianity and Islam share a history that is filled with hatred, wars, and rumors of wars. Hence, if a Muslim becomes a Christian he will most likely be alienated from his family and community.

These facts and all the challenges were discussed so that the participants should prepare themselves before meeting with Muslims. Furthermore, it was discussed that in witnessing to Muslims one needs to choose an appropriate time and place. It is not conducive to open a discussion at any time and any place with Muslims.

The Researcher made it clear that in Muslim culture it is very difficult to make an independent decision pertaining to religion without involving the whole family. Hence it was explained that it is advantageous to lay a plan to reach the whole family so that if only one person from the family gets converted he/she will not be segregated but would rather have protection as long as the majority have some element of biblical truth.

Praying with Muslims and praying for their needs was the other part of the discussion. At the end of the presentation the presenter asked some questions to evaluate the attendee's understanding. After the completion of the empowerment seminar the Researcher divided the participants into groups. The first group was made up of ladies staff members who were not health professionals so that they would be the facilitators during the seminars.

The second group was made up of health professionals. They were to be the resource persons in two seminars to the non Adventist staff and to the Arhiba community. The DAHC SDA staff was courageous enough to fulfill this task with animated spirit, to practice. The detail of the DAHC Staff application of the empowerment seminar is provided in the appendix E.

Program Evaluation

This evaluation was intended to find out whether the empowerment seminar helped the Adventist staff to grasp some principles in reaching Muslims with the health message. The evaluation was done in two ways, using questionnaires. Specifically the evaluation endeavored;

1. To measure the participants' acquisition of skills used in Adventist-Muslim relations.
2. To identify participants' competence in using the Qur'an for witnessing and, their excitement to witness to Muslims.
3. To assess the participants' use of health education for reaching Muslims.

The evaluation was done in two ways, using questionnaires and personal observation.

Table 5 below contains the results.

Table 5. Evaluation Results

Questions	Yes	No
1. Did the seminar give you some additional information on how to reach Muslims in a better way?	4 (100%)	-
2. Without offending Muslims can you maintain a relationship with them?	4(100%)	-
3. Did you acquire some witnessing method to Muslims such as the use of love other than argument?	4(100%)	-
4. Did you get some idea on how to tackle some of the barriers in witnessing to Muslims?	4(100%)	-
5. Did you understand the importance of the Qur'an in directing Muslims to the Bible?	4(100%)	-
6. Did you observe the importance of mingling with other culture and religion in order to reach out to Muslims?	4(100%)	-
7. Do you fear to share your faith with Muslims?	1(25%)	3(75%)
8. Would you be willing without delay to start reading Qur'an to look for the common ground?	4(100%)	-
9. Are you ready without taking time to prepare yourself to share the love of Jesus to Muslims?	3(75%)	1(25%)
10. Did you get any additional information on how to relate with Muslims using health as a tool?	4(100%)	-
11. Did you find out ways to derive principles of health from Qur'an?	4(100%)	-

According to Table 5, the participants testify that they got some knowledge from the seminar on how to develop a health relationship with the Muslims in a smooth way. Specifically, 100% of the participants testified that they got some additional information on how to reach Muslims in a better way, and they can reach Muslims without offending them. Similarly, 100% testified that they acquired some methods to use in witnessing to Muslims. They can use love other than arguments to convey the message. All of them (100%) testified that they got tactics of maneuvering the barriers in witnessing to Muslims. They understand the importance of mingling with other culture and religion in order to reach out to Muslims and they can use the Qur'an in directing Muslims to the Bible. All participants were willing to use the Qur'an as tool to derive principles of health and they are initiated to read Qur'an.

Furthermore, 75% were ready, and were without fear, to share their faith with the Muslims. The entire participants confess that the seminar increased their knowledge

on how to utilize the Health education to reach Muslims. The result of the seminar showed that the participants gained some knowledge on how to reach Muslims and they were ready to apply it.

Therefore, the participants were divided into two, the facilitators' and coordinators' groups in order to undertake the witnessing task. The witnessing activities and the seminars the participants conducted on by themselves as a result of this program development can be accessed in appendix E.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The purpose of this study was to empower the DAHC staff to integrate health services and the gospel for the evangelization of the Muslim community and win souls for Christ. The Researcher pointed out the need to realize the mission of DAHC and skills that the DAHC lacked to achieve this mission. That required the development of a program to empower the current DAHC staff.

He then undertook the empowerment program in chapter four which resulted in the impartation of skills and methods needed in order to reach the Muslim community with the gospel message through the health message. The program resulted in an equipped DAHC staff with the skills and methods necessary to reach the Muslim community.

The evaluation showed that the staff benefited from the seminar. They also demonstrated their skills by their willingness to continue to undertake a similar action to equip fellow non-Adventists and to reach the Muslims through health message. The non-Adventist staff made decisions reforming their eating habit and develop their closeness and open for discussions which was not there before.

The seminar for Arhiba community revealed that the participants were more courageous to quote supportive verses from Qur'an on health and the participants were curious to find out more. This experience showed that Muslims were more interested

when they heard that the Qur'an supports health message and that there is similarity between the Bible and the Qur'an on health message.

Conclusion

The Researcher concluded that medical institutions such as DAHC can break prejudice and reach Muslims with the gospel message through health education. This program development supports this reality. The most effective way to reach Muslims is to use appropriate method and Islamic materials such as Qur'an and other Islamic writers, looking for a common ground which acts as a bridge.

Those engaged in this ministry get excited and more enthusiastic when they see the response of the Muslims. This method is a break-through for Muslim areas such as Djibouti and can work in other regions with similar population and context.

Empowering medical staff in such places with right materials and skills ignites their willingness and propels them to work more enthusiastically and effectively in bringing the risen Savior's invitation to Muslims.

Recommendations

In view of the results of this program empowerment, and based on the findings of this program development, the following recommendations are appropriate.

1. This recommendation is directed to the Board that governs DAHC. Prior to the appointment of any one to undertake work at DAHC, whether physicians other missionaries, they should undertake training in the following areas: Adventist Muslim Relations, Muslim outreach using health message, and at least a course in the working languages – French or Arabic. They need to be oriented on the mission and objectives of DAHC in order to start their work prepared for the task.
2. It is recommended that the ECD department of health and temperance, and the AMR work closely with DAHC in order to enable the DAHC accomplish its

mission of healing people physically and spiritually as well. It should not be left to work in isolation. It needs support and collaboration of higher organizations.

3. Since the staff come from the local area, there should be regular trainings and seminars for DAHC to equip them, refresh them and invigorate them to achieve the mission of DAHC. They are in daily contact with the Muslims and should be the first ambassadors.
4. Appropriate methods should be employed to reach Muslims with the message. Using Islamic sources such as the Qur'an is mandatory and will create a common ground and open the way for acceptability of the message.
5. For further investigation, a study on how to follow up and bring the souls that are reached by the health messages can be done. Otherwise such an effort will be without concrete steps to follow up the work initiated by DAHC.

APPENDICES

APPENDIX A
TRAINING MATERIALS

These materials were used on March 24/15 during the empowerment seminar for the Djibouti Adventist staff.

Reaching Muslims through health message

Introduction

Diet and drug are the most common problems for humans regardless of their race, religious affiliation, nationality, age group or professions. The basic principles of health ministry from: Bible, The Spirit of prophecy, Islamic sources and other writers.

Biblical Foundations for Health Ministry

Original diet and the change

- 29 And God said, "See, I have given you every herb that yields seed which is on the face of all the earth, and every tree whose fruit yields seed; to you it shall be for food. 30 Also, to every beast of the earth, to every bird of the air, and to everything that creeps on the earth, in which there is life, I have given every green herb for food"; and it was so. 31 Then God saw everything that He had made, and indeed it was very good. So the evening and the morning were the sixth day."

Gen 1: 29-31 NKJV

Before the entrance of sin in to this world:-

- Man was given to eat the vegetables, and fruits.
- Animals was to eat vegetables, or green plants, and grass.

Change came

“Every moving thing that lives shall be food for you. I have given you all things, even as the green herbs. But you shall not eat flesh with its life, that is, its blood” Gen 9:3-

4NKJV

This permission does not mean to eat all kinds of animals. There is guide line to distinct b/n clean and unclean.

Clean and unclean animals for food

These are the guidelines of the clean and the unclean Animals in Leviticus 11: -

1. allowed to eat Animals have a split hoof divided and that chews the cud.
2. Allowed to eat in the water any those have fins and scales.
3. Birds that are not allowed to eat, such as: - the eagle, the vulture, the black vulture, the red kite, any kind of black kite, any kind of raven, the horned owl, the screech owl, the gull, any kind of hawk, the little owl, the cormorant, the great owl, the white owl, the desert owl, the osprey, the stork, any kind of heron, and the hoopoe and the bat.
4. All flying insects that walk on all fours are unclean.
5. Every creature that moves about on the ground is unclean.

According to SDA Bible commentary, this chapter was designed of God to protect those who choose to obey and serve Him against the use, as food, of those forms of animal life that would bring injury to their bodies. (Lev.11:2) (*Seventh day Adventist Bible*

Commentary (SDABC). rev., ed. Ed. Francis D. Nichol. (Washington, DC: Review & Herald, 1953), 1:753)

Relationships b/n Diet and Spirituality

Does diet affect some one's Spiritual life?

- Daniel 1: 5 “And the king appointed them a daily provision of the king's meat, and of the wine which he drank: so nourishing them three years, that at the end thereof they might stand before the king.”
- “But Daniel resolved not to defile himself with the royal food and wine, and he asked the chief official for permission not to defile himself this way.” Dan 1: 8
NIV

The prince of the eunuchs concern

The prince of the eunuchs:- “1:10 and the prince of the eunuchs said unto Daniel, I fear my lord the king, who hath appointed your meat and your drink: for why should he see your faces worse liking than the children which [are] of your sort? Then shall ye make [me] endanger my head to the king.”

Ellen G. White and Health Ministry

What does the Spirit of Prophecy articulation on health?

Counsels on diet and food

“The food that we choice should be full of the best element that can build our body and She added that the effect of wrong habit of eating is always demands food that it will damage our health and create weakness instead of strength.” (Ellen G. White, *The Ministry of Healing* (Tennessee: Southern, 1942), 295)

Counsels on Medical Evangelism

What is the advantage of health-care institution for Missiology:

- First for the Adventist believers by improving their health;
- The second aspect, when physicians, devoted to successful treatment of disease, they will be brought directly the influence of the truth.

By becoming acquainted with our people and real faith, their prejudice will be overcome and they will be favourably impressed.

(Knight, George R. *A daily devotional lest we forget*, (Review and Herald: USA, 2008), 107).

“Many will be reached who otherwise never would have heard the gospel message. A demonstration of the principles of health reform will do much toward removing prejudice against our evangelical work.” (*Counsels for the Church*, 308).

What are others writes counsel on health?

Medical counsels of flesh diet

- The commercials are giving the false testimony about the beef; at the result many are deceived.
- They didn't tell you that lean beef, while comparable to chicken in cholesterol content, contains three to six times more dangerous, cholesterol-raising saturated fat.

(Aileen Ludington and Hans Diehl, *Dynamic Living: How to Take Charge of Your Health* (USA: Review and Herald, 1991), 110, 111).

Protein myth

“It is high time we set aside the great meat and protein myth. Preoccupation with meat and its protein, rather than improving health, has contributed to many disease, cancer, osteoporosis, kidney failure, and kidney stones”

(Neil Nedley, *Proof Positive: How to Reliably Combat Disease and Achieve Optimal Health through Nutrition and Lifestyle* (USA: Neil Nedley, M.D., 1998), 167).

Medical Prohibitions for Unhealthy Beverages {Indicate the source}

According to a definition approved by the national council on Alcoholism and Drug dependence and the American Society of Addiction Medicine, alcoholism is a “primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. (David J. Anspaugh and Michael H. Hamrick, *Wellness Concepts and Applications*, sixth edition (NY: McGraw Hill, 2006), 365).

Alcoholism can affect everyone from clergy, medical doctors, high school students, and college students to professors.

Stimulant

The principal constituents responsible for the stimulant effects of *khat* are widely thought to be the alkaloids cathinone and cathine, which are structurally related to amphetamine. The subjective effects of *khat* are reasonably well understood; it initially leads to euphoria, feelings of alertness and excitability, typically followed by irritability and insomnia and, later, lethargy.

(William Eckersley, Ruth Salmon and Mulugeta Gebru, “Khat, Driver Impairment and Road Traffic Injuries: A View from Ethiopia,” accessed 14 February 2014, http://faculty.ksu.edu.sa/hazzaa/selected_papers/Prevalence-and-risk-Factors-Associated-with-nutrition-relate_Medicne-2012.pdf, 235).

The most common CNS stimulants are cocaine, amphetamines, nicotine ephedrine and caffeine. Chewing khat is common for the people of Djibouti and that needs to be address to the people its effect on someone health and character.

(Paul M. Insel and Walton T. Roth, *Core concepts in Health* (NY: McGraw Hill, 2008), 150).

Drug abuse and their impact on Health

What does drug abuse mean?

“Americans use drugs of many types. Misuse is defined as the inappropriate use of legal or illegal drugs in medications.” (Dale B.Hahn and Wayne A. Payne, *focus on health: ninth edition* (USA: McGraw-Hill, 2009), 178).

“In northern American Every day eight of 10 people take in caffeine, the world’s most popular psychotropic (mind –altering) drug- and coffee isn’t the only culprit. Caffeine is added to most colas, Dr. Pepper, some orange sodas, and other soft drinks. Six of the seven most popular soft drinks contain caffeine.” (Dale B.Hahn and Wayne A. Payne, *focus on health: ninth edition* (USA: McGraw-Hill, 2009), 178).

“Commercials for products high in caffeine appeal to teens that are looking for legal drugs that act as stimulants. But using a chemical to “feel good “is a behaviour that may serve as gateway to the use of other drugs.” (Allen Ludington and Hans Diehl, *Take Charge of Your Health* (USA: Review and herald, 2001), 79).

Side effects of medications

Many people are on medications that are not actually necessary, and their side effects may be harmful to the personality and character. This is why, before deciding to take medications, the benefits need to be carefully weighed against the risks. (Neil Nedley, *Proof Positive: How to Reliably Combat Disease and Achieve Optimal Health through Nutrition and Lifestyle* (USA: Neil Nedley, M.D., 1998), 267).

Impact of diet on behaviour

“Unhealthful practices in thinking, eating and living make God’s voice of Instruction and direction less distinct.” (Shawn Boonstra and Fred Harding, “Eyes Steps for Better Health,” Nampa: Pacific Press, 2007, Accessed April 18, 2011 [http://books.google.com/ books](http://books.google.com/books), 11).

What does the Islamic sources says on Health?

“So eat of the lawful and good food which Allah has provided of you. And be grateful for the favor of Allah, if it is He whom you worship.” (Surah 16:114)

What does it mean when Quran says lawful? Is there any list of foods that are lawful?

“Made lawful to you this day are *At- Tayyibat* [all kinds of *Halal* (lawful) foods, which Allah has made lawful (meat of slaughtered eatable animals, milk products, fats, vegetables and fruits). The food (slaughtered cattle, eatable animals) of the people of the scripture (Jew and Christians) is lawful to you and yours is lawful to them.”

(Surah 5:5)

What does the Muslim Authors says on Health?

“The Quran is not a book of medicine or of health sciences, but in it there are hints which lead to guidelines in health and diseases. Prophet Mohammed has been sent as an example to mankind so his traditions in matters of health and personal hygiene are also a guide for his followers.” (Shahid Athar, “Health Guidelines from Quran and Sunnah,” accessed 23 November 2014, <http://www.soundvision.com/Info/halalhealthy/DivineHelp.asp>).

“Allah loves His creations so much that He is concerned even with what we eat and put in our body. Our muscles, bones, lungs, liver, brain and secretions are made from the raw product we feed it. If we provide the factory with junk raw products, the factory will not produce tough bones, strong muscles, good pump (heart) and clean pipes (vessels)” (Shahid Athar, “Health Guidelines from Quran and Sunnah,” accessed 23 November 2014, <http://www.soundvision.com/Info/halalhealthy/DivineHelp.asp>).

What is the Islamic View Diet and Character?

- “Ramadan is an ideal time to break bad habits, to reflect on personality and to improve your character.” The Islamic bulletin
- “If someone by fasting needs to reflect and show the better quality of character.” (The Islamic bulletin Islamic bulletin, “What Could You Gain from Fasting?”)

accessed 23 November 2014, http://www.islamicbulletin.org/newsletters/issue_23/fasting.aspx.

- “Those food and drinks forbidden by Islam are harmful and destructive to the human spirit and morality as well as to the physique and moral fibre of man.” (Ahmadiyya Movement The Lahore Ahmadiyya Movement, “Dietary laws in Islam,” accessed 23 November 2014, <http://www.muslim.org/islam/less-qur/128.htm>).

Summary on health of similarity between

Muslim and Christians

- Both are in agreement that the creator is concern about human health.
- Both are agree that they are clean and unclean foods that needs to shun them.
- Muslims respect the dietary law of the Bible.
- Both of them accepts diet can affect the character and ruin the body.
- In general, Christians and Muslims have common ground that human problem of deterioration of health is caused by human themselves.
- The recommendation is to follow God’s principle for Health reform.

The Principles to Reach for Muslim

Christ's method alone will give true success in reaching the people.

“The Saviour mingled with men as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them,

"Follow Me." {MH 143.3)

(Ellen G White, *Ministry of Healing* (Mountain View, CA: Pacific Press, 1942), 143).

To create a platform to share God’s story, character and purpose as revealed in the Bible.

It is necessary to mingle with people of other faiths or philosophies, to learn about their worlds and words or concepts used belong to webs of words and ideas that tell different

stories. (Ganoune Diop, *Mission to World Religions and Contemporary Worldviews: An Adventist Perspective*, General conference of Seventh-day Adventists World Headquarters, Edinburgh 2000, 19.

Each world religion has an inner logic

- Finding this inner logic by means of the identification of the diagnosis a religion offers of human problem(s) and the solution (s) they propose to their adherents along with the values attached to them and the taboos they reject, helps to better understand and relate to these people.
- We must make sure that we are spiritually prepared for meeting Muslims. Ask the Lord to open their hearts to His spirit.
- Muslims are not usually won to the lord by clever arguments against Islam. It is better to approach Muslims in a friendly and loving manner that demonstrates Christ's love.

Three barriers in witnessing the Muslims According to the Cloute¹ Justin C. Cloute,

- First, Islam teaches that **the Bible as God's Word is corrupt**, and only the Quran is the revered and perfect Word of God (Allah).

Solution: - Start from Quran and lead them to the Bible.

- Second, Misinformation about Christianity that Christianity and Islam share a history that is filled with hatred, wars, and rumors of war.

Solutions: - To show them different types of Christians.

- Third, Family is also a barrier that a Muslim will face when considering Christianity. If a Muslim becomes a Christian he will most likely be alienated by his family and community.

Solutions:- ready to accept them.

Paul's lives can be a good example:-

Paul was a blasphemer, a persecutor, and a violent man. He was Christianity's greatest enemy. Christ Jesus showed his unlimited power in Paul. God showered his love on Paul by bringing him to faith. He became world's greatest missionary.

Our object must not be to score points or to win arguments but to win Muslim people to God's Anointed Saviour, Jesus Christ.

(*“Reaching Muslims with the Gospel,”* Accessed 11 November 2014, <http://www.wlsessays.net/files/ClouteMuslims.pdf>).

Choice appropriate time and place:

- Every society and culture has appropriate times and places for certain things or events. If we choose an inappropriate moment to speak about an important matter, the person will not listen to us. Not because of the subject, but because of the inappropriate time.
- A look at Jesus' ministry shows that he was very flexible and adopted his program to the availability and needs of the people.
 - Jesus welcomed Nicodemus alone at the home at night.
 - The Samaritan women alone at the well at noon.
 - He joined two men on a walk late afternoon on the way to Emmaus.

Find persons of peace – bless whole families (Matt 10: 11-13)

The house of the man of peace will then become the base for a new house fellowship, particularly if the members of his family and social network become followers of Jesus at the same time with him, as in the example of Cornelius in acts 10.

Many Muslims like Jesus, but they do not like our way of doing Church:- They want to follow him, but they also want to remain part of their community. The person of peace approach has a solution for this problem, as it does not condition the acceptance of Jesus as Savior to the adherence of foreign church form and culture. When working with Muslims, we should bring them “Jesus plus nothing!”

(Moussa Sy and Ben Naja, *And you shall be A blessing: Encountering people of other cultures and religions*, (frontiers, 2009, 2011.) Edited May 2009 – march 2011 page 55).

- In family oriented cultures it is best to share Good News in a family oriented way. It is therefore much more effective to include entire families from the start.
- This might have as a consequence that the whole process slows down; however, it follows much the divine mandate of blessing all families on earth, because the family structure is respected and families will not be torn apart.

Pray with Muslims and pray for their needs

- One of the best ways to bless Muslims is prayer for them and their needs. Spontaneous prayer in tough situations such as accidents, loss, Pain, conflicts, family problems and other is just natural.
- Muslims already know from the Quran that Jesus has the power to heal the sick.
- Use titles for Jesus that are known and acceptable to Muslims (e.g. “Isa al – Masih”)

Build on the truth which they already know

There are fragments of truth in all cultures and religions- possibly not the whole truth, but very precious aspects or elements of truth. All truth is God’s truth: God himself put it in their hearts (Romans 2:15). We should identify it and build on it.

Paul worked according to this principle;

The Greeks liked pottery and poets. Acts 17: 28 Paul listened in them and simply repeated what these poets had said. After this the people enjoyed listening to what Paul had to say to them. Athens was a city full of heresies, idols and sin.

- If we study more of the Quran: We should be aware of the similarity as well as the differences.

- Each similarity, each agreement, each piece of common truth can be an additional stone on which we can build more truth.
- Some teaching about God, there is only one God, he is the creator, he is without sin, the “99 beautiful names of Allah”(Al-asma Al-Husna) play a prominent role in the lives of many Muslims (recite these with help of tasbeeh) each of them has a Biblical parallel reference.
- Many Biblical “prophets” are also known in the Quran: Adam, Noah, Abraham, Isaac, Jacob, Joseph, Moses, Aaron, and David, Job, Jonah, John, and many others. The Qur’an mentioned 25 prophets by name; 22 of them are also mentioned in the Bible.
- Muslims believe that God gave the Taurat to Moses, the Zabur to David, and the Injil to Jesus. These three books correspond to the Pentateuch, the Psalms and the Gospels. Every Muslims must believe that these books constitute the revelation of God. In these books, we have many things in common, e.g. the story of creation or the story of the birth of Jesus.

The importance of training

“And the things you have heard me say in the presence of many witnesses entrust to reliable men who will also be qualified to teach others. “ 2 Tim 2:2-3 NIV

In Muslim ministry the following points are important: -

- Attend Workshops and training seminars,
- read good books on this topic,
- Learn some new abilities.

(Moussa Sy and Ben Naja, *And you shall be A blessing: Encountering people of other cultures and religions*, (frontiers, 2009, 2011.) Edited May 2009 – march 2011, page 9).

A witness to have the following four qualities for successful ministry:

1. The witness needs to have the right perspective.

“We often base our perspective on wrong or unstable foundations. If we base our perspective on our feelings or experiences we, are soon going to abandon the work. Our perspective must be base on what God has said, because that is the only truth.”

2. The witness needs to have the right attitude.

"A true evangelist is a lover of souls." "Let them see that you love their souls."

3. The witness needs to have perseverance.

“Many co-workers abandon their ministry quickly because they are easily discouraged if they don’t see quick visible results of their efforts. But whoever wants to bless people of other religions has to be willing to invest many years, possibly a lifetime.”

4. The witness is ready to make sacrifices.

(Ellen G.White, *Evangelism* ((USA: Review and Herald, 1946), 116.)

The Bible gives to this success model is ministry through spiritual gifts, and it is developed by Paul in 1 Corinthians 12:4-6.

Paul outlines three steps of implementations: -

First, the Holy Spirit equips the members of the congregation with a great variety of spiritual gifts,

Second, the process continues as God opens up a great variety of avenues of ministry that match the gifts of all the members.

Third, the process is fully implemented as God empowers the members.

Evaluation question

- ❖ What are the two advantages of health- care institution according to Ellen G.White? Answer: 1. Improving health for Adventist
- 2. Physicians will be brought directly the influence of the truth, the prejudice will overcome.

- ❖ What does the relationship b/n diet and character according to the Spirit of Prophecy?
 - Lack of controlling appetite, result powerless to overcome other temptation of Satan. As we near to the end this temptation will be Powerful and more difficult to overcome.
 - What is protein myth?
 - What does drug abuse mean?
- ❖ Where do find the list of lawful foods that Qur'an stated?
- ❖ What are the similarity b/n Christians and Muslims on Health Issue?
- ❖ What are the objective of mingle with other culture and religion?
- ❖ What are the barriers in witnessing Muslims?
 - Bible is corrupt, misinformation about Christians, and the family challenge.
- ❖ What should be our objective when we witness for Muslims and what are the things that we need to avoid?
 - Not to win argument
 - But win Muslims for Christ
- ❖ What are some similarity B/N Qur'an and the scripture?
 - Jesus
 - many bible prophets name in Qur'an
- ❖ How many Bible names are mentioned in Qur'an?
 - 22
- ❖ What are the Bible Books in the Qur'an?
 - Taurut , zabure and Injil
- ❖ What are the Common things between in Christians and Muslims?
 - The birth of Jesus

- The story of creation
- ❖ What are the important matters in Muslims ministry?
 - Attend workshops & training, seminar
 - Read books
 - Learn some abilities
 - prayer
- ❖ What are the qualities of witnessing?
 - Right perspective
 - Right attitude
 - Perseverance
 - Ready to make sacrifice

APPENDIX B
QUESTIONNAIRES

Questionnaires 1- 3 was dispatched on march 18th of 2015 to the Adventist staff to know their relationship with Muslims and witnessing to Muslims, and to explore their understanding of reaching Muslims through health message.

Questionnaire 1. Adventist staff condition on relationship with Muslims

Questions	Yes	No
1. Have you read Quran?		
2. Do you think through Qur'an to direct Muslims to the Bible?		
3. Do you have a chance to meet Muslims often?		
4. Have you been discuss with Muslim on religion issue?		
5. Have you attended on Muslim wedding?		
6. Have you been in a Muslim house?		
c. Regularly		
d. Occasionally		
7. Have you been in Mosque?		
8. Will you be willing to visit a mosque if you get a chance?		
9. Do you know some of the things that provoke Muslims?		
10. Do you know some of the things that Christianity and Islam share a history?		

Questionnaire 2. Adventist staff condition on witnessing to Muslims

Questions	Yes	No
1. Do you know some of the method to approach Muslims?		
2. Do you think prayer to Muslim by Christian is acceptable?		
3. Did you attend any seminar that can help you to reach Muslim?		
c. one time		
d. two times		
4. Does the seminar create some interest in you?		
5. Do you think Approaching Muslims is easy?		
6. What would be your challenge to discuss with Muslims?		
d. Languages barriers?		
e. Not enough training how to reach Muslims?		
f. Fear of rejection?		

Questionnaire 3. Adventist staff condition of reaching Muslims by health message

Questions	Yes	No
1. Do you have an experience how to reach souls through health message?		
2. Is it an effective way to use health message to reach Muslims?		
3. Do you know some of the dietary restriction law in Quran?		
4. Do you have an idea that weather there is similarity between Quran and scripture on dietary restrictions law?		
5. Do you think diet affect some one's character?		
6. Do you think Muslims agree on the above point?		
7. Do you think some of the dietary law of Muslims in agreement with Adventist?		

This evaluation questionnaire was used on March 24 after the end of the DAHC, SDA staff seminar.

Questionnaire 4. Evaluation questionnaires for DAHC, SDA staff

Question	Yes	No
1. Did the seminar give you some information on how to reach Muslims in a better way?		
2. Without offending Muslims can you maintain a relationship with them?		
3. Did you get some witnessing methods for Muslims with love than argument?		
4. Did you get some ideas on how to tackle some of the barriers in witnessing with Muslims?		
5. Did you understand how Qur'an is important to direct Muslims to the Bible?		
6. Did you understand the objectives of mingling with other culture and religion?		
7. Do you fear to share your faith with Muslims?		
8. Would be willing without delay to start reading Qur'an to look for the common ground?		
9. Are you ready without taking time to prepare yourself to share the love of Jesus to Muslims?		
10. Did you get any additional information on how to relate with Muslims using health as a tool?		
11. Did you observe the possible way to derive a principle of health from Qur'an?		-

APPENDIX C

INTERVIEWS

Interview for Dentist and Ophthalmologist/Administrator of DAHC

This interview used on March 17, 2015 and it is discussed in chapter 3, under the topic of Djibouti Adventist Health Centre (DAHC) and under subtopic of health Education.

1. How long have you worked at DAHC?
2. Does the clinic have any strategy plan to reach Muslims in Djibouti through health message?
3. Do you have health education programs in the clinic?
4. Do you think it can be helpful for reaching souls? Or it needs more systematic way?
5. How effective was the Health center in terms of soul wining?
6. Did you attend any training on reaching Muslims before you appointed in your current position?
7. Do you have any comment one health message?

Interview to the Ministry of health in Djibouti

An interview made on March 19, 2015. It is discussed in Chapter 3 under subtopic health.

1. What are the common problems for the people of Djibouti in terms of non-communicable diseases?
2. Related to dietary habit what are the common problems?
 - a. People eat too much
 - b. People eat un health foods stuff

3. Do people have enough information about healthy foods?
4. Does the ministry of health have a program of teaching the people how keep their health in terms of healthy food?
5. Would the MOH encourage teaching people in relation to changing of eating habit?
6. Do you think harmful drugs are great problems for the people of Djibouti?
7. What are the most common problems of drugs for the people of Djibouti?
8. Most people in Djibouti chewing khat, is it ok if someone teach the side effects of khat?

Interview To non-Adventist health centre staff

What is your age?

1. Are you satisfied with your existing eating habits?
2. What is the most important meal for you in a day?
3. Do you describe your eating habits as healthy?
4. What will you consider most when you purchase healthy food? (Can suggest more than 1 option)
5. Are healthy food restaurants available in your city? Yes ----- No -----
6. What type of healthy food do you prefer?
7. How do you get information about healthy food?
8. Do you eat between meals? Yes ----- No -----

If the answer is yes, how often?

9. What are the advantages of keeping our body healthy?
10. Do you think diet affects our characters? If the answer is yes; how?
11. Do you know about the advantage of being vegetarian?

Evaluation Interview to the clinic staff and Arhiba community

1. Did the seminar give you some information?

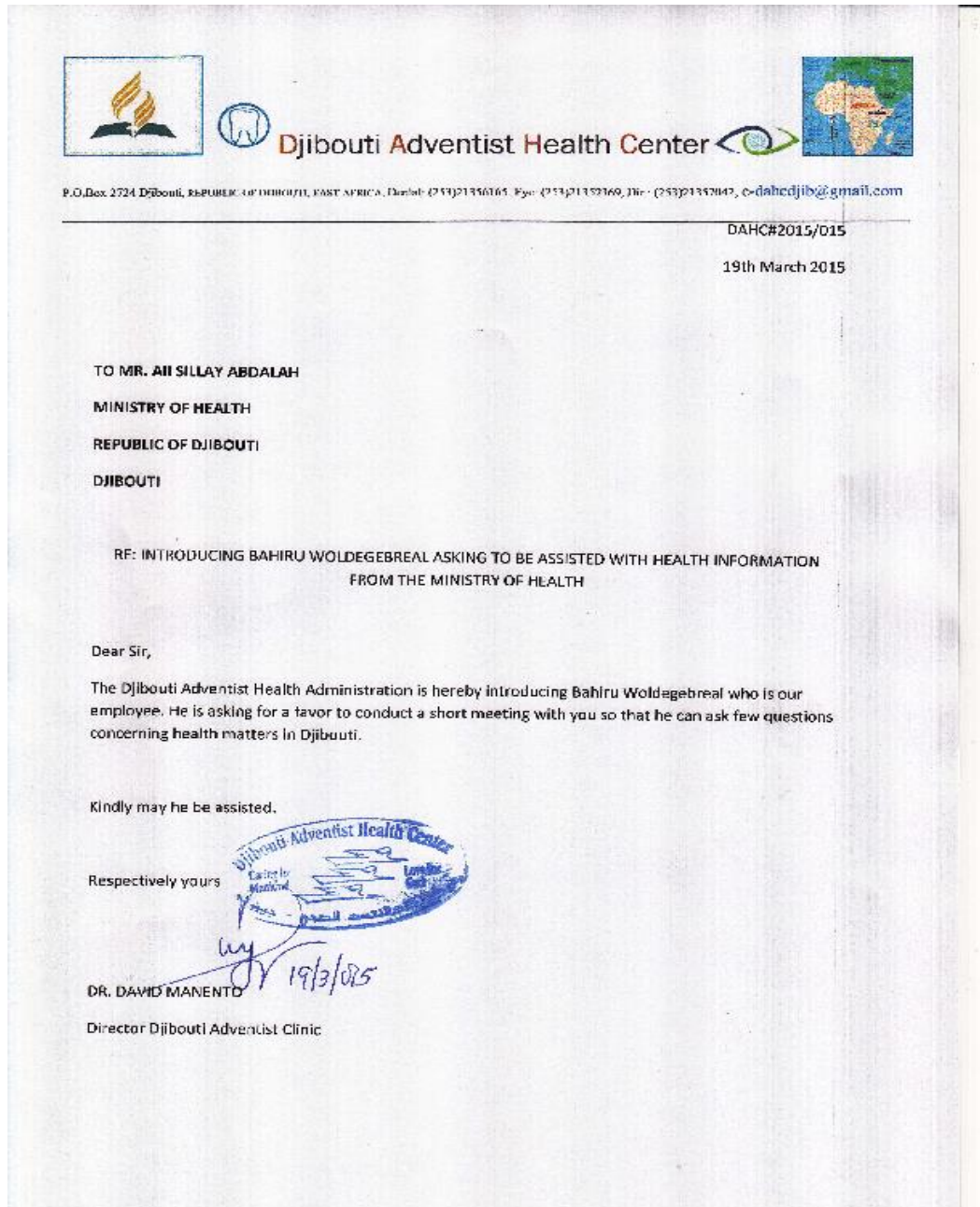
2. Have you made any decision to change your life style after you attended the seminar?
3. Are you willing to share with us some of the decisions that you made?
4. Could you see how diet can affect characters?
5. Are you aware of the importance of gathering information on healthy living?
6. Would you recommend for more seminars like this?
7. In general, how do you evaluate the seminar?

Interview to the community of Arriba

1. What is the most important meal for you in a day?
2. Does the community have the access of information on healthy foods?
3. Are you satisfied with your existing eating habits?
Do you describe your eating habits as healthy?
4. How do you get information about healthy food?
5. How many times you eat in a day?
6. Do you eat between meals? Yes ----- No ----- If yes; how often?
7. What will you consider most when you purchase healthy food? (Can suggest more than 1 option)
8. Do you think diet affects our characters? If the answer is yes; how?
9. What kind of drinks you prefer most?
10. Do you have restaurants in your community? If yes; what types of meal do they serve most?
11. What are the advantages of keeping our body healthy?
12. What are the common problems in your community in terms of non-communicable diseases?
13. What are the main problems in your community in terms of healthful living?

APPENDIX D

LETTERS





Djibouti Adventist Health Center



P.O.Box 2724 Djibouti, REPUBLIC OF DJIBOUTI, EAST AFRICA, Dental: (253)21356165, Eye: (253)21352369, Dir.: (253)21357042, e-dahcdjib@gmail.com

DAH#2015/017
25/3/2015

**TO ALL WORKERS OF DJIBOUTI ADVENTIST HEALTH CENTRE
REPUBLIC OF DJIBOUTI
DJIBOUTI.**

RE: INVITATION FOR LIFE STYLE SEMINAR.

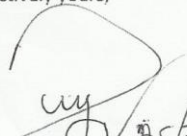
Dear Sir/ Madam,

The Djibouti Adventist Health Centre is hereby inviting all its workers to attend for a life style seminar at the clinic conference room on 29/3/2015 at 11: AM to 12:30PM

We are the part of community in the areas we come from, were the light to the community around our vicinity, therefore I'm expecting all of us will plan to attend to this important seminar without missing.

We are looking forward to meet with you on that day for the seminar so that thereafter to pass the knowledge obtained to the whole community hence to change to positive life living.

Respectively yours,


DR. D. MANENTO
Director Djibouti Adventist Health Centre.





Djibouti Adventist Health Center



P.O.Box 2724 Djibouti, REPUBLIC OF DJIBOUTI, EAST AFRICA, Dental: (253)21356165, Eye: (253)21352369, Dir.: (253)21357042, e-dahedjib@gmail.com

DAH#2015/016
25/3/2015

**THE ARHIBA COMMUNITY LEADER
REPUBLIC OF DJIBOUTI
DJIBOUTI.**

TO WHOM IT MAY CONCERN.

RE: INVITE THE ARHIBA COMMUNITY FOR LIFE STYLE SEMINAR.

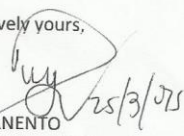
Dear Sir/ Madam,

The Djibouti Adventist Health Centre is hereby inviting the leaders and the members of Arhiba Community to attend for a life style seminar at the clinic in the conference room on 5/4/2015 at 11:00PM to 12:30PM

We wished to have invited all of the community members but because of a limited place we are forced to limit the number to 35 attendees.

We are looking forward to meet with you on that day for the seminar so that thereafter to pass the knowledge obtained to the whole community hence to change to positive life living.

Respectively yours,


DR. D. MANENTO
Director Djibouti Adventist Health Centre.



APPENDIX E

PARTICIPANTS WITNESSING THROUGH HEALTHY MESSAGE

Table E6. Groups of Participants for Witnessing

Date	Time	Topics	Attendees	Facilitators	Coordinators
March 29/15	5pm – 6pm	Healthy life style	Non SDA staff	Dr.David Manento Dr.Vincent Dionzon	Sara manento Grace Dionzon Eyael Mesfin
April 05/15	5pm- 6pm	Healthy life style	Arhiba community	Dr.David Manento Dr.Vincent Dionzon	Sara manento Grace Dionzon

Before the seminar the facilitators conducted an interview to know their life condition and knowledge of the participants.

Table E7. Interview for Non SDA Staff

Questions	Respondent	Response
Are you satisfied with your existing eating habits?	A	Satisfied
	B	Satisfied
	C	Satisfied
	D	Not satisfied
What is the most important meal for you in a day?	A	Breakfast
	B	Breakfast
	C	Lunch
	D	Lunch
Do you describe your eating habits as healthy?	A	Yes
	B	Yes
	C	Not so much
	D	Not so much
What will you consider most when you purchase healthy food?	A	Health and balance

	B	Health and balance
	C	package, price, promotion, and accessibility
	D	only package
Are healthy food restaurants available in your city?	A	Yes
	B	Yes
	C	Yes
	D	No
How do you get information about healthy food?	A	Through television
	B	Through television
	C	Through the internet
	D	Through Health seminar
Do you eat between meals?	A	Yes, every day
	B	Yes, every day
	C	Yes, every day
	D	Yes, every day
What are the advantages of keeping our body healthy?	A	Health
	B	Clear thinking
	C	saving money (when you get sick you will spend a lot of money for medication)
	D	To be strong, boosting the immune system and for aging.
Do you think diet affects our characters?	A	Yes, being emotional is one of the effects of bad diet habit.
	B	Yes, being emotional is one of the effects of bad diet habit.
	C	Yes, being emotional is one of the effects of bad diet habit.
	D	No
Do you know about the advantage of being vegetarian?	A	Yes, body flexibility, free from no communicable diseases.
	B	Free from early aging.
	C	Free from blood pressure, and diabetics.
	D	No

Seminar for the non Adventist staff.

Based on above facts the facilitators and the coordinators agreed to conduct the seminar On March 29, 2015. The Seminar started in the afternoon. The coordinators took their time to put things in its place, arranging chairs, healthy food snacks and ushering the attendee.

The healthy life style seminar to the Non SDA staff started on time and the first parts was conducted by Dr.David Manento during his presentation he presented the advantages of keeping our body from harmful food items.

He gave them some list of non communicable diseases such as obesity, gallbladder disease, ect. that affect the body as the result of harmful foods items. In addition, He gave an advice the advantage of eating breakfast and avoiding the between meals habit.

There was time for questions and answer and some raised questions on the advantage of protein from the meat; the answer was it is possible to get enough protein from legumes, cereals and nuts. But the second hand protein from animals has risk.

The second parts of the healthy life style seminar were on health benefits of vegetarian diets. Dr.Vincent presented on Cancer Protection that a major report published by the World Cancer Research Fund in 1997 recommended we lower our risk of cancer by choosing predominantly plant-base diets rich in a variety of vegetables, fruits, legumes...

He stated regular fruits and vegetable consumption reduces the risk of ischemic heart disease. Dr.Vincet gave his own personal testimony on diet reform and how he has better health than before.

At the end of the seminar many question raised one of them is the problem of not having good appetite in the morning. The answer was to eat vary light meal in the

evening heavy breakfast less at lunch and to make habit of drinking water 30 minutes before meal and an hour after meal.

The other concern was how to cook healthy food and the answer was promising to demonstrate health food cooking and to follow up the healthy food cooking program from hope and 3ABN channel.

The feed back at the end of the seminar and one of attendee did commitment to be a vegetarian and the other one promised to start eating breakfast. The result was the following week that one who was struggling to eat her breakfast, she testify that she started eating her breakfast regularly.

The research observed that some of the non Adventist who was against our belief started changes their attitude after the seminar.

Evaluation Interview to the None Adventist Staff

The evaluation after the seminar for the non Adventist shows the impact of the seminar.

*Table E8.*Evaluation of the Non Adventist Health Center Staff

Questions	Respondent	Response
Did the seminar give you some information?	A	Yes, it gives me information of what to eat, how to eat and what need not eat. To drink glasses of water and avoid drinking cola. And I understand how diet affects some once characteristics and behavior.
	B	Yes, it gave me information that to understand the impotence of eating healthy diet and fruits.
	C	Yes, such as the effect of alcohol and cola drinks.
	D	Yes, I got information on healthy food and avoiding food that can affect my health like, animal fat.
Have you made any decision to change your life style after you attend the seminar?	A	Yes, because I see it is vary important that vegetables are better that meat for diet.
	B	yes, really changes my life style
	C	Yes
	D	Yes
Are you willing to share with us those decisions that you made?	A	yes, I already shared it to my family

	B	Yes, my decision that I started to eat my breakfast and start eating fruits.
	C	Yes, I started eating breakfast regularly. To share to others the effect of eating meat.
	D	Yes, after the seminar started to buy fruits and vegetables more than eating meat. And I am telling to my sister and friends the benefits of eating fruits and vegetables.
Could you see how diet can affect our characters?	A	Yes! I saw it
	B	Yes
	C	Yes, taking of alcohol and cola affect the character.
	D	Yes, eating meat affects characters.
Are you encouraged to gather information about health for more additional knowledge?	A	Yes
	B	Yes
	C	Yes, gathering information on health will give me better understanding of changing my life.
	D	Yes, because the more I have information on healthy food it will help me to change my habit.
Would you recommend for more seminars like this?	A	Yes, if it is every week, even every day to have this type of seminar is important.
	B	Yes, many seminars I need.
	C	Yes, I would recommend seminars with different topics.
	D	Yes, I would recommend, since it helps me to have more in formations about health foods.
In general, how do you evaluate the seminar?	A	Satisfactory
	B	It was vary interesting especially, the counsel of changing eating habit.
	C	It is good; it helps me to change my lifestyle, e.g., eating good breakfast and avoiding eating to much meat.
	D	It is good, because it helps me to get more information on health.

The evaluations of the respondent's answer attest that the attendee got valuable information from the seminar. And all of them are decided to do health reform; some of the decisions are eating breakfast, to minimize eating meat and to increase eating vegetables and fruits and to share the information to the family members. The attendee also ready to gather information on health from different media and they show their interest to have more seminars like these in the future.

This shows that the seminar meet its goal on reaching Muslims through health message.

Seminar for the community. The facilitators before the seminar they gather information to know the real problems of the community on healthily life style issue. Interview was used as a tool. And two people were willing to answer the interview, the summery of the interview as follows:-

Table E9. Interview for The Arhiba Community

Questions	Respondent	Response
Does your community have the access of information on healthy foods?	A	Yes, TV, radio, news paper, through voluntary organization.
	B	Yes, TV, radio, news paper, through voluntary organization.
What is the most important meal for you in a day?	A	Breakfast
	B	Supper
Are you satisfied with your existing eating habits	A	satisfied
	B	satisfied
Do you describe your eating habits as healthy?	A	Yes
	B	Not much
How many times you eat in a day?	A	Three times
	B	Three times
Do you eat between meals?	A	Yes, once in a while
	B	Yes, once in a while
What will you consider most when you purchase healthy food?	A	Package

	B	Health & balance
Do you think diet affects our characters?	A	Yes, coffee can affect the character, develop an addiction
	B	Yes, coffee can affect the character, develop an addiction
What kind of drinks you prefer most?	A	Water, soda, and tea
	B	Water, soda, and tea
Do you have restaurants in your community?	A	Yes, pasta, rice, beans, and goat meat
	B	Yes, pasta, rice, beans, and goat meat.
What are the advantages of keeping our body healthy?	A	Our bones will be strong.
	B	Our bones will be strong.
What are the common problems in your community in terms of non communicable diseases?	A	Malnutrition, diabetics and obesity
	B	Malnutrition, diabetics and obesity
What are the main problems in your community in terms of healthful living?	A	Not eating healthy and balance diet
	B	Not eating healthy and balance diet
In your understanding, can you mention some of the ingredient for healthy foods?	A	Fruits, lentils, peas, eggs, meat, and fish.
	B	Fruits, lentils, peas, eggs, meat, and fish.

Preparation for the seminar. On April 05, 2015 before the seminar the coordinators arranged the chairs, health snacks and registration tables. At 5pm Dr.David Manento, launch the seminar by emphasizing the importance of healthy living. He stated that most people eat dairy products as their regular diets, as the result they are affected by non communicable diseases.

Those diseases cannot be cured effectively by medication; the solution is just to change eating habit. The advantage of eating breakfast and avoiding eating between

meals. And he stated the effects of cola drinks and the advantages of drinking water. He advice to make the habit of drinking water one hour before and after meals.

On conclusions, he quoted supportive text from Qur'an that how is important to keep body by eating healthy foods. At the end of his presentation question was asked and the second parts of the seminar was conducted by Dr. Vincent Dionzon, he presented the advantage of vegetarian diets for the good life style.

He presented on Cancer Protection that a major report published by the World Cancer Research Fund in 1997 recommended we lower our risk of cancer by choosing predominantly plant-base diets rich in a variety of vegetables, fruits, legumes...

He stated regular fruits and vegetable consumption reduces the risk of ischemic heart disease. Dr. Vincet gave his own personal testimony on diet reform and how he has better health than before. At the end of the seminar the attendee shown their appreciations by applause and certificates of attendance were handed over.

Two respondents from the attendee called for the interview and their answer is presented as follows:

Table E10. Evaluation Interview to the community of Aarihba

Questions	Respondent	Response
Did the seminar give you some information on healthy life style?	A	yes
	B	yes
Have you made any decision to change your life style after you attended the seminar?	A	Yes, before attending the seminar I used to buy dairy products but now more fruits and vegetables.
	B	Yes, before the seminar I used to drink more soda than water but now to reduce soda and to drink more water.
Are you willing to mention some of the decisions that you made?	A	Yes, drinking enough water
	B	Yes, to reduce drinking soda but to increase drinking more water.
Could you see how diet can affect characters?	A	Yes, when some one takes alcohol, tea, coffee, and the stimulants can changes behaviors.
	B	Yes, "we are we what we eat" for example if we eat most of the time meat we will acquire animals' characters.
Are you aware of the importance of gathering information on healthy living?	A	Yes, I could see the importance of gathering information on health to benefit myself and the community.
	B	Yes, it helps to avoid or to reduce the unwanted diseases.
Would you recommend for more seminars like this?	A	Yes, more seminars on drugs abuse, the effect of internet such as to avoid watching pornography pictures.
	B	Yes, more seminars on drugs abuse, the effect of internet such as to avoid watching pornography pictures.
In general, how do you evaluate the seminar?	A	It was excellent; when the participants hear the quotation from Qur'an on health they are so happy. Most people they do not read Qur'an but if some things supported by Qur'an they respect and open to accept it. Even the ministry of health when the conduct the seminar they quote from the Qur'an.

	B	<p>It was excellent; when the participants hear the quotation from Qur'an on health they are so happy. Most people they do not read Qur'an but if some things supported by Qur'an they respect and open to accept it. Even the ministry of health when they conduct the seminar they quote from the Qur'an.</p>
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The summary of the interview shows that the attendee benefited from the seminar. Their decisions on the diet reform attest that how the seminar impact the community members. From this picture it can be conclude that the project objective to reach Muslims through health message meets its goal.

BIBLIOGRAPHY

- Abdalati, Hammudah. *Islam in Focus*. Maryland: Amana publications, 1998.
- African Economic Outlook. "Djibouti." [http:// www. Britannica.com/FBchecked/topic /166928/Djibouti/280736/Religion#toc37639](http://www.Britannica.com/FBchecked/topic/166928/Djibouti/280736/Religion#toc37639). Accessed 14 February 2014.
- Anspaugh, David J., and Michael H. Hamrick. *Wellness Concepts and Applications*. Sixth edition. NY: McGraw Hill, 2006.
- Answering Islam. "Communicating the Gospel to Muslims." [http:// www.answering- islam.org/Gilchrist/Vol2/3a.html](http://www.answering-islam.org/Gilchrist/Vol2/3a.html). Accessed 10 November 2014.
- Athar, Shahid. "Health Guidelines from Quran and Sunnah." [http://www.soundvision .com/Info/halalhealthy/DivineHelp.asp](http://www.soundvision.com/Info/halalhealthy/DivineHelp.asp). Accessed 23 November 2014.
- Boonstra, Shawn, and Fred Harding. "Eyes steps for better Health." Nampa: Pacific Press, 2007. [http://books. google.com/ books](http://books.google.com/books). Accessed April 18, 2011.
- Britannica, Encyclopedia. "Djibouti: Health and Welfare." [http://www.britannica.com/ EBchecked/topic/166928/Djibouti/280736/religion# oc37639](http://www.britannica.com/EBchecked/topic/166928/Djibouti/280736/religion#oc37639). Accessed 14 February 2014.
- Bureau of Democracy, Human Rights and Labor. "International religion Freedom Report 2010." <http://www.state.gov/j/drl/rls/irf/2010/148683.htm>. Accessed on 10 February 2014.
- "Change of Diet after the Flood." [Gen 9:3-4]. *Seventh day Adventist Bible Commentary*. Rev. ed. Edited by Francis D. Nichol. Washington, DC: Review & Herald, 1953. 1:263.
- Christians Answer Network. "How can Followers of Christ Best Pray for Muslims?" <http://christiansanswer.net/q-eden/muslim-prayer.html>. Accessed on September 22, 2015.
- Cloute, Justin C. "Reaching Muslims with the Gospel." Daniel, Eileen L. *Taking Sides Clashing Views in Health Society*. 6th edition. NY: McGraw Hill, 2008.
- Country Agreement between the Republic of Djibouti and the General Conference of Seventh-day Adventists Eastern Africa division. 15 August 1989.
- Culture Games World Edition 2008. "Republic of Djibouti." [https://www2.viu.ca/ homestay/host/CultureGrams/Djibouti.pdf](https://www2.viu.ca/homestay/host/CultureGrams/Djibouti.pdf).

- Daniel, Eileen L. *Taking Sides Clashing Views in Health Society*. 6th edition. NY: McGraw Hill, 2008.
- Diop, Ganoune. *Mission to World Religions and Contemporary Worldviews: An Adventist Perspective*. General conference of Seventh-day Adventists World Headquarters. Edinburgh, 2000.
- Djibouti Adventist Health Center. "Minutes of the Djibouti Adventist Health Center." Djibouti, 246 – 0309, 16 March 2009.
- Eckersley, William, Ruth Salmon, and Mulugeta Gebru. "*Khat, Driver Impairment and Road Traffic Injuries: A View from Ethiopia*." [http:// faculty. Ksu.edu.sa/hazza /Selected,Papers/Prevalence-and-Risk-Factors-Associated-with-nutrition- relate, Medicine-2012.pdf](http://faculty.Ksu.edu.sa/hazza/Selected,Papers/Prevalence-and-Risk-Factors-Associated-with-nutrition-relate-Medicine-2012.pdf). Accessed 14 February 2014.
- Ethiopia Union Mission of Seventh-day Adventists. "Minutes of Operating Board of the Djibouti Adventist Health Center, Meeting." Addis Ababa, Ethiopia: Ethiopia Union mission, 23 February 1994.
- Gaebelein, Frank E. *The Expositor's Bible commentary on the Whole Bible*. Vol. 2, *Genesis to Leviticus* [CD ROM]. Michigan: Grand Rapids, 1990.
- George R., Knight. *A Daily Devotional Lest We Forget*. Review and Herald: USA, 2008.
- Hahn, Dale B., and Wayne A. Payne. *Focus on Health*. Ninth edition. USA: McGraw-Hill, 2009.
- Henry Matthew. *Matthew Henry's Commentary on the Whole Bible*. Vol. 1, *Genesis to Deuteronomy* [CD ROM]. USA: Hendrickson, 1990.
- Hewitt, Donald W. *Diet without Danger*. California: Pacific Press, 1981.
- Index Mundi. "Djibouti Economy Profile 2014." [http://www.indexmundi.com/djibouti /economy_profile.html](http://www.indexmundi.com/djibouti/economy_profile.html). Accessed 17 February 2014.
- Insel, Paul M., and Walton T. Roth. *Core Concepts in Health*. NY: McGraw Hill, 2008.
- International Monetary Fund. "Djibouti: Recent Developments." [https://www.imf.org /external/np/country/notes/djibouti.htm](https://www.imf.org/external/np/country/notes/djibouti.htm). Accessed 23 February 2014.
- Islamic Bulletin. "What Could You Gain from Fasting?" [http://www.islamicbulletin.org /newsletters/issue_23/fasting.aspx](http://www.islamicbulletin.org/newsletters/issue_23/fasting.aspx). Accessed 23 November 2014.
- Jafor, Ahmed. "Similarities and Dissimilarities between Islam and Christianity." [http://www.academia.edu/371684/Similarities_and_Dissimilarities_between Islam_and_Christianity](http://www.academia.edu/371684/Similarities_and_Dissimilarities_between_Islam_and_Christianity) Accessed on September 22, 2015.
- Keil C. F., and Delitzsch. *Keil and Delitzsch Commentary on the Old Testament* [CD ROM]. Massachusetts: New Updated Edition, Hendrickson, 1996.

- Ludington, Aileen, and Hans Diehl. *Dynamic Living: How to Take Charge of Your Health*. USA: Review and Herald, 1991.
- _____. *Take charge of Your Health*. USA: Review and herald, 2001.
- Mulenga. "Djibouti Adventist Eye Care Initiative Report." Djibouti, July 2004 -2005.
- _____. "Djibouti Adventist Health Center Annual Report." Djibouti, 2001.
- _____. "Djibouti Adventist Health Center Annual Report." Djibouti, 2003- 2004.
- _____. "Djibouti Adventist Health Centre Annual Report." Djibouti, 2007.
- Musaiger, and Al-Hazza. "Prevalence and Risk Factors Associated with Nutrition-related Noncommunicable Diseases in the Eastern Mediterranean Region." *International Journal of General Medicine* 15 (2012): 199, [http:// dx.doi.org/10.2147/IJGM.S29663](http://dx.doi.org/10.2147/IJGM.S29663). Accessed 10 February 2014.
- Naden, Roy. "The Holy Spirit and Evangelism." *Ministry*, March, 1993. [https://www .ministrymagazine.org/archive/1993/03/the-holy-spirit-and-evangelism](https://www.ministrymagazine.org/archive/1993/03/the-holy-spirit-and-evangelism). Accessed 30 November 2014.
- Nedley, Neil. *Proof Positive: How to Reliably Combat Disease and Achieve Optimal Health through Nutrition and Lifestyle*. USA: Neil Nedley, M.D., 1998.
- 'Not Defile Himself.' [Dan 1:8]. *The Seventh-day Adventist Bible Commentary*. Rev. ed. Edited by Francis D. Nichol. Washington, DC: Review & Herald, 1953. 5:760.
- One World Nation. "Republic of Djibouti." <http://www.nationsonline.org/oneworld/djibouti.htm>. Accessed on March 3, 2014.
- Reed Stitt, Barbara. *Food and Behaviour: Natural Connection*. USA: Natural Press, 1997.
- Shamsi, Rashid. "Why Islam Forbids Pork?" <http://islamic-world.net/sister/h1.htm>. Accessed 23 November 2014.
- Study lands. "Religious Beliefs in Djibouti." <http://www.sestudyabroad.com/guide/DJ-religion.htm>. Accessed 17 February 2014.
- Sy, Moussa, and Ben Naja. *And You shall Be a Blessing: Encountering People of Other Cultures and Religions*. Frontiers, 2009, 2011. Edited May 2009 – March 2011.
- The Lahore Ahmadiyya Movemnt. "Dietary Laws in Islam." [http:// www.muslim.org /islam/less-qur/128.htm](http://www.muslim.org/islam/less-qur/128.htm). Accessed 23 November 2014.
- "These Are the Bests" [Lev.11:2]. *Seventh-day Adventist Bible Commentary*. Rev. ed. Edited by Francis D. Nichol. Washington, DC: Review & Herald, 1953. 1:753.
- US department state. "A Brief History of Djibouti - Part 1." <http://africahistory.about .om/od/djibouti/p/DjiboutiHist1.htm>. Accessed 3 March, 2014.

- Vyhmeister, Shawna ed. *Adventist University of Africa Standards for Written Work*. Kenya, Nairobi: Adventist University of Africa, 2013.
- Walter, Schubert. *Ministry Magazine*. 3 March 1958.
- Waris Maqsood, Ruqaiyyah. *Islam*. London: Hoder Education, 2006.
- White, Ellen G. "Eating to Live." Chapter 62 in *Child Guidance*. The Publishing Ellen G. White Writings. CD ROM. Ellen G. White Estate, 1998.
- _____. *Child Guidance*. Tennessee: Southern, 1954.
- _____. *Counsels for the Church*. Canada: Pacific, 1991.
- _____. *Counsels on Diet and foods*. USA: Review and Herald, 1938.
- _____. *Evangelism*. USA: Review and Herald, 1946.
- _____. *Fundamentals of Christian Education*. Tennessee: Southern, 1923.
- _____. *Gospel Workers*. USA: Review and Herald, 1915.
- _____. Ellen G. *Ministry of Healing*. Mountain View, CA: Pacific Press, 1942.
- _____. *Testimony*. 9 vols. USA: Review and Herald, 1993.
- _____. *The Adventist Home*. Tennessee: Southern, 1952.
- Woldegebreal, Bahiru. "Djibouti Outreach Evangelism Project Report." Djibouti, November, 2012.
- _____. "Djibouti Outreach Evangelism Project Report." Djibouti, December, 2012.
- World Health Organization. "Division of Health Systems and Services Development." <http://gis.emro.who.int/HealthSystemObservatory/PDF/Djibouti/Socioeconomic.pdf>. Accessed 3 March 2014.
- World Health Organization Country. "*Cooperation Strategy at a Glance: Health Situation*." http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_dji_en.pdf. February 22, 2016.

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