

**INFLUENCE OF RELIGIOUS PRACTICES ON MENTAL HEALTH AMONG
YOUNG ADULTS IN MAINSTREAM CHURCHES IN IMENTI NORTH,
MERU COUNTY, KENYA**

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**A Thesis Submitted to the School of Education and Social Sciences in Partial
Fulfillment of the Requirements for the Conferment of the Degree of Master of Arts
Degree in Counselling Psychology of Kenya Methodist University**

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DECLARATION AND RECOMMENDATION

Declaration

I declare this thesis is my original work that has not been presented in any other university.

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Recommendations

This thesis has been submitted for examination with our approval as university supervisors.

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DEDICATION

I would like to dedicate my work to my family, friends and benefactors for being my pillar of strength throughout this academic journey.

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ABSTRACT

Despite the recognized role of religious practices in promoting mental health, limited research has examined their specific influence among young adults in mainstream churches in rural Kenya. The purpose of the study was to examine the influence of religious practices on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya. An exploration on how attending worship services, reading sacred texts, adhering to religious statutes, and engaging in community service, influenced mental health among young adults. Grounded in human flourishing theory and relational theory, the study emphasized the role of positive interpersonal relationships and personal growth through engagement in the mentioned religious practices. A correlational research design was adopted, targeting 3,745 young adults and 106 pastors from seven mainstream churches that were sampled through simple random method. A sample of 361 young adults and 32 pastors was selected using simple random sampling. Data were collected through questionnaires and interviews. Piloting of research instruments was done at PCEA Nkubu, and yielded a Cronbach's alpha of 0.854, ensuring reliability. Various types of validity that were ensured included content, criterion and construct validity. Quantitative data were analyzed using SPSS version 29 to derive descriptive statistics, Pearson correlation, and multiple regression while qualitative data were analyzed thematically. The study was significant to the body of research since various religious institutions, not only limited to churches, would get information on the perception that the young adults had towards various religious practices. This would enable them to develop more activities related to young adults and that could help them blend better with various religious practices. The findings revealed that 78% of respondents who regularly attended religious practices reported higher contentment and happiness. However, only 35% consistently engaged in personal reading of sacred texts. Community service participation showed a moderate positive correlation with mental well-being. These results underscore the importance of structured religious engagement in fostering mental health. However, findings are limited to mainstream churches in Imenti North and may not be generalizable to other contexts. It is recommended that churches engage young adults more in religious practices, offering tailored programs and services that specifically address their spiritual and mental health needs, such as those focusing on resilience and positive coping strategies. Young adults should be trained to lead Bible study groups, promoting leadership and consistent personal involvement in religious practices. Young adults should be encouraged to engage in religious practices through mentorship and inclusion. Church leaders should create inclusive programs to facilitate participation in religious statutes. Churches should create awareness about the transformation of young adults and offer various community service opportunities to young adults. Future research can explore interdenominational comparisons and urban-rural differences in longitudinal studies of religious practices such as attending worship services, reading sacred texts, adhering to religious statutes, involvement in community service and mental health.

Keywords: Religious Practices, Mental Health, Young Adults, Mainstream Churches, Meru County, Kenya

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ABBREVIATIONS AND ACRONYMNS

ACK	Anglican Church of Kenya
APA	American Psychological Association
APHRS	African Population and Health Research Center
BDI	Beck's Depression Inventory
CHVs	Community health Volunteers
GBV	Gender Based Violence
JKUAT	Jomo Kenyatta University of Agriculture and Technology
KeMU	Kenya Methodist University
KNBS	Kenya National Bureau of Statistics
MHCS	Mental Health Continuum Short-Form
MOH	Ministry of Health
NACOSTI	National Commission for Science, Technology and Innovation
PCEA	Presbyterian Church of East Africa
PTSD	Post Traumatic Stress Disorder
RCI	Religious Commitment Inventory
SWS	Social Well-Being Scale
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Mental health is defined as the ability of a person's mind to function optimally in such a way that they can handle life's stressful situations and perform tasks in a productive manner (WHO, 2022). The basic benefit of sound mental health is that it enables a person to make logical decisions that can be relied upon in identifying solutions for problems facing the society (WHO, 2023). According to Wüthrich-Grossenbacher et al. (2023), a mind is a powerful tool that coordinates all cognitive functions of the body, which enable a person to become resourceful towards realization of their purpose, which is through completion of desired tasks. Additionally, one is able to easily initiate healthy relationships that could prove useful in the long run.

Considerably, when a person's mental health is optimally functional, they become confident and have high self-esteem, which is essential for self-development and growth. According to Krishni et al. (2023), sound mental health enables one to have stable emotions that provide a safe haven to accommodate other people and have empathy for their issues. In the long run a person is able to cultivate positive change in the community they are living in. All these benefits vary from one person to the other depending on their age, social upbringing, religious practices, and other reasons. For instance, a young adult whose age ranges between 20 and 40 years, ideally, has a more powerful mind as compared to those of old age since they are at the peak of their lives (WHO, 2022).

A religious practice is defined as an activity developed and agreed to represent spirituality in a person or a group of people as they show allegiance to God (Goodman et al., 2022). This study evaluated religious practices such as attending worship services, reading sacred texts, adhering to religious norms, and community service. Attending worship services includes availing oneself in a religious practice that involves singing and praying for spiritual guidance (Birhan & Eristu, 2023). Reading sacred texts includes actively taking part in reading and understanding various religious materials such as the Bible, prayer books, Christian magazines, and motivational books as recommended by spiritual leaders (Afen & Egunjobi, 2023). Adhering to religious statutes includes following rules, regulations, and customs that are affiliated with a specific religion as a means of regulating their behaviors and general conduct (Wüthrich-Grossenbacher et al., 2023). Involvement in community service includes taking part in an activity that has a direct benefit to the society around and exposes the participant to communal interaction with their peers (Kiilu et al., 2022).

These religious practices push a person to not only connect with spiritual matters but also have discipline and a belief system of the existence of God. Therefore, to actualize the belief system, there are religious practices that the faithful have to follow. Regrettably, that is not normally the case since most young adults are battling with severe mental disorders and illnesses emanating from various reasons. The causes of these disorders originate from their lifestyles, childhood trauma experiences, underlying medical conditions, and excessive or lack of consistent follow-up of religious practices (Birhan & Eristu, 2023; Dein, 2020; Goodman et al., 2022; Kiilu et al., 2022).

Globally, young adults in a country such as America have been experiencing high cases of depression. This has been so severe to the extent that 1 in every 3 persons living in America is depressed. The underlying reasons vary from one person to the other, but the majority of the cases are related to poor religious upbringing, lack of finances, rejection, and high cost of living. This has been witnessed by increased cases of mass shootings in schools and other public places (Villasenor, 2023). In a European nation such as Germany, there has been increased anxiety and suicidal cases among young adults due to lack of hope (Brailovskaia et al., 2021). In a nation such as Russia, poor mental health has resulted in young adults torturing their close families if not killing them (WHO, 2022). In China, the competition stress has been named as the leading cause of high mental disorders in the nation (Jiang et al., 2021).

The global church has made several strides in reducing mental health concerns emanating from religious perspectives, such as having frequent youth camps, seminars, and conferences to train the young adults on the word of God. They also get a chance to read sacred texts such as the Bible, books, and other Christian-written materials (Okunade et al., 2023). Churches have created counseling departments where the young adults could speak about any issues affecting them. The young adults also get access to youth-friendly motivational Christian books and free or subsidized cost-friendly skill training on musical instruments, computers, and driving (Tesfaye et al., 2021). The churches have empowered the young adults to have friends they could open up to when facing mental health issues and who have Godly peer influence on them (Idara, 2020).

Regionally, rejection of young adults by the churches, especially when they have a history of crime, has caused severe mental issues, leading to hallucinations and feeling worthless in a nation such as South Africa (Khumalo et al., 2023). According to Nanji and Olivier (2024), conflicting religions that are money-focused have caused young adults to abuse drugs in a nation such as Ghana. In Algeria, where the Muslim religion is advocated for, any young adult making a decision to become a Christian has undergone guilt since they feel as if they have betrayed their nation (US Department of State, 2022). In other nations, such as Egypt, young adults have overtime become worrisome and delusional, especially when they commit sin that is against Christian principles, such as fornication. In East African nations such as Tanzania, they have recorded mental health aspects like abrupt declines in interest in favorite activities and tiredness (Mboya et al., 2020). In Rwanda, lack of spiritual guidance, communal conflicts, and war have resulted in an increment of bipolar issues among the young adults.

Developments made to counter these challenges, as noted by Nanji and Olivier (2024), pointed out that when a person was able to be involved in religious practices and rituals such as prayers, evangelism, and reading of the Bible, it improved their psychological as well as their behavioral health. Khumalo et al. (2023) found out that when the students were committed to various religious activities such as preaching, singing, and praying, the depression rates were lower, they had higher emotional stability, and they contributed effectively to the society, despite their genders. Okunade et al. (2023) established that religion blended with healthcare through counseling, prayers, and exposure to various Bible scriptures that guided on how to pray effective prayers that would have a positive mentality. Bosire et al. (2021) revealed that people preferred to experience the healing process from

religious institutions whereby they underwent prayers and biblical teachings to receive healing. Mboya et al. (2020) established that the church ensured that it tried to encourage the young people to seek solace through personal reading of the Bible to become more hopeful and be involved in Bible study groups and prayers to relieve stress and improve their confidence.

In Kenya, the availability of technologies such as phones has distracted the young adults from paying attention to the sermons and incremented poor sleeping patterns (Kinyua, 2020). Additionally, lack of proper guidance into gambling by the church has resulted in confusion on its suitability in a young adult's life, as well as tension and sadness when they lose their money. According to Omwenga (2020), continuous mental suppression by prosperity preachers (brainwashing) has led to poor speech coordination, especially when the young adults are asked to provide justifiable Biblical reasons for abrupt behaviors such as taking all their income to church and leaving none for their upkeep. The young adults have also been battling with lack of hope and sadness, especially when they are excommunicated from their church due to committing sin (Kinyua, 2020). Further, Christian denomination conflicts whereby one church perceives itself as superior as compared to the other have resulted in obsessive behavior among the young adults, causing increased tension when they interact with other people of different churches during community service (Omwenga, 2020).

Therefore, to curb these issues, the religious community has, over time, developed systems and structures that could enable the young adults to improve their mental health. These structures and systems include establishing regulated religions, peer support systems, family units, and communal support systems, among others (Kiilu et al., 2022). A regulated

religion is defined as a socially accepted and monitored belief system that is established to offer guidance on spirituality matters as well as on other areas that have to do with peaceful coexistence in the environment. Its impact in a person's life is so important that almost every human being in existence associates themselves with a religion.

The churches have modernized the equipment and structures to accommodate the young adults. This has increased interest in participating in various religious practices such as singing, playing instruments, and working in the media department (Munyua, 2022). There has been a fully-fledged young adult department with its pastors who counsel and guide them. Additionally, the young adult's departments have also been provided with funds to facilitate innovative ideas from the young adults and a channel of communication of scholarships/bursaries/donations to facilitate furthering of studies. In some churches, they have allocated some leadership roles to the young adults in preparation for them becoming future leaders of the church (Munyua, 2022).

Notably, Community Health Volunteers [CHVs] have been at the forefront in enabling the youth to cope with mental issues, but they do so with low training on psychiatry, guidance, and counseling (Idara, 2020). Additionally, there has been an increment in stigmatization of mental health patients by the Imenti North Sub-County society. This is whereby the young adults suffering from mental issues are referred to as bewitched and mad, requiring isolation from the public (Kiilu et al., 2022).

The study was guided by human flourishing theory, which emphasizes the role of positive practices in achieving well-being, and relational theory, which highlights the significance

of social connections. These frameworks provide a lens through which to analyze the relationship between religious practices and mental health.

While studies have linked religious practices to improved mental health (Krishni et al., 2023; Khumalo et al., 2023), there is limited research focusing on the nuanced experiences of young adults in rural African settings, particularly in mainstream churches in Kenya. This study seeks to address this gap by examining specific religious practices in Imenti North, Meru County.

1.2 Statement of the Problem

Ideally, religious institutions play a pivotal role in promoting mental well-being by fostering spiritual resilience, emotional support, and a sense of community. Structured religious practices, such as worship services, reading sacred texts, and community service, have been associated with reduced stress, enhanced self-esteem, and improved coping mechanisms among young adults.

However, in Imenti North Sub-County, adherence to religious practices has significantly declined, leading to increased cases of depression, anxiety, and other mental health disorders among young adults (African Population and Health Research Center [APHRC], 2022). Despite the potential of religious institutions to offer mental health interventions, their involvement remains inadequate, with limited pastoral counseling services, low participation in communal faith-based activities, and minimal engagement in structured scripture study. This gap has contributed to increased cases of substance abuse, self-harm, and social disengagement, further exacerbating the mental health crisis.

Existing studies have explored the relationship between religion and mental health, but gaps remain. Moodley and Hove (2023) and Nanji and Olivier (2024) examined pastoral care approaches in Africa but overlooked self-esteem issues and the influence of reading sacred texts. Munyua (2022) focused on mental health interventions through attending worship services by the ACK church but did not include other mainstream churches. Similarly, Afen and Egunjobi (2023) limited their study to 18–25-year-olds, excluding young adults aged 26–40 years in adhering to religious statutes, while Mutiso et al. (2023) examined stress patterns but did not assess the role of religious practices in fostering involvement in community service and positive mentality.

Research suggests that consistent engagement in religious activities enhances mental wellbeing, yet religious intolerance and low participation in structured practices persist in Imenti North Sub-County. Unchecked mental health issues among young adults threaten individual stability, disrupt societal cohesion, increase healthcare burdens, and reduce economic productivity. Addressing these challenges within the local religious context could offer valuable insights for faith-based mental health interventions in similar rural communities. Therefore, this study examined the influence of religious practices on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya.

1.3 Purpose of the Study

The study examined the influence of religious practices on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya.

1.4 Study Objectives

The following were the study's objectives:

- i. To examine the influence of attending worship services on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya.
- ii. To analyze the influence of reading sacred texts on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya.
- iii. To investigate the influence of adhering to religious statutes on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya.
- iv. To assess the influence of involvement in community service on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya.

1.5 Research Hypotheses

The following were the study's hypothesis:

H₀1: Attending worship services has no statistically significant influence on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya.

H₀2: Reading sacred texts has no statistically significant influence on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya.

H₀3: Adhering to religious statutes has no statistically significant influence on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya.

H₀4: Involvement in community service has no statistically significant influence on mental health among young adults in mainstream churches in Imenti North, Meru County, Kenya.

1.6 Justification of the Study

According to the WHO (2022), the ability to have mental health entails more than just not being ill since it is an inherent aspect of our personal and communal health and well-being. Therefore, in tandem with the assertion, the young adults in Imenti North Sub-County interaction in respective religious environments have been enabled to develop socio-cognitive structures. These structures have aided the majority of the young adults who are frequent church attendees to understand themselves and their world, adapt appropriately, and have reciprocal outcomes, which in this case is sound mental health. This observation adds to the continuing search for the psychological well-being of the general population. Actionably, it also contributes significantly to the agenda of furthering mechanisms to perpetuate sensitization on mental health, arresting the same, treatment plans, and holistic alleviation of the mental problems.

Regrettably, the realization of the study was that mental disorders affecting the youth, particularly in Imenti North Sub-County, had not been subsiding but rather increasing (Kiilu et al., 2022). This increment had been prevalent despite having various institutions such as churches. Considerably, Imenti North had a population of 177,567, with 50,691 comprising young adults aged 20-40 years. It is important to note that 48,663 (96%) of the young population were Christians (County Government of Meru, 2019; KNBS, 2019). Therefore, despite 96% of young adults in Imenti North Sub-County professing Christianity as their religion, there had been an increment in mental health disorders in the region. This meant that either religious practices were not working or their implementation was questionable among the young adults. Therefore, the study had an objective to establish

the influence of religious practices as instigated by the Christian churches had on mental health among young adults in the mainstream churches in North Imenti.

1.7 Significance of the Study

The study would be important to various stakeholders such as the young adults, religious institutions, government, and the international community. The key beneficiaries of the study were the young adults who would attain information on how consistent following of various religious practices in their local churches could enable them to have good mental health. This is because Munyua (2022) pointed out that inasmuch as most young adults associated themselves with various religious affiliations, they hardly adhered to all the requirements that related to prayers, reading sacred books, and other elements. Therefore, by understanding how the failure to adhere to these practices could plunge them into further mental ill-health, the study would provide recommendations on how they could adopt various religious practices for their benefit.

Various religious institutions, not only limited to churches, would get information on the perception that the young adults had towards various religious practices. This would enable them to develop more youth-friendly activities that could help them blend better with various religious practices. Additionally, it would enable religious institutions to understand how deep mental health issues such as depression, anxiety, and PTSD, among others, had crept among their congregants. Through this understanding, they would develop younger adult-focused counseling sessions and be very sensitive when preaching to avoid plunging them further into mental disorders unknowingly.

This study would shed light on the potential policy focus and assist the planning for interventions against mental health problems by the government and other stakeholders in our society. According to WHO (2022), the solutions to mental health issues could be realized from different perspectives and scales in the community. Therefore, in this line of thought, this study would open a window of cooperation between the various players in mental health strategic planning and implementation of strategic plans for the benefit of the whole society.

Notably, Dein (2020) pointed out that many people suffering from the pain of mental illness, emotional problems, or situational difficulties seek refuge in religion for comfort, hope, and purpose in life. The results of this study would be used to plan for actions or strategies to help the young adults to make use of the readily available religious avenues to benefit in mental health matters. These results could also be used by the government and the religious bodies to intensify efforts to reach out to the various young adults as a way of facilitating mental well-being.

1.8 Scope of the Study

The study was conducted in the mainstream churches in North Imenti and included religious practices such as attending worship services, reading sacred texts, adhering to religious statutes, community service, and their relations to mental health. The study collected both quantitative and qualitative data using questionnaires and interviews through a mixed-method approach. The young adults, who included both males and females within the age bracket of 20-40 years, were the main respondents.

1.9 Limitations of the Study

The study faced a challenge in ensuring that young adults, particularly in the urban churches, provided adequate information on their involvement in various religious practices and mental health issues affecting them. This was because some of the young adults were not frequent attendees of church services. The researcher ensured that the young adults were fully informed of the significance of the study towards enabling them to have a healthy mental status to be productive contributors to the society.

1.10 Assumptions of the Study

The background experiences of the respondents and/or their orientations were different, but it was assumed that their commonalities would supersede. The study also assumed that the respondents of the study would provide in-depth information and full information in regard to their mental health status and how adhering to the religious practices affected it.

1.11 Operational Definition of Terms

Mainstream Churches

These are large churches in terms of membership and assets and have been in existence for more than 50 years.

Mental Health

Mental health is the ability of a person's mind to function optimally in such a way that they can handle life's stressful situations and perform tasks in a productive manner.

Pastor

A religious leader who is ordained to provide spiritual and general life guidance to the church members.

Religion

This is a socially accepted belief that is established to offer guidance on spirituality matters as well as on other areas that have to do with peaceful coexistence in the environment.

Religious Practices

These are activities developed and agreed to represent spirituality in a person or a group of people as they show allegiance to God.

Religious Statutes

They include rules, regulations, and customs that are supposed to be followed by people affiliated with a specific religion as a means of regulating their behaviors and general conduct.

Sacred Texts

They are writings such as the Bible, spiritual books, and other Christian-written materials that share spiritual wisdom and teachings in a specific religion.

Worship Services

They include rituals and activities done by people in reverence to God and in honor of his name through singing, praying, and submitting to his principles.

Young Adult

This is any person who is either a male or female and whose age is between 20 and 40 years.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter provides the empirical review beginning with mental health as the dependent variable. Thereafter, a review of empirical studies on attending worship services, reading sacred texts, adhering to religious statutes, and involvement in community service is provided as well. Thereafter, a summary of gaps of each of the variables is provided, while the theoretical review and conceptual framework conclude the chapter.

2.2 Mental Health

Mental health prevalence is a key determinant of a person's well-being. This goes a long way in relation to their psychological, emotional, and physical welfare (Byron & Sung, 2023). Therefore, physical well-being comprises general body health that enables people to perform daily tasks without fatigue or stress. Further, psychological well-being entails the stability and health of the mind, while emotional well-being comprises person's feelings. Therefore, these three attributes enable a person's functionality to be predominant in living a quality life and having positive mental health (Okunade et al., 2023).

Fante-Coleman et al. (2023) assessed how Black Canadian youths were handling mental health through spirituality and religion. The study conducted twenty-three focus groups with sixty-six young people, thirty-five service providers, and twenty-seven family and community members ranging in age from fourteen to thirty-one years. The results of this study indicated that religious leaders played a critical role in ensuring that the young adults

were empowered spiritually on how to deal with their mental well-being. This study discovered that, while the church played a role in mental health awareness, some young adults were hesitant to share their mental health issues with church members or leaders because they believed the church would judge them and not provide the quality of advice necessary to help them cope with depression and anxiety. However, Fante-Coleman et al. (2023) did not explain some of the church's initiatives to involve young adults and make them feel comfortable expressing their emotions and the state of their mental health.

Nwafor (2024) investigated religious strategies used in Nigeria to prevent suicide. Sixty published publications, journals, and reports were reviewed for this investigation. According to this study, a majority of Nigerians, particularly young individuals, have considered suicide as a stress-reduction strategy as a result of mental health issues like anxiety and depression. The reviewed articles demonstrated that religion played a significant role in transforming people's lives by offering them hope, faith, wisdom, and knowledge since it placed a strong emphasis on the necessity of reading the Bible and the value of praying. Notably, this study found that religious leaders are not well-versed on mental health issues that contribute to suicide cases and how to empower the church and the community at large to prevent these issues. However, since Nwafor (2024) only assessed existing literature, the study did not present the perfect circumstances on how religious practices influenced mental health, as the analyzed studies could have potential author bias in selecting sources.

Nakasi (2023) examined how Makerere University students perceived spirituality and mental health. The study used a case study where data was gathered from key participants through focus group conversations and individual interviews. The sample size was only

twelve students from the Phaneroo religious group who volunteered to participate. The study's findings revealed that involvement in a group of believers had a favorable impact on students' mental well-being since these groups allowed them to interact with one another while also sharing their mental health difficulties. According to the study, the university's Christian union fellowship played a significant part in ensuring that events such as student seminars were held to engage students' minds through singing and praying rather than being idle. However, Nakasi (2023) conducted the study in a university setting with only students as participants and failed to include another group of respondents such as patrons; therefore, the current study was conducted in mainstream churches in Imenti North, Meru County, with young adults and pastors serving as study respondents.

In Nairobi, Ondicho (2024) examined how Christian communities promoted mental health through faith. This study used a descriptive quantitative research approach, with scheduled interviews serving as the main technique for gathering data. Notably, fifty-four respondents were chosen purposively and included University of Nairobi undergraduate students who attended the Mamlaka Hill Chapel church. According to the study's findings, the majority of students who participated in church-related activities, such as weekly youth fellowships, regular scripture reading, and prayer time, were essential in promoting their mental health. Furthermore, the study found that the majority of young people, particularly men, always suffer in silence from depression because they fear that disclosing their mental health problems will draw criticism from society. As a result, the majority of them turn to drug abuse as a coping mechanism for their mental stress. Bundi (2024) did not address whether there were training programs for youth in church to guarantee that they were well equipped to cope with psychological problems such as anxiety and depression.

Afen and Egunjobi (2023) assessed how St. John's youths were handling depression through spirituality. The study's findings revealed that young people understood the benefits of reading the Bible and the value of having confidence in God when faced with life's obstacles. The study revealed that youths who appeared to be suffering from depression sought counselling services from church leaders who were armed with the word of God, which aided them greatly because they were able to discuss their thoughts with their peers in church. According to this study, spirituality enabled the youth to understand themselves, learn about the story of Jesus, and apply it to their day-to-day activities, resulting in them having a purpose in life. However, Afen and Egunjobi (2023) only examined the association between depression and spirituality, leaving a conceptual gap that was addressed by the current study, which investigated the impact of religious practices on mental health.

2.3 Attending Worship Services and Mental Health

Attending worship services is an act that enables a person to join other religious likeminded faithful in praise, worship, and prayer. It is a moment where a person is able to connect with a higher spiritual authority and gives people a chance to express themselves through singing, dancing, praying, and generally listening to what the religious leaders have to say (Dein, 2020). Therefore, through attending worship services, the young people are able to become more optimistic in life since they feel accepted and loved. This also raises their self-esteem to levels that enable them to experience positive social changes, as they keep attending the worship services. Furthermore, during worship services, the young people get a chance to pray and also request other worshippers to assist them in prayers, creating

emotional stability in them on being surrounded by a strong support system. The support system is anchored on empathy based on the life challenges that the young people go through. Therefore, in relation to the study, when the young people are exposed to a platform that enables them to air out their prayer needs, it builds their mental health system. This discussion has further been explained by global, regional, and local studies.

Malviya (2023) examined how Australia's people were able to integrate religion and mental health care to enhance the quality of life amidst the cultural and linguistic nature of the people. The study evaluated 16 past studies that were related to the topic to provide in-depth information through a systematic review. Notably, when people-maintained consistency in attending to religious events such as church services, they were able to have robust mental health. Therefore, religious leaders were key towards shaping the morality of individuals through guidance and counseling. Additionally, the self-esteem and positive social change of the individuals were enhanced when they were allocated various roles in the services. That notwithstanding, the study relied on secondary data to base their findings, which may be faulted for having author biases in addressing the topic.

Moodley and Hove (2023) investigated how South Africa was handling mental health issues after the covid-19 pandemic and how that was incorporated with pastoral care. The study pointed out that due to covid-19, a lot of people suffered mental instability due to prolonged periods of isolation. Based on the narrative approach, the study found out that mental issues were noted to include increased crime rates, GBV, and abuse of drugs. However, through consistent pastoral care that exposed the community to church-related activities like visiting the sick, praise and worship, prayer, and reading the word of God,

mental stability was regained. The study thus noted that there was a need to link and incorporate psychological and Biblical training to serve the community better. That notwithstanding, Moodley and Hove (2023) did not specify other mental issues facing the community that affected empathy and self-esteem.

Khumalo et al. (2023) evaluated how South African and Kenyan students were able to commit themselves towards religion and its impact on their well-being. In regard to wellbeing, the study addressed depression, emotional well-being, and the contribution to the society. The study was cross-sectional in nature with a sample of four hundred and seventy one students who had an average of 23 years. They answered a questionnaire, a Religious

Commitment Inventory [RCI], Mental Health Continuum Short-Form [MHCS], and Social Well-Being Scale [SWS] as a method of providing the required information. It was found out by that, when the students were committed to various religious activities such as preaching, singing, and praying, the depression rates were lower, they had higher emotional stability, and they contributed effectively to the society, despite their genders. However, the study did not specifically address how attendance of worship services caused empathy and positive social change. Additionally, there was no evidence of piloting of the questionnaires to assess their reliability and validity.

Munyua (2022) assessed how ACK was managing the crisis related to mental health issues in Kenya. The study noted that mental illness had affected 40% of patients admitted at health facilities and 25% of outpatients. Among these patients, seventy-five percent had no access to medical services. Therefore, the study used church literature that was analyzed

using the prescriptive analysis method. The findings indicated that the ACK provided rehabilitation for community members with mental disorders, presided over funerals for society members who killed themselves through suicide, provided counseling services, provided a prophetic voice for the masses, and empowered community health workers. Therefore, the ACK clergy encouraged the members to consistently attend church services since they provided an avenue to hear the word of God and worship. As a result, mental disorders would be corrected on time to improve our self-esteem, optimism with life, and positive social change. However, the study concentrated on only one religious affiliation, which was ACK, and not any other church.

Goodman et al. (2022) evaluated how Kenyan men's childhood exposures affected their adulthood mental health and their spirituality stand. Five hundred and thirty-two men were selected to take part in the study and were issued with questionnaires. The outcome was that most men suffered in silent depression and were lonely, to say the least. They did not have a person they could rely on to express how childhood traumas affected their mental health. However, being spiritual enabled them to have hope and purpose in life and develop self-esteem. Regrettably, the study assessed only men but not women who would explain how attending worship services enabled them to cope with mental issues due to childhood sexual abuse and the negative societal perception of considering them less important as compared to men.

2.4 Reading Sacred Texts and Mental Health

Generally, reading is an action that enables a person to acquire a substantial level of information that is perceived to be beneficial to one's intellectual needs (WHO, 2022).

Subsequently, when this is expressed in terms of sacred texts such as the Bible and other Christian books, it becomes more delightful in reducing life stress, improving confidence, enhances learning experience, encourages interactions with others and increases hope (MOH, 2020; Villasenor, 2023). Therefore, the influence that reading sacred texts like the Bible and other Christian wisdom books has on mental health has been discussed by authors.

Villasenor (2023) explored how people were coping with work, stress, and Christianity in America. The study was qualitative in nature, involving a group of twelve individuals, who were seven female individuals and five males. Villasenor (2023) interviewed them and established that psychological, behavioral, and religious strategies were the methods used to cope with stress. In relation to the religious strategies used, Villasenor (2023) included reading the Bible, church attendance, and spiritual connections with the Christian faith. That notwithstanding, Villasenor (2023) used a small sample of respondents that comprised twelve participants. This population was low considering the fact that scientific studies require a minimum of 30 respondents.

Nanji and Olivier (2024) reviewed how mental health care was being provided by Africa's faith-based entities. A mixed-method approach was used to collect data using quantitative and qualitative methods. The findings indicate that the healthcare provided was counseling, prayers, fasting, sacrifices, and herbal practices. In relation to reading sacred texts, it was established that during prayers, the people were exposed to various Bible scriptures that guided them on how to pray effective prayers that would have a positive mentality. However, the study failed to mention how the applicability of reading other sacred texts,

such as Christian notes of wisdom through home Bible fellowships, Bible study groups, and expositions, affected the mentality of the people.

Bosire et al. (2021) assessed the kind of relationship that existed between health and healing in South Africa through the perspective of spirituality, God, and church. The main reason for the study was to examine why people who were suffering from chronic illnesses preferred seeking religious healing rather than medical treatment. Eighty-eight people were interviewed, whereby the study found out that people preferred to experience the healing process from religious institutions whereby they underwent prayers and biblical teachings to receive healing. Notably, the study found out that the people suffering from chronic illness had mental instability and hence required interaction with positive-minded people who would, if not support their healing, give them hope. Therefore, these people were mostly consistent in their involvement in Bible study groups to reduce stress levels and attended conferences and seminars that taught them how to read the Bible and pray for their healing. Regrettably, the study did not assess the reasons pushing people who were not suffering from chronic illness to attend churches and read sacred texts such as bibles and how that influenced their mental health in general.

Afen and Egunjobi (2023) examined how Kenya's young adults in St. John Karen Parish were coping with depression and spirituality matters. Through a correlational survey design, forty people were included and sampled using the simple random method. These participants were between 18 and 25 years old and were issued with questionnaires that adopted Beck's Depression Inventory (BDI-II) and the Hardt et al. spirituality scale. The findings by Afen and Egunjobi (2023) established that 19 youths suffered from various levels of depression, which negatively affected their spirituality. They were hopeless,

depressed, and exhibited high levels of anxiety about the expectations of their lives. The study also found out that the church ensured that it tried to encourage them to seek solace through personal reading of the Bible to become more hopeful and be involved in Bible study groups and prayers to relieve stress and improve their confidence. However, the study concentrated on only 18-25-year-old youths and did not involve the youths from 26 to 40 years. Additionally, the study's findings were hard to replicate since the study was only done in one religious institution.

Omwenga (2020) evaluated how Kenyans in America were coping with mental health issues and how their spirituality was playing a part. The study reviewed sixteen academic journals, which provided information that Kenyans who suffered from mental issues were mainly affected by stigma, limited resources, and immigration concerns, hence barring them from seeking help early. However, being linked to a religious affiliation enabled them to develop coping strategies that comprised prayer, meditation on the word of God, and social support from other religious members in Bible groups, prayer cells, and home Bible churches. In the long run they experienced a boost of confidence, reduction of stress, and became hopeful. Notably, the study considered how Kenyans living in America were coping and not the ones living in Kenya.

2.5 Adhering to Religious Statutes and Mental Health

In every society that comprises more than two people who have made a deliberate decision to interact with each other, there are statutes that guide them (Birhan & Eristu, 2023). The same case applies in religious institutions, whereby people affiliated with the institution are required to adhere to various religious statutes. These norms include but are not limited to

baptism, prayer, fasting, Holy Communion/sacrament, attendance to church services, and engagement in evangelism activities (Fatma et al., 2022). Considerably, when a person commits to these and other religious norms, their personality changes, self-blame is eliminated, they are inspired, they have more self-knowledge, and they have a general reduction of tension and anxiety (Wüthrich-Grossenbacher et al., 2023). In addition, the influence that adhering to religious statutes has on mental health has been discussed at length by authors.

Birhan and Eristu (2023) examined how severe illness among Ethiopia's patients was influenced by coping mechanisms of positive religious factors in Felege Hiwot Comprehensive Specialized Hospital. The study adopted a cross-sectional study through systematic sampling of participants, whereby they were interviewed in person. Notably, 72.4% of the patients had developed coping mechanisms to ensure that they still adhered to various religious practices such as taking sacraments, baptism, prayers, and attending church services. As a result, this brought about having a quality life and positivity in adherence to medications. In the long run, they were able to recover from mental illness due to adhering to religious practices. However, the study could have conducted a comparative study between the patients who adhered to religious practices vis-à-vis those who did not to check whether the recovery journey would be similar or different.

Wüthrich-Grossenbacher et al. (2023) explored how HIV-positive young people in Zimbabwe battled with mental health and how spirituality and religion helped throughout the process. The study consulted eight hundred and four participants who answered a questionnaire. The study found out that average religious inclinations contributed significantly towards reduction of mental illness. The various religious norms considered

in this specific study were prayer, fasting, and attendance of church services. However, when a person over practiced religious norms, it often led to increased risk of mental disorders. This was mainly due to confusion, doubt, and isolation since one eventually found out that they were unsatisfied and unhappy in regard to how religious practices were carried out. That notwithstanding, the study did not consider the non-HIV-infected youth as respondents nor any other terminally ill youth as respondents. Probably their perception of religion would provide different results.

2.6 Involvement in Community Service and Mental Health

Any person that is living in a community is required to uphold a set of virtues and commit to serving the needs of the society (Shisana et al., 2024). Therefore, being affiliated with a religious institution does not exempt someone but actually empowers them to do better than other people. This is because a religion becomes effective when it not only connects people to God but also allows the faithful to live as an example to others (Mutiso et al., 2023). In this regard, when there is involvement in community service, people get more opportunities to connect, develop responsibility and a sense of belonging, reduce tension, alleviate any depression symptoms, and ensure quality decision-making (Tesfaye et al., 2021). Therefore, the influence that involvement in community service has on mental health has been discussed by authors.

Savaglio et al. (2022) examined how youths in Australia were able to attend mental health programs and its impact on community service. A literature review was done on 37 studies that addressed programs meant to reduce depression, anxiety, and abuse of drugs. The study established that there were 4 mental health programs that brought the youth together and

focused on therapy, case management, and lifestyle and integrated self-sufficient programs. It was noted that through the programs, mental health issues were reduced and the youths were able to positively contribute towards the community activities.

Additionally, the study noted that as a result of undergoing the programs, the youths were now able to connect with other people, take part in sweeping the streets, clear bushes alongside the roads, and take part in proper waste disposal, and hence were able to alleviate any depression symptoms. That notwithstanding, the study used past literature, which is prone to biases and could hardly be relied upon in making justifiable remarks.

Shisana et al. (2024) explored how mental health care was prioritized in South Africa and its rationale in religious matters and community service. The study relied on past studies from reliable search engines and repositories. The findings indicated that mental issues were a long-term battle that required investment in community service, resources, policy frameworks, financing, and empowering infrastructure to deal with mental issues. Additionally, the study encouraged the society members to be more cognizant of each other so as to promote cohesion. This could only be achieved through interacting with each other in common activities in the society, such as collecting waste products and participating in mental health sensitization in the community. Further, the study advised that people should also consider joining and consistently practicing religious activities that are beneficial to the community as a whole. This includes visiting the needy in the society, which may give a person the reason to remain hopeful. However, the study failed to provide more information on how communal service that a person engages in enables them to make quality decisions.

Mutiso et al. (2023) assessed the patterns of stress among the Kenyan students in various social, cultural, and economic perspectives. The study included nine thousand, seven hundred and one students who were issued with questionnaires. The study noted that lack of community engagement, low financial resources, family issues, and uncertainty of their futures were key contributors to stress, while abuse of drugs was the lowest. Therefore, the study encouraged that the youth should consider joining in community service to build rapport and get more ideas for quality decision-making. However, the study did not provide information on how religious practices influenced the frequencies of community service to enhance positive mentality.

Kinyua (2020) examined how Kenya's students in universities were getting depressed due to low community service and the solutions that could be generated from social media use. The study included thirty-eight students from Jomo Kenyatta University of Agriculture and Technology (JKUAT) who answered a structured questionnaire. The findings related to community service indicated that on the one hand, overutilization of social media led to an increment in depression, whereas when the students were able to create an online community platform that could be used to give back to the society, the depressive symptoms subsided. The creation of a WhatsApp group to provide ideas, raise funds, and come up with valid proposals on how to improve the society they were presently located in enabled them to reduce tension and embrace the spirit of communalism/comradeship. That notwithstanding, the study did not expound to students in other universities nor associate the e-communal service with any religious inclination.

2.7 Summary of Gaps

The gaps identified after reviewing studies related to mental health included Fante Coleman et al. (2023) who did not explain some of the church's initiatives to involve young adults and make them feel comfortable expressing their emotions and the state of their mental health. Nwafor (2024) only assessed existing literature; the study did not present the perfect circumstances on how religious practices influenced mental health, as the analyzed studies could have potential author bias in selecting sources. Bundi (2024) did not address whether there were training programs for youth in church to guarantee that they were well equipped to cope with psychological problems such as anxiety and depression.

The gaps identified after reviewing studies related to attending worship services included Malviya (2023) who relied on secondary data to base their findings, which may be faulted for having author biases in addressing the topic. Khumalo et al. (2023) did not specifically address how attendance of worship services caused empathy and positive social change. Additionally, there was no evidence of piloting of the questionnaires to assess their reliability and validity. Moodley and Hove (2023) did not specify other mental issues facing the community that affected empathy and self-esteem. Munyua (2022) concentrated on only one religious affiliation, which was ACK, and not any other church. Goodman et al. (2022) assessed only men but not women who would explain how attending worship services enabled them to cope with mental issues due to childhood sexual abuse and the negative societal perception of considering them less important as compared to men.

The gaps identified after reviewing studies related to reading sacred texts included Villasenor (2023) who used a small sample of respondents that comprised twelve participants. This population was low considering the fact that scientific studies require a

minimum of 30 respondents. Nanji and Olivier (2024) failed to mention how the applicability of reading other sacred texts, such as Christian notes of wisdom through home Bible fellowships, Bible study groups, and expositions, affected the mentality of the people. Afen and Egunjobi (2023) concentrated on only 18-25 youths and did not involve the youths from 26 to 40 years. Additionally, the study's findings were hard to be replicated since the study was only done in one religious institution. Omwenga (2020) considered how Kenyans living in America were coping and not the ones living in Kenya.

The gaps identified after reviewing studies related to adhering to religious norms included Krishni et al. (2023) who did not provide a comparative study on how various religions ensured young adults adhered to their norms and its impact on their mental health. Birhan and Eristu (2023) could have conducted a comparative study between the patients who adhered to religious practices vis-à-vis those who did not to check whether the recovery journey would be similar or different. Wüthrich-Grossenbacher et al. (2023) did not consider the non-HIV-infected youth as respondents nor any other terminally ill youth as the respondents. Probably their perception of religion would provide different results.

The gaps identified after reviewing studies related to involvement in community service included Savaglio et al. (2022) who used past literature, which is prone to biases and could hardly be relied upon in making justifiable remarks. Mutiso et al. (2023) provide information on how religious practices influenced the frequencies of community service to enhance positive mentality. Kinyua (2020) did not expound to students in other universities nor associate the e-communal service with any religious inclination.

2.8 Theoretical Framework

The study's variables were guided by two key theories: the Human Flourishing Theory and the Relational Theory, both of which provide a foundation for understanding the impact of religious practices on mental health.

Human Flourishing Theory

Human flourishing theory was developed by VanderWeele (2017) and guided 'attending worship services' and 'reading sacred texts.' The theory is basically from the word

'flourish,' which means that all elements in the life of a person are okay and good. According to VanderWeele (2017), flourishing in a person's life has to do with their happiness, mental and physical health, having a purpose in life, being in good character and upholding upright virtues, establishing social relations, and gaining monetary and other material stability (VanderWeele, 2017). Therefore, the scope under which these aspects lie encompasses family, work, education, and religious lives. This means that the theory depicts a scenario whereby people work towards maintaining good relationships with others and ensuring that humanity guides them in their undertaking (VanderWeele, 2017).

Human flourishing theory explains attendance to worship services as a key contributor of appropriate association that spurs upright behaviors, which has a direct benefit of inner peace/satisfaction in people's lives (Nanji & Olivier, 2024). It is through worship services that young people are reminded that they are loved by God and also get a chance to connect with believers who share similar notions. Therefore, continuous attendance to worship services builds their self-esteem and enables the young people to become optimistic in life to a point that they practice good morals that align with their lives' purpose (Omwenga,

2020). In the long run, it leads to emotional stability since people's minds are engulfed with Biblical virtues that enable them to behave uprightly and treat others well (Yulia et al., 2021).

Further, the young adults ensure that they do not behave immorally or do something that would cause harm to other people. It is through this action that we notice charity works for the less privileged since people have realized that all humans matter in the presence of God (Nanji & Olivier, 2024). Notably, the theory also points out that when people experience a change of heart, especially after attending a worship service, they practice positive social change that is partially attributed to financial and non-financial stability (Khumalo et al., 2023). This is because they will take part in clean business ventures that generate revenue in a godly manner, hence exposing them to immense opportunities that generate money.

Human flourishing theory explains the variable of 'reading sacred texts' from the point of obtaining good character and virtue. Sacred texts such as the Bible and other religious books act as a source of enlightenment to the young people that shapes their characters to be better society members. The sacred texts provide stories and beatitudes, as obtained in both the Old and New Testaments, on how wrong character would be a point of destruction of a person. This enables a young person to reevaluate their lives for the better (Ruyter & Wolbert, 2020). Notably, molding of a character in a young person could have been seen through an attribute such as involving themselves in Bible study groups, which is a great action in the reduction of stress that is caused by life.

Additionally, people are also able to have meaning and purpose in their lives, especially after undergoing a series of both Biblical and Christian texts' expositions and commentaries

(Levin, 2020). This is because through thorough explanation, people become more confident and are able to practice the Biblical principles in their lives to improve their learning experience. The biblical principles that have ever been applied by others in the scriptures could be a starting point for practicing them to realize a person's vision (Yulia et al., 2021). Additionally, when people come together and read the Bible and other Christian texts through fellowships, they get a chance to socialize and develop close social relations. These relations can benefit a person not only in relation to the Christian religion but also in regard to other areas in life. Healthy social interactions are a key factor towards establishing morality in the society and generally bring life to a community as well (Byron & Sung, 2023). Some people may also make a decision to dedicate personal time to study the Bible as a routine to improve their hope towards this life. In the long run, the depressive symptoms that may be brought on by disappointments in life have consistently reduced, leading to a healthy lifestyle that is full of positive mentality (Fatma et al., 2022).

Human flourishing theory has previously been used by Toussaint et al. (2023) to explain how forgiveness could lead towards an improvement in both mental and physical health. Additionally, Byron and Sung (2023) assessed how the theory could be instrumental towards establishing a rehabilitation structure for offenders to restore their corrective behaviors that are acceptable in society. Fatma et al. (2022) also adopted the theory in explaining the link that exists between mental health and religious inclinations in making life choices and decreasing mental discomforts. In addition, Levin (2020) also assessed the implication that the human flourishing theory had towards promoting effective mental and physical health of a population.

The human flourishing theory is criticized by Ruyter and Wolbert (2020) for attributing it to perfection, which could have a long-term detrimental effect on the general well-being and have too many demands for a realistic life. This means that the theory focuses more on attaining optimality in life but fails to consider how failure to attain the desired goals could impact both the mental and physical well-being of a person. However, this weakness will not affect the study since the main focus is on how mental health could be achieved through religious practices like attendance of worship and reading sacred texts.

Relational Theory

The relational theory was developed by Miller (1976) with various improvements over a number of years. It guided “adhering to religious norms” and “involvement in community service.” The main depiction of the theory is that it is the nature of people to grow and develop towards relationships in their lifetime and that the culture that they operate in impacts how they relate with each other (Miller, 1976). Therefore, this theory is based on the fact that regulation of social interactions is a common occurrence that has an upper hand in determining healthy relationships among different people. Therefore, the easier it is for people to communicate, solve conflicts, and connect with each other through healthy relationships. Therefore, the more effective the relation, the more their behaviors improve, and the more a person’s mental and physical health is improved (Miller, 1976).

Relational theory explains adherence to religious norms on the basis of established Christian principles. These principles are the guiding acumen that should be followed by a person purporting to be a Christian and for the development of healthy relationships (Davis

et al., 2023). Therefore, an action such as getting baptized enables a person to develop personality changes since this religious norm has a jurisdiction that requires a baptized person to behave morally upright with other community members just as Christ did (Okunade et al., 2023). Additionally, a person is able to forgive themselves and eliminate all self-blame through prayer and fasting for the wrong things that may have happened in their lives or other close people's lives.

Therefore, this kind of religious practice not only serves Christianity's goals but also provides a positive mentality (Afen & Egunjobi, 2023). Additionally, people also receive inspirations and self-knowledge when they observe religious norms like partaking in the Holy Communion and attending church services. These practices enable a person to develop a closer relationship with God, such as praying often and listening to sermons, hence developing virtues that may benefit them when interacting with the society (Malviya, 2023). Also notably, a person is able to reduce tension and anxiety when they are involved in evangelism activities. This is because, as they preach the word of God, they also get a chance to interact with community members in a healthy Christian way. This means that even when not conducting evangelism activities, they are able to relate easily through talking with others towards building the society (Omwenga, 2020).

Relational theory explains community service from the perspective that it gives people a chance to not only interact but also give back to the less fortunate in the society. Therefore, community service is a basic religious practice that sees to it that Christians are able to provide help to the society members (Khumalo et al., 2023). In the process of administering this help, people are able to socialize and connect with each other within the scope of Christian values and practice. Considerably, the people involved are able to have a sense

of belonging and security since they consistently interact and hold candid discussions that are mutually beneficial to the church and community.

Over time, when people of different backgrounds, cultures, and races interact, tension among them tends to be reduced (Malviya, 2023). This is because these people develop a positive mentality that the other party is not out there to harm them but to do them good. Subsequently, community service could also be attributed to the fact that the involved people are able to share stories that may be funny, dance to some music, and generally speak hopeful words that alleviate any depressive elements in individual lives (Goodman et al., 2022).

Relational theory has previously been adopted by a study such as Davis et al. (2023) to address how positive psychology could be enhanced through religious growth. The theory has also been used by Day and Acock (2013) to address how marital mental well-being is enhanced and the contributions of religious inclinations towards the same. Relational theory is criticized by Quinn and Grumbach (2015) for lacking adequacy in addressing all factors and culture and identity. However, this criticism will not limit the study since the main attention is focused on only religious norms and community service but does not purport to address all cultural aspects.

Conclusion

The human flourishing theory and relational theory provide a strong foundation for understanding how religious practices influence mental health. Worship services and sacred texts contribute to personal growth and emotional stability, while religious norms and community service foster social support and resilience. However, to provide a

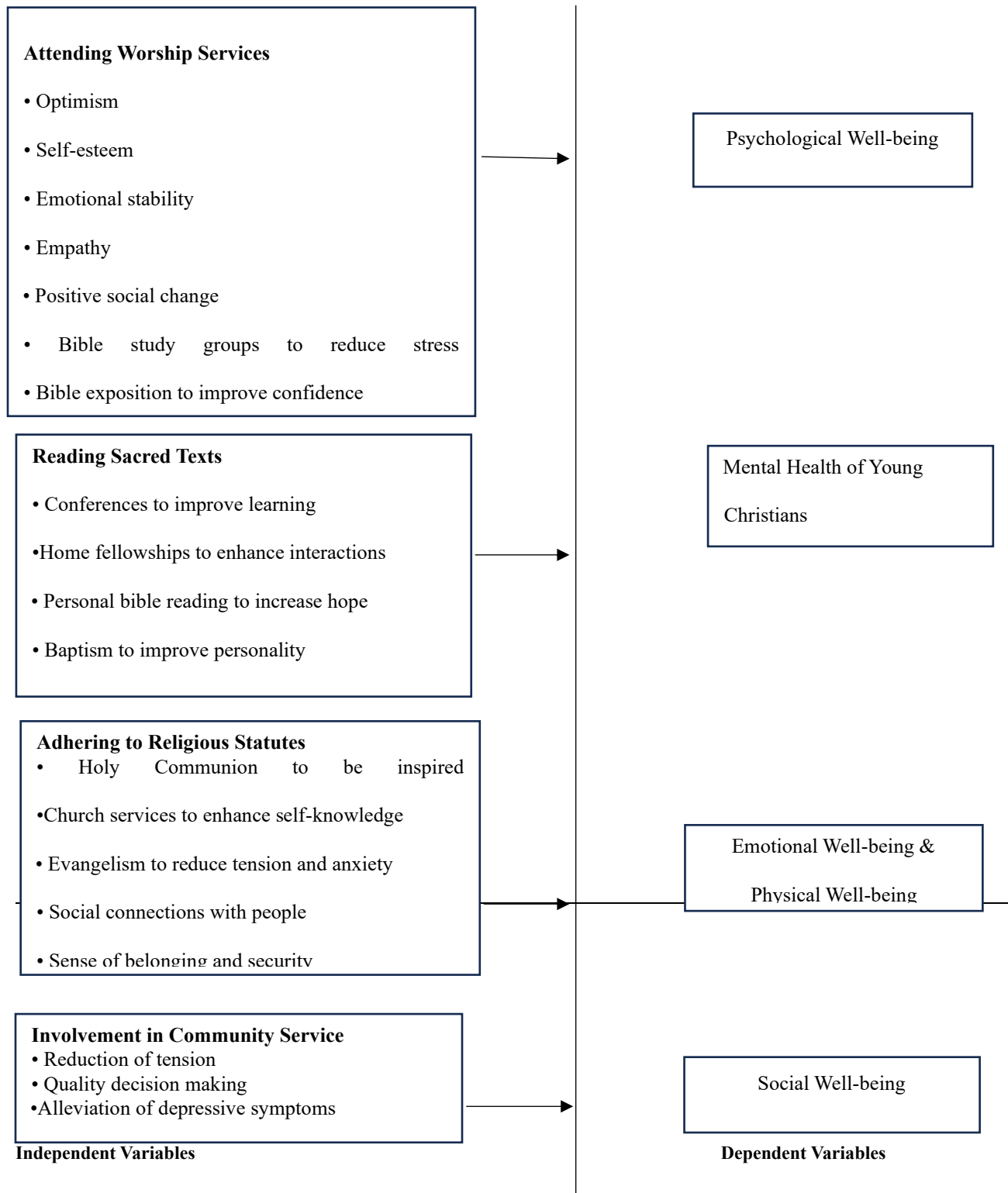
comprehensive analysis, this study acknowledges both benefits and potential stressors associated with religious engagement.

2.9 Conceptual Framework

A conceptual framework depicts a pictorial presentation of the relationship between the variables. The dependent variable was mental health, and its indicators were psychological well-being, emotional well-being, and physical well-being. The first independent variable was attending worship services, whose indicators were optimism, self-esteem, emotional stability, empathy, and positive social change. The second independent variable was reading sacred texts and their involvement in Bible study groups to reduce stress, attending Bible exposition church services to improve confidence, Bible commentary conferences to improve learning experience, home Bible fellowships to enhance interactions with others, and personal Bible reading to increase hope.

The third independent variable was adhering to religious statutes, and its indicators were receiving baptism to improve personality changes, participating in prayer and fasting to diminish self-blame, partaking in Holy Communion to be inspired, attending church services to enhance self-knowledge, and involvement in evangelism activities to reduce tension and anxiety. The fourth independent variable was involvement in community service, and its indicators were social connections with people, sense of belonging and security, reduction of tension, quality decision-making, and alleviation of depressive symptoms. Positive attitude will be the intervening variable, which has indicators like focus and patience. Figure 2.1 provides the conceptual framework.

Figure 2.1 *Conceptual Framework*



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology used by the study. It discusses the suitable research approach and design that the study used. Additionally, the chapter elucidates the location of the study, the target population, the sampling technique, and the sample size. The chapter highlights the data collection instruments (instrumentation), data collection procedure, analysis procedure, and ethical considerations applied in the study.

3.2 Research Approach

A research approach is the strategy the study uses in collecting, analyzing, and reporting data. Therefore, the study used a mixed-method approach whereby both quantitative and qualitative data were collected (Grand-Guillaume-Perrenoud et al., 2023; Siedlecki, 2020). Through this approach, the study combined the advantages of both questionnaires and interviews since an application of each of them was not suitable, especially when dealing with a diverse population that had different characteristics, roles, and ranks. In this particular study, addressing mental health required data from two perspectives, which were the youth experiences and the religious leaders' opinions. This would only be gotten from using a mixed-method approach.

Further on, the applicability of the qualitative study was mainly done in a smaller population, and it involved opinions that were not quantifiable or measurable (McCrudden et al., 2021). Therefore, the study complimented and closed this gap using predominantly

quantitative data since the population under consideration was large and for collective generalization of ideas that were measurable. The qualitative and quantitative data were integrated through provision of questionnaire results and later the interview responses. The interviews were cohesively related to the questionnaires to create meaning from the data and also compare with previous data being provided.

3.3 Research Design

This study used a correlational research design, which was a design that helped the researcher to investigate relationships between variables without controlling or manipulating any of them (Starbuck, 2023; Walters, 2020). With correlational design, this study was able to reflect the strength of the relationship between the religious practices and mental health among the young adults in the mainstream churches in North Imenti and showed the direction of that relationship (either positive or negative). Correlational research design was ideal for quick gathering of data from natural settings that this study was basically established on. According to Starbuck (2023), correlations allowed retrospective perspective where data was collected at one point in time.

Through this method, the study was in a position to maintain accuracy as it made predictions of one variable to the other. In the long run, the correlation research design enabled the study to generalize and contextualize the findings to real-life scenarios in a justifiable manner that allowed valid interactions in a local context (Walters, 2020). This meant that the applicability of the findings became realistic to the local context, which was the main reason for conducting the study. Correlational methods have a potential limitation of inability to infer causality. Additionally, the study controlled possible confounding

variables that could influence both religious practices and mental health outcomes through adjusting these variables using the multivariate regression models.

3.4 Target Population

The target population included 3,745 young adults between 20 and 40 years old and 106 pastors from 7 mainstream churches in Imenti North (appendix IV). Mainstream churches were specifically selected since their religious practices have been stabilized with time, hence being a representative of other denominations. Therefore, stable religious practices promote suitable ground for the nourishment of not only spiritual but also mental health. The young adults who were attendees of various services of the church. They were instrumental since their frequency in attending the services was key in determining whether the various religious practices they participated in affected their mental health.

According to WHO (2023), a young adult was a person in the years that followed adolescence, ranging from 20 to 40 years. A young adult is in a critical stage of development as an individual person. In this stage of life, an individual realizes a significant maturation in his/her cognitive development and an accomplished formation of the personality. In this stage of development, one's views and beliefs are shaped, and the moral values and standards of an individual become clearly defined. The study excluded other potential groups like non-church members since, even though they may have valuable insights on mental health, their connection with religious practices may be low. According to Elena (2019), in this stage of life, people were concerned about intimacy and isolation with their relationships engendered towards the virtue of love. This study believed that young adults searched for intimacy in the areas of interaction, like the worship areas, and

in the process cultivated religious practices that influenced their mental health. Table 3.1 provides the target population.

Table 3.1

Target Population

Mainstream Churches in Imenti North Adults	Active	Pastors	Total Young
1. Anglican Church of Kenya	448	15	463
2. Roman Catholic Church	717	15	732
3. Full Gospel Churches of Kenya	688	12	700
4. African Inland Church	573	10	583
5. Methodist Church of Kenya	762	27	789
6. Baptist Church	105	14	119
7. Presbyterian Church of East Africa	452	13	465
<u>Total</u>	<u>3,745</u>	<u>106</u>	<u>3,851</u>

3.5 Sampling Procedure

This is the method of selecting individual units of a variable that are a true representative of the whole population (Raifman et al., 2022). The churches were randomly selected first, and then the sampling of the young adults and pastors followed through a simple random method. In determination of the sample size of the young adults, the study used the Yamane (1967) formula to calculate sample size. The formula is as shown:

$$n = N / (1 + N(e)^2) \text{ where:}$$

n signifies the sample size, N is the population size, e is the level of precision or the margin of error.

Therefore, in calculation of the sample size: n

$$= 3,745 / (1 + 3,745(0.05)^2)$$

= 361 young adults in different Christian denominations.

The limitation of using the Yamane formula is that it could lead to inaccurate results for small populations. However, since the population of the young adults of 3,745 is huge, it provided accurate results.

When determining the sample size of pastors, the study adopted the simple random sampling method as suggested by Mugenda and Mugenda (2003). The sampling method suggested that when the population was below 10,000, a study ought to use 30% as the sample size. Therefore, the study determined 30% of 106 to have 32 pastors as the sample size from the mainstream churches. This is because a 30% proportion is what is needed for analysis to be considered normally distributed.

Therefore, the study used a simple random method to work with a sample size of 361 young adults and 32 pastors, which was a total of 393. The study ensured that the sample population as depicted in Table 3.2 was followed.

Table 3.2

Sampled Population

Mainstream Churches in Imenti North	Active Young Adults	Pastors	Total
1. Anglican Church of Kenya	49	5	54
2. Roman Catholic Church	73	5	78
3. Full Gospel Churches of Kenya	45	4	49
4. African Inland Church	54	3	57
5. Methodist Church of Kenya	59	8	67
6. Baptist Church	37	4	41
7. Presbyterian Church of East Africa	44	3	47
Total	361	32	393

3.6 Data Collection Instruments

The study collected both quantitative and qualitative data from different categories of respondents (Taherdoost, 2021). The questionnaires and interviews were custom developed for this study. The main respondents, who were young adults, were issued with structured questionnaires to collect quantitative data, which was closed-ended, to capture their opinions in a systematic manner (appendix II). The questionnaire had an ordinal Likert scale where 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree, and 5 is strongly agree. The choice to use this type of scale was considered relevant since it enabled capturing different respondents' opinions on a subject matter. The validation of the questionnaires was done through consulting the experts in counseling to provide their opinion on the most suitable way to improve them.

The questionnaire had six parts that ranged from demographics, attending worship services, reading sacred texts, adhering to religious norms, community service, and positive mental health. On each part, there was a set of five questions whose opinion was based on the past religious experiences of the young adults.

The study also conducted interviews with pastors as a way of collecting qualitative data (appendix III). The interviews were a suitable way of gathering information in a more engaging manner. The interview guide was developed to have six parts that ranged from demographics, attending worship services, reading sacred texts, adhering to religious statutes, community service, and mental health. On each part, there was a set of three questions that were closely guided by the gaps developed in the literature review as well as the indicators of the variables.

3.7 Piloting of Instruments

Piloting of instruments is conducted to ensure that the set of data collection instruments are administered to a different category of respondents to ascertain their reliability and validity (Ullah et al., 2023). Therefore, the researcher conducted a pilot study to test the instruments in the Presbyterian Church of East Africa Nkubu, South Imenti sub-County, Meru County. This was due to significant similarities of PCEA to those in the study location.

The respondents comprised 10% of the sample size as advised by Mugenda and Mugenda (2003). This resulted in 3 pastors and 36 young adults being included through a simple random method. The reason why the pilot study was conducted at South Imenti Sub-County was due to a high number of Christian churches similar to Imenti North SubCounty. Additionally, a report by NCPD (2017) revealed that there was an increased number of young adults who were engaging in abuse of drugs and substances leading to mental instability, yet despite the high number of churches in the region. The main purpose of the pilot study was to ensure that the developed questionnaire and interview guide were related to the study and could be replicated in a future study (Ullah et al., 2023). During the process of conducting the pilot study, some of the issues noted included some clarifications on what some terms meant. Through correcting the clarity of the terms, the financial instruments used had easier language to understand, promoting critical understanding among the respondents.

3.7.1 Reliability

The study ensured reliability of the research instruments through an internal consistency test, which was measured based on the correlations between different items on the same

test. Specifically, Cronbach's alpha coefficient was used to examine the internal consistency test. This was a method whereby the responses were examined on a coefficient range of 0-1 during analysis (Nikmard et al., 2023; Sutha & Nurhanani, 2023). If the results were any value from 0.7 to 1, then the instruments were deemed reliable, and when they were below 0.7, they were unreliable. The study ensured that this method was applied to facilitate the effectiveness of the research instruments in addressing the study's objectives. The study conducted a pilot test in PCEA, Nkubu, South Imenti sub-County, and the reliability results are provided in Table 3.3.

Table 3.3

Reliability Results

Instrument	Cronbach's Alpha	N of Items
Attending Worship Services	0.834	5
Reading Sacred Books	0.794	5
Adhering to Religious Statues	0.854	5
Involvement in Community Service	0.862	5
Mental Health	0.928	5
Average	0.854	5

Table 3.3 indicates that the average Cronbach Alpha coefficient was 0.854, which was more than 0.7. Nikmard et al. (2023) stated that an instrument's reliability was indicated by a coefficient ranging from 0.7 to 1. Therefore, since the average coefficient of the questionnaires used in this study was noted to be 0.854, it was deemed reliable.

3.7.2 Validity

The study ascertained whether the research instruments were able to measure what they are supposed to measure by selecting appropriate measures and methods and using a representative sample. Various types of validity that were ensured included content, criterion, and construct validity (Surusu et al., 2020). In content validity, the study ensured that the questions asked in both the questionnaires and the interview guide related to the variables of the study. Therefore, the questionnaire was aligned with specific variables such that there were sections on the influence of attending worship services on mental health, the influence of reading sacred texts on mental health, the influence of adhering to religious statutes on mental health, and the influence of community service on mental health. Through this, different constructs of the study were considered and examined. Further on, the study ensured criterion validity through comparing the findings with past studies to note whether there had been any difference, and if there was a difference, an explanation was issued (Cheung et al., 2023). Additionally, the study ascertained construct validity through factor analysis to determine the suitability of the research instruments in addressing the influence of religious practices on mental health among young adults.

3.8 Data Collection Procedure

The researcher recruited two research assistants to distribute the questionnaires while the researcher was conducting the interviews. They were recruited based on their familiarity with the locality where they would collect data. Furthermore, they underwent training on foundational aspects of the objectives of the study. On the material day of data collection, the research team (researcher and assistants) headed out to different churches, whereby

they met with the pastors. They introduced themselves and the objectives of the study to get their approval. Once approved, the research team requested the pastors to help them identify the young adults for questionnaire distribution. On the one hand, the researcher sought consent through a consent form from the youth pastors (appendix I).

The interviews were done in person and conducted for a period of 20 minutes, guided by the interview schedule while taking notes. After the interview, the researcher thanked the pastors. On the other hand, the research assistants identified young adults in the church and sought their consent. If they agreed, the research assistants distributed the questionnaires and waited for them to conclude filling them. After they were completed, they were thanked, and the completed questionnaires were stored in a safe place awaiting analysis.

3.9 Data Analysis and Presentation

The study analyzed both quantitative and qualitative data as collected by the research team. When analyzing the quantitative data, the study sorted out incomplete questionnaires and input the data from complete questionnaires into SPSS version 29. Analysis of descriptive data was done to provide frequencies, and the percentage and mean were determined. In regard to inferential statistics, the study was analyzed using Pearson correlation to test the hypothesis and multiple regression in determining the coefficients of the model. The interpretation of Pearson and multiple regression results was interpreted through noting the relationship that existed through identifying a significant correlation. The study's model was as follows:

$$Y = C + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$$

Where: Y = Mental health β_i =

Coefficients to be estimated

C = Constant

X_1 = Attending worship services

X_2 = Reading sacred texts

X_3 = Adhering to religious statutes

X_4 = Community service e = Error

term

The study also conducted four diagnostic tests: normality, linearity, multicollinearity, and autocorrelation tests. The tests were done to examine the various regression assumptions of the study and ensure that the collected data are consistently subject to acceptable regression measures. The findings were expected to be presented using tables, figures, and explanations. Qualitative data was analyzed using the thematic method whereby key information was grouped based on the patterns in the meaning to find various themes. This method was relevant in generalization and explaining key aspects as deduced from the comments of the respondents. The coding of the themes was grouped as MH01 to MH26 to conceal their identities in an organized manner.

3.10 Ethical Considerations

The study obtained approvals in the form of an introduction letter from the KeMU postgraduate studies office and an ethical clearance letter. Thereafter, other authorizations, such as a research permit, were obtained from NACOSTI to ensure that the legality of the data collection exercise was obtained. Additionally, very personal information that revealed the identity of the respondents, such as their names, mobile numbers, location where they

live, or information concerning their families, was not asked. This was relevant in maintaining their confidentiality. Informed consent among the young adults was done in a language that they understood better between English and Kiswahili. This was to ensure that they fully understood the purpose and implications of the study.

The study also ensured that it did not fabricate data, meaning that the data that was used was originally collected in the primary data collection process. Any information obtained from past studies was acknowledged through in-text citation and appropriate referencing in the acceptable APA 7th edition. Further, the research team, which comprised the researcher and the assistants, ensured they maintained courteous language with the respondents and respected their decision on whether they agreed or disagreed to participate in the study. The data was stored in a safe room under lock and key, with only the researcher and the analyst having access to the room.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1 Introduction

This chapter provides the results on the influence of religious practices on mental health among young Christian adults in Imenti North Sub-County, Meru County, Kenya. Therefore, this chapter includes response rate, background information, diagnostic tests, descriptive statistics, interview results, correlation, and multiple regression analysis.

4.2 Response Rate

The study collected quantitative and qualitative data from various types of respondents. The study had 361 young adults who were issued with questionnaires. In addition, the study purposed to interview 32 pastors, making a total sample size of 393 respondents, as in Table 4.1.

Table 4.1

Response Rate

Respondents	Sampled	Response	Percentage
Young Christian Adults Issued with Questionnaire	361	323	89%
Pastors interviewed	32	26	88%
Total	393	349	89%

Table 4.1 shows that the study achieved an impressive response rate. On young Christian adults: 323 out of 361 returned completed questionnaires (89% response rate), whereas 26 out of 32 pastors participated in interviews (88% response rate). These high response rates

were considered satisfactory for the study's reliability. According to Mugenda and Mugenda (2003), a response rate of more than 70% indicated a satisfactory study outcome. Thus, the current study's response rate of 89% was satisfactory, and the minority group of unanswered questionnaires and non-interviewed members did not significantly affect the study.

4.3 Demographic Information

The demographic data also highlights the diversity in terms of age, gender, and church affiliation, which provides a broad view of the religious landscape and its potential impact on mental health. The results provide a foundation for understanding how the various religious practices influence mental health, shedding light on key patterns in the demographic composition of the participants. Figure 4.1 indicates the gender of the young adults.

Figure 4.1

Gender of the Young Adults

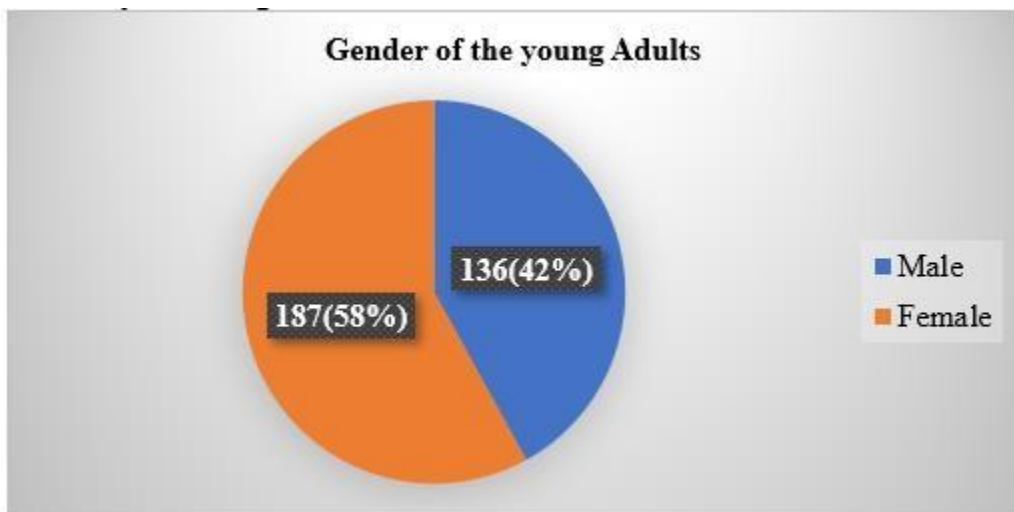


Figure 4.1 indicates that the majority of the study respondents were 187 (58%) female young adults, followed by 136 (42%) male young adults, indicating a higher female participation in religious activities. Comparatively, Malviya (2023) also established that the female population, which was larger compared to the male population, experienced related mental health care, particularly in the context of religion and spirituality.

Figures 4.2 indicates the age of the young adults

Figure 4.2

Age of the Young Adults

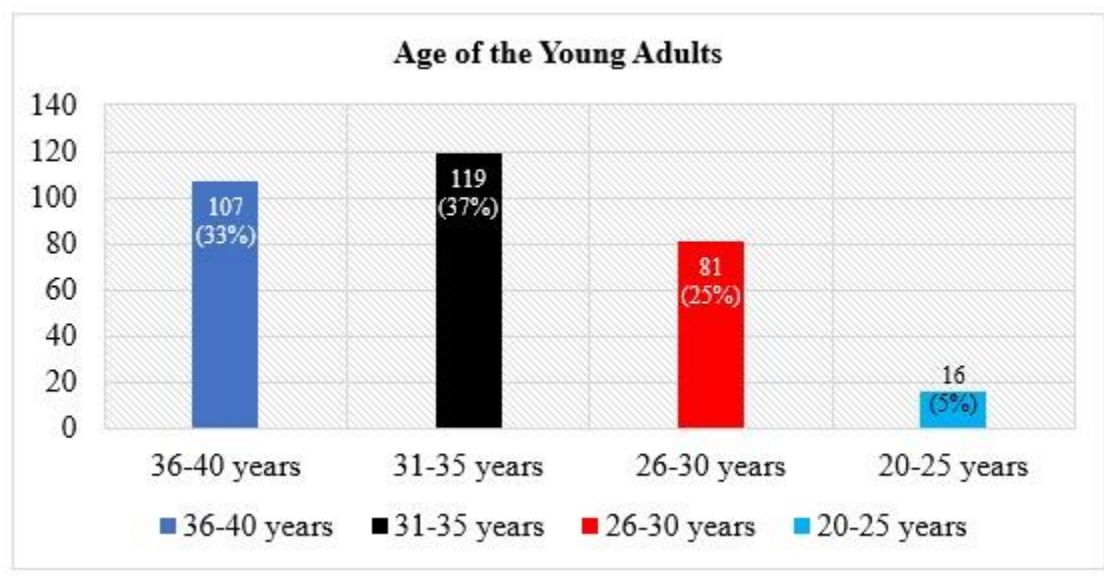


Figure 4.2 reveals that the majority (33%) of the respondents were aged 31 to 35 years, followed by 27% aged 36 to 40 years. Younger respondents (20–25 years) made up only 15%, suggesting that older young adults were more consistent in attending religious services, while younger individuals may prefer campus religious activities. According to Munyua (2022), most young adults in higher learning institutions preferred attending

schools' Christian union fellowships as compared to attending mainstream churches when learning was in session. This is because they relied more on religious practices in CUs where their peers were.

Figure 4.3 indicates the church denominations of the young adults.

Figure 4.3

Church Denominations of the Young Adults

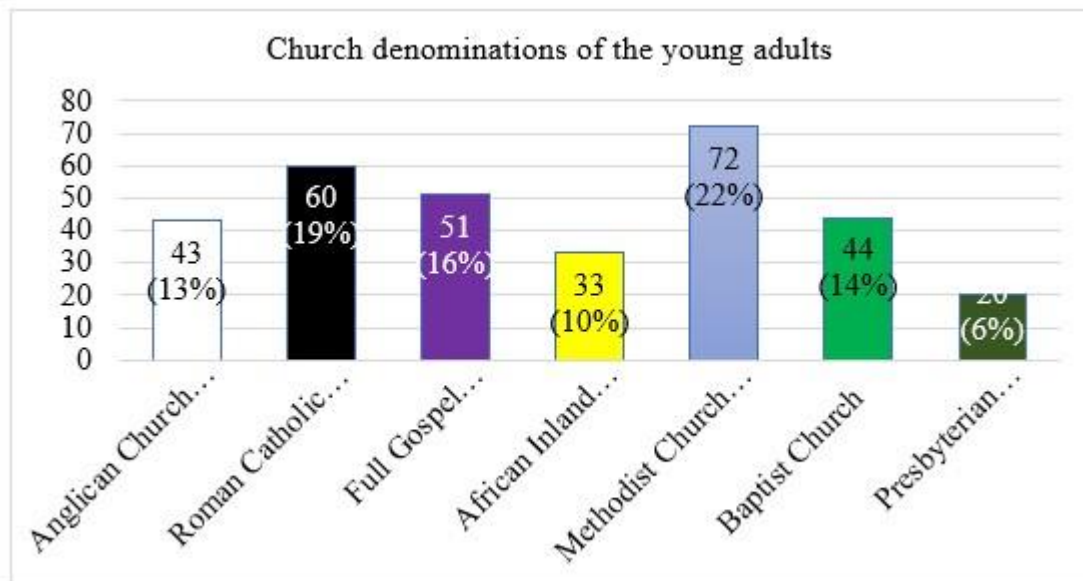


Figure 4.3 indicates that the majority of the respondents, who were 72 (22%), were from the Methodist church, followed by 60 (19%) who were Catholic believers. This was an indicator that these denominations accommodated a higher population of adults as compared to other denominations. Additionally, their religious practices were attractive to the young people to sustain them in church. Sharing similar sentiments, Nanji and Olivier (2024) indicated that mainstream churches in Africa had adopted various attractive

programs to sustain different age groups, such as the young people. Through these initiatives, the numbers of the young people were sustained over long periods of time.

Figures 4.4 indicates the number of years worked as pastors.

Figure 4.4

Number of Years Worked as Pastors

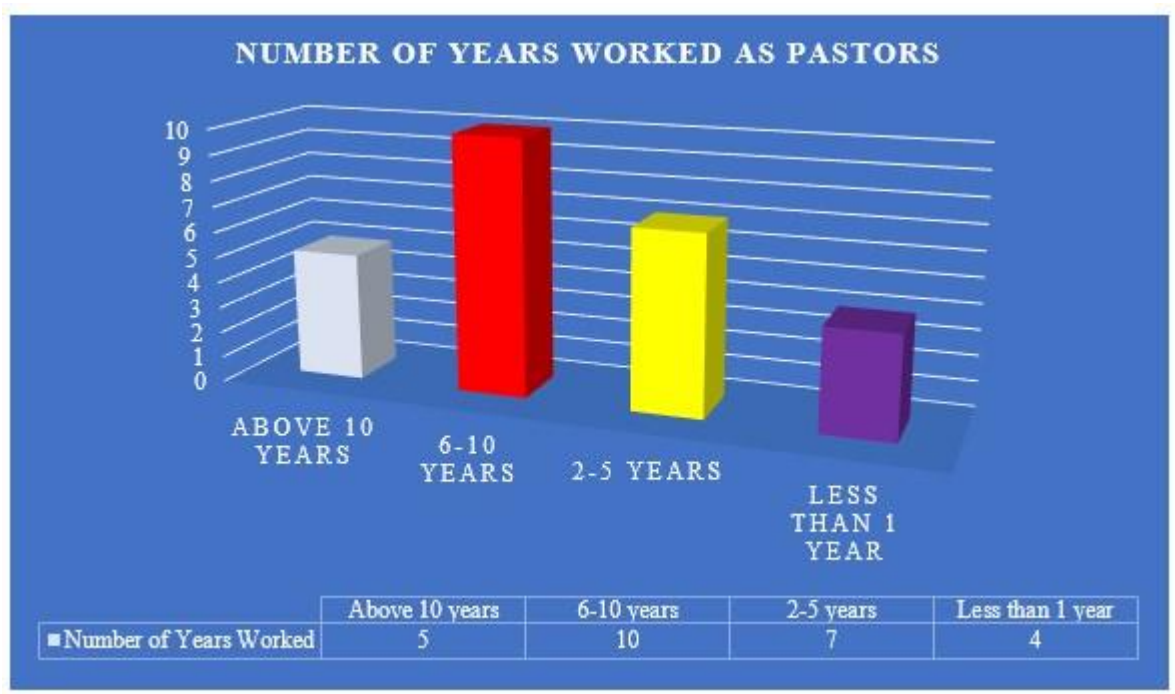


Figure 4.4 indicates that 10(38%) pastors were majority and had served in the role for a period of 6 to 10 years, while 7(27%) had worked in that capacity for 2 to 5 years. Only 4(16%) had, however, worked for less than a year. Furthermore, the majority of pastors 12(46%) had been on the faith journey for more than 10 years, with 7(26%) having done so for between 6 to 10 years. But only 2(8%) participants had been on the religious path for less than a year. This suggests that pastors in the region have considerable experience, which influences their mentoring and guidance of young adults. According to Krishni et al.

(2023), gaining religious identity was enhanced through the mentorship of more spiritually grounded clergy based on years of service in undertaking various religious functions in Mauritius.

Figures 4.5 indicates the number of years worked in the journey of faith- pastors.

Figure 4.5

Number of Years Worked in the Journey of Faith- Pastors

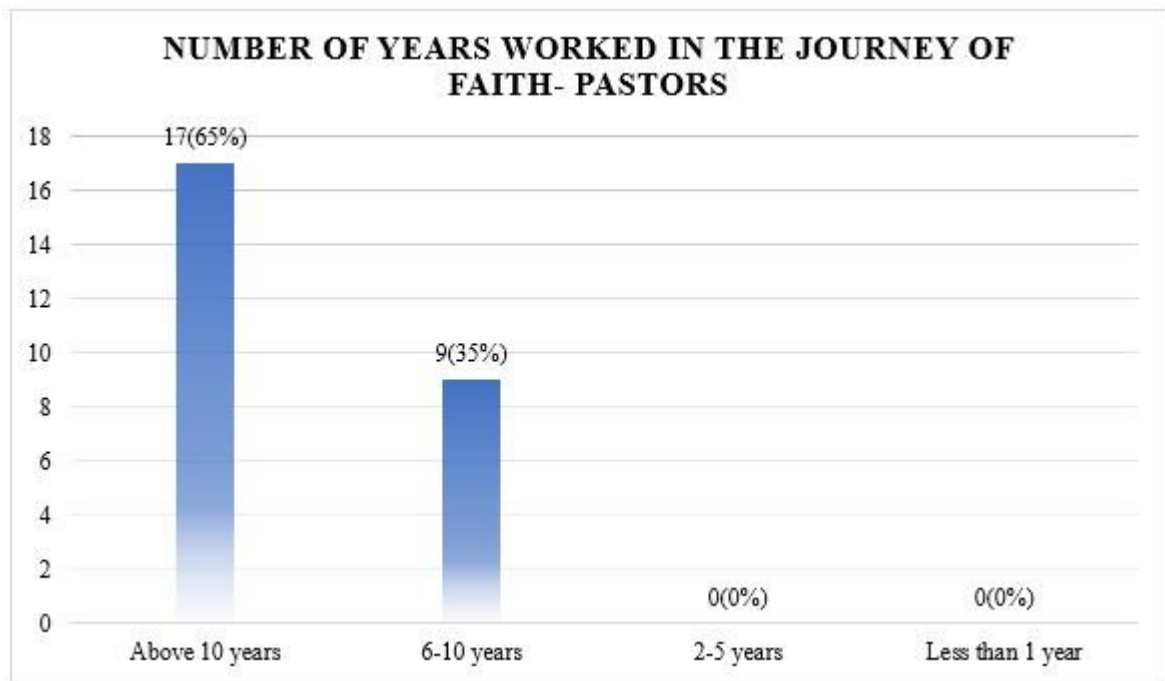


Figure 4.5 indicates that 17(65%) pastors who had walked through the journey of Christianity for more than 10 years while the other 9(35%) pastors had walked in the journey of salvation for 6-10 years. Therefore, these pastors had a higher moral authority as far as Christian religion was concerned. According to Bosire et al. (2021), when a person of higher moral authority was allocated responsibilities, they had higher chances of success as compared to those of low moral authority. Additionally, Davis et al. (2023) noted that

this success was mainly attributed to high experience in spiritual matters and in general management of people.

4.4 Descriptive Statistics of Mental Health

Mental health was the dependent variable and it had indicators such as psychological wellbeing, emotional well-being and physical well-being. The table had an ordinal Likert scale whereby 1 represented strongly disagree; 2- disagree;3-neutral;4-agree and 5-strongly agree. Table 4.2 provides the results.

Table 4.2*Descriptive Statistics of Mental Health*

Statements N=349	1	2	3	4	5	Mean
Attending worship service improves psychologic al wellbeing	41 (12%)	26 (7%)	75 (21%)	110 (32%)	97 (28%)	4.34
Reading sacred texts improves emotional well-being	31 (9%)	48 (16%)	69 (17%)	102 (29%)	99 (29%)	4.07
Adherence to social norms improves physical well-being	47 (13%)	54 (15%)	84 (24%)	108 (32%)	56 (16%)	3.17
Social platforms in church enables one to speak out issues.	100 (29%)	111 (32%)	84 (24%)	26 (7%)	28 (8%)	2.24
Received counseling from church improves on immoral behavior	65 (19%)	36 (10%)	114 (33%)	83 (23%)	51 (15%)	3.05

Table 4.2 indicates 97(28%) strongly agreed and 110(32%) young adults agreed on a mean of 4.32 that attending worship services improved their psychological well-being. In addition, 99(29%) strongly agreed and 102(29%) young adults agreed on a mean of 4.07 that reading sacred texts had improved their emotional wellbeing. However, 100(29%) young adults strong disagreed and 111(32%) disagreed on a mean of 2.24 that the church provided a platform through which they could speak when something bothered them.

The results imply that mental wellbeing of the young adults was developed as a result of showing up at worship services and taking part in reading scriptures and other sacred texts. That notwithstanding, the huge numbers of followers had to specifically handle case by case individual mental issues. As a result, the young people felt left out and considerably neglected since they did not have someone to speak to mentoring and counselling them. The more difficult it was for the young people to identify with someone whom they would share their predicaments, the higher the chances of them staying away. As also noted by Dein (2020) the need to have a well-organized counselling department was closely guided by the number of staff that would provide counselling services to resolve mental issues among young people.

The study also interviewed 26 respondents whose response was coded MH01 to MH26 and asked three questions in this section. The first question required them to describe the various counselling services that were offered in church to improve positive mental health among the young adults. Their responses were grouped into four themes which were; sexuality, general life, education and career perspectives. On sexuality the respondents indicated that young adults received counselling on maintaining sexual purity and those

that were married, were encouraged to maintain faithfulness in their marriage. A respondent MH02 was quoted saying,

“Sexuality counselling is one of the key sessions we encourage among the young adults since wrong sexual decisions negatively impact them in all their lives.”

The respondents also mentioned that the young adults were also advised on general life matters in regards to how to live with each other and spread the love of Christ. They were also encouraged on living with each other peacefully irrespective of the ethnicity. The young adults were counselled on importance of education and how it affects future life. They underwent basic training of time management, confidence and communication that will enable them in their education. The young adults underwent career counselling which enabled them identify their calling and their purpose in life. The counselling also involved coping with challenges that are maybe as a result of career change, promotion, demotion and job retrenchment. A respondent MH19 was quoted saying,

“Career counselling is needed especially when a young person does not find fulfilment in their work place.”

Another respondent MH23 was quoted saying,

“Counselling cuts across different spectrums but mainly revolve around living with each other, sexuality and majorly on education.”

Comparatively, Fatma et al. (2022) also established that the main issues that affected young people were related to relationships with each other, relationship with God and self-love. Additionally, Afen and Egunjobi (2023) revealed that low self-esteem of people not loving

themselves was a major need for counselling in a church set up. Villasenor (2023) established that the interaction with each other needed to blossom in a healthy environment and when it did not counselling was part of the solution to restore it back.

The second question required the respondents to explain various initiatives developed by the church to enable the young adults shape their lives for the better. The responses were grouped into two themes which were; self-help groups and severe punishment for nonadherence to religious practices. In regards to self-help groups, the church linked a group of three to ten young people on average, who had a business idea. They were funded and provided with financial management skills to run the innovative idea they had.

In regards to severe punishment, the church was serious in terms of not condoning sinful acts from the young adults. They were mainly punished through suspension from active participation in church activities. Therefore, the young adults clearly understood the position of the church in regards to sinful actions hence aligning themselves to the laid down rules and regulations of the church. As noted by Birhan, and Eristu (2023) in the long run, they were able to cope with not only the church regulations but also in other areas of their lives successfully.

The third question required the respondents to highlight the challenges faced by the church in ensuring that the young adults do not fall into depression. The participants named the challenges as negative attitude of the young adults towards receiving help, excess stigmatization of the church members to the young adults, and limited finances to sponsor severely depressed young adults into receiving professional help. A respondent MH10 was quoted saying,

“The church was determined to use counsellors who were friendly and of the same age with the young adults in empowering them emotionally and spiritually.”

Comparatively, Malviya (2023) noted that Stigmatization in church is highly discouraged because it lowers self-esteem of the young adults which in return affects their mental health.

4.5 Descriptive Statistics of Attending Worship Services and Mental Health

Attending worship service was the first independent variable and had indicators such as optimism, self-esteem, emotional stability, empathy and positive social change. Table 4.3 provides the results.

Table 4.3*Descriptive Statistics of Attending Worship Service and Mental Health*

Statements N=349	1	2	3	4	5	Mean
Attending church services enhances optimism in life	48 (14%)	53 (15%)	45 (13%)	107 (31%)	96 (27%)	4.24
Self-esteem develops when allowed to express one's talents	20 (6%)	57 (16%)	62 (17%)	89 (26%)	121 (35%)	4.04
Attended counseling sessions and listened to sermons for emotional stability	112 (32%)	100 (28%)	41 (12%)	44 (13%)	52 (15%)	2.37
Participated in giving materials in kind to the less fortunate in the community	29 (8%)	106 (30%)	83 (24%)	70 (20%)	61 (18%)	3.58
Ability to interact with different people in church enhances positive social change	99 (28%)	85 (24%)	39 (12%)	74 (21%)	52 (15%)	3.40

The results indicates that 96(27%) of the respondents strongly agreed and 107(31%) agreed on a mean of 4.24 that their frequency in attending worship services had enabled them become optimistic in life. Additionally, 121(35%) of young adults strongly agreed and 89(26%) agreed on a mean of 4.04 that their self-esteem had developed since they were allowed to express their talents in church. However, 112(32%) strongly disagreed and 100(28%) disagreed on a mean of 2.37 that they had previously attended counseling sessions and listened sermons which had been good to their emotional stability.

This result imply that young adults were able to regain direction in life and able to become genuinely happy and content. This was caused by the trust that the church had shown to them through allowing them to express their talents in church. Nevertheless, most young adults attested that they had not previously attended counseling sessions in their churches and hardly accorded the required seriousness in taking time to listen to sermons. According to Idara (2020), young adults were easily bored and lacked motivating reason to listen to a sermon to the end. Notably, Omwenga (2020) also noted the same predicament and linked it to technological, disruption i.e. social media platforms on the phones. Further, Nanji (2024), linked this poor concentration and attendance to counselling sessions to negative peer influence.

The study also interviewed 26 respondents whose response was coded MH01 to MH26. The first question required the participants to explain how attendance of worship services caused a positive change in young adults' lives. The responses given were grouped into two themes which were; spiritual growth and expansion of thinking. In regards to spiritual growth, the respondents indicated that the young adults were able to pray, worship, sing

and listen to the word of God. This improved their thinking and their actions since they understood the virtue of the connection of spirituality, thoughts and actions. A respondent

MH09 was quoted saying,

“Consistent attendant of services enables a young person understand the connection between what God wants and their will.”

The results relate to the findings by Krishni Veerasamy et al. (2023) that the easier it was for a person to attend church services, the higher their chances of having positive mentality in life. Additionally, Bosire et al. (2021) contribution to the discussion was that consistent prayer and worship promoted emotional stability.

The second question required the respondents to elaborate the mental issues facing the community that affected young adults’ self-esteem. The issues mentioned were grouped into three themes which were poverty, rejection and ethnic hatred. In regards to poverty, most young adults were from low-income families, unemployed and did not have sustainable income generating projects. Therefore, they lacked adequate disposable income to cater for their utility bills, funds for the education and entertainment allowances causing them high stress levels exposing them to low self-esteem.

According to Villasenor (2023), lack of enough money to sought out recurring expenses had high influence in depression rates among adults. In regards to rejection, most young adults were faced exclusion by their peers in various activities pushing them to emotional instability. In regards to ethnic- hatred, young adults faced ethnicity especially those that did not come from the region. However, the severity was related with place of residence the young adults lived. A respondent MH12 was quoted saying that,

“Young Christian adults face similar challenges such as poverty, just like others. The only difference is that they have hope in Christ.”

The third question required the participants to highlight how attending worship services enabled the young adults cope with mental issues due to childhood traumas. The responses given were grouped into two themes that were; exposure to counselling and being shown Godly love. In regards to exposure to counselling, the church made significant strides by creating awareness that allowed young people to get help from their peers, other senior church members and appointed church counsellors. This people provided reliable opinion, honest rebuke and came in handy in resource provision. This method enabled the young adults feel they were loved and cared for. According to Dein (2020), having confidential and reliable counselling structures was the sure way of promoting positive mental health among young people.

4.6 Correlation Analysis of Attending Worship Services and Mental Health

The study had a research hypothesis whereby it stated that attending worship services had no significant influence on mental health among young Christian adults. Table 4.4 provides the results.

Table 4.4

Correlation Analysis of Attending Worship Services and Mental Health

	Attending Worship Service	Mental Health
Pearson Correlation	1	.680
p-value		.022
N	349	349
Pearson Correlation p- value	.680	1
.022		
N	349	349

Correlation is significant at the 0.01 level (2-tailed)

Table 4.4 indicates that the correlation coefficient for attending worship service was $r=0.680$, $p\text{-value}=0.022$ at $\alpha < 0.05$ and 99% significance level. Therefore, since the correlation coefficient was less than 1 and p-value was less than 0.05, the study rejected the null hypothesis but the relationship was fairly strong. Therefore, this means that attending worship service had a fairly strong positive significant effect on mental health of young Christian adults. Also noted by Khumalo (2023) was that consistent attendance of worship services enhanced positivity in regards to life, led to stability of emotions and esteem, which are directly associated with mental health.

4.7 Descriptive Statistics of Reading Sacred Texts and Mental Health

Reading sacred texts was the second independent variable and it had indicators such as bible study groups to reduce stress, attending bible exposition church services to improve confidence, bible commentary conferences to improve learning experience, home bible fellowships to enhance interactions with others, and personal bible reading to increase hope. Table 4.5 provides the results.

Table 4.5*Descriptive Statistics of Reading Sacred Texts and Mental Health*

Statements	1	2	3	4	5	Mean
N=349						
Bible Study groups relieve stress	53 (15%)	45 (13%)	66 (19%)	107 (31%)	78 (22%)	4.09
Ability to preach with confidence due to clear interpretation and training during the Bible exposition sessions	20 (6%)	57 (16%)	121 (35%)	89 (26%)	62 (17%)	3.10
Less anxiety after attending conferences that enhance Biblical learning experiences	41 (12%)	52 (15%)	50 (14%)	112 (32%)	94 (27%)	4.38
Easier talking and relating with other people due to my frequent visit to home bible fellowships	29 (8%)	61 (18%)	106 (30%)	83 (24%)	70 (20%)	3.35

Ability to develop and follow a personal schedule hence increasing hope in life	109 (31%)	85 (24%)	74 (21%)	39 (12%)	42 (12%)	2.16
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Table 4.5 indicates that 94(27%) of the young adults strongly agreed and 112(32%) agreed on a mean of 4.38 that the young adults felt less anxious after attending conferences that enhanced Biblical learning experiences. In addition, 78(22%) strongly agreed and 107(31%) agreed on a mean of 4.09 that the respondents were less stressful when they participated in Bible study groups. However, 109(31%) strongly disagreed and 85(24%) disagreed on a mean of 2.16 that through Bible reading training in church, they were able to develop and follow personal schedule hence increasing hope in life.

The results imply that young adults were slowly but surely regaining mental stability through basic reading of sacred texts in Bible study groups and conferences. That notwithstanding, they were still struggling at a personal level, whereby they failed to have personal schedules for reading scriptures and other religious texts that would boost their mental wellbeing. According to Yulia et al. (2021), consistent reading of religious materials boosted self-esteem and reduced stress levels significantly.

The study also interviewed 26 respondents whose response was coded MH01 to MH26. The first question required the participants to highlight the various sacred texts that the church incorporated to improve mental health. The texts mentioned included the Bible, Christian motivational books and prayer books. A respondent MH08 was quoted saying

that,

“The Bible gives us solace in times of trouble, tribulations in good times and thanksgiving hence considers it as a sacred text.”

Dein (2020) also recognized that reading of Bible, Christian motivational books and prayer books improved mental health and nourished spiritual wellbeing of the adults.

The second question required them to provide explanation on the training that various young adults underwent to equip their learning experience on sacred texts. The respondent's responses were grouped into two themes which were; exegesis and communication skills. In exegesis, the respondents noted that they were trained on how to read a sacred text in context. That is, reading prior and preceding verses of the main text, so as to get what exactly the main verse meant. A respondent MH24 was quoted saying that,

“Exegesis enables the young people learn what the Bible is saying without manipulating a specific scripture to align with their biasedly intention.”

In regards to communication skills, the young people were trained on public speaking, stage flight control, and fluency of words. In support to the findings, Mutiso et al. (2023) revealed that young people who were students were experiencing challenges in communicating affecting the extent of their social interactions. Communication problems were also proclaimed by Afen and Egunjobi (2023) to affect the young people also in church plunging them into anxiety, stress and eventual depression. The extremes were experienced when the young people were entrusted with leadership roles in services or public speaking.

The third question required the participants to elaborate the challenges that the church faced in trying to bring on board all young adults into understanding the Bible as a sacred text. The responses were grouped into three themes, which were; a rise of prosperity preachers who misguided the young adults using wrong interpretation of the scriptures; low number of theological preachers to guide; and lack of interest by the young adults. In regards to prosperity preachers, the respondents noted that failure to be rooted in studying the bible had caused so many young people get attracted to these kinds of preachers who tell them what they want to hear.

They lacked scripture discipline, misquoting verses to manipulate their selfish ambitions. The situation was not improving due to lack of theological preachers that would guide them on how to correctly interlink scriptures and how to read through context for overall interpretation of the Bible. Further, young adults lacked the zeal to learn the scriptures making the entire process futile. A respondent MH02 was quoted saying that,

“Lack of zeal of learning the Bible causes youths not to avail themselves to Bible study groups, conferences, and interest to have personal Bible study.”

4.8 Correlation Analysis of Reading Sacred Texts and Mental Health

The study had a research hypothesis whereby it stated reading sacred texts had no significant influence on mental health among young Christian adults. Table 4.6 provides the results.

Table 4.6*Correlation Analysis of Reading Sacred Texts and Mental Health*

		Reading Sacred Texts	Mental Health
Reading Sacred Texts	Pearson Correlation	1	.527
	P-value		.034
	N	349	349
Mental Health	Pearson Correlation	.527	1
	P-value	.034	
	N	349	349

Correlation is significant at the 0.01 level (2-tailed)

Table 4.6 indicates that the correlation coefficient $r=0.527$ $p\text{-value}=0.034$ at $\alpha < 0.05$ and 99% significance level. Therefore, since the correlation coefficient was less than 1 and p-value was less than 0.05, the study rejected the null hypothesis but the relationship was moderately strong. Therefore, this means that reading sacred texts had a moderately strong positive significant effect on mental health of young Christian adults. This shows that the young adults were able to improve their learning experiences, reduce stress, become more confident and hopeful as a result of reading sacred texts. As per the findings of WüthrichGrossenbacher (2023) developing a culture of reading scriptures brought immense joy and hope to the readers paramount to improving their mental health.

4.9 Descriptive Statistics of Adhering to Religious Statutes and Mental Health

Adhering to religious statutes was the third independent variable and it had indicators such as receiving baptism to improve personality changes, participating in prayer and fasting to diminish self-blame, partaking in Holy Communion to be inspired, attending church

services to enhance self-knowledge, and involvement in evangelism activities to reduce tension and anxiety. Table 4.7 provides the results.

Table 4.7

Descriptive Statistics of Adhering to Religious Statutes and Mental Health

Statements N=349	1	2	3	4	5	Mean
Baptism enhances positive changes in personality	24 (7%)	46 (13%)	70 (20%)	97 (28%)	112 (32%)	4.29
Participation in prayer and fasting diminishes self-blame	49 (14%)	50 (14%)	92 (27%)	81 (23%)	77 (22%)	3.59
Partaking of the Holy Communion (sacrament) inspires positivity in life	102 (30%)	114 (33%)	53 (15%)	37 (10%)	43 (12%)	2.20
Attending various church services enhances selfknowledge	57 (16%)	59 (17%)	89 (26%)	73 (21%)	71 (20%)	3.42

Engagement in evangelism activities enables reduce tension and anxiety	43 (12%)	25 (7%)	81 (23%)	110 (32%)	90 (26%)	4.11
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Table 4.7 indicate that, 112(32%) of the respondents strongly agreed and 97(28%) agreed on a mean of 4.29 that through the baptism they received, they were able to have positive changes in their personalities. Additionally, 90(26%) strongly agreed and 110(32%) agreed on a mean of 4.11 that their engagement on evangelism activities enabled them to reduce tension and anxiety. Nevertheless, 102(30%) strongly disagreed and 114(33%) disagreed on a mean of 2.20 that partaking of the Holy Communion (sacrament) had inspired them to have positivity in life.

The results implied that the personality of young adults had changed significantly and levels of tension and anxiety reduced. This was brought by engaging in religious practices such as evangelism and baptism. Regardless, it was noted that most of them shied from practices such as holy communion due to restrictions from their diverse background. According to Murugi (2023), a church such as PCEA discouraged taking holy communion of members who had not undergone a special program of being prepared to partake the Holy Communion and fully registered as a church member.

The study also interviewed 26 respondents whose response was coded MH01 to MH26. The first question required the participants to describe how their church ensured that young adults adhered to the religious statutes and its impact on their mental health. The various

responses provided on the question were grouped into 2 themes which were mentorship and engagement in church activities. On mentorship the respondents noted that there was mentorship program that matched well-grounded church leaders with youths that they would mentor for an extensive period of time.

They invited their mentees into religious activities such as prayer and fasting, partaking in Holy Communion, attending church services and involvement in evangelism activities. On engagement in church activities, the respondents noted that young people were give key roles during a service. Therefore, through mentorship and engagement, the young adults felt cared for, loved and valued for their contribution hence positively impacting their mental health. A respondent MH18 was quoted saying that,

“These young adults need to be involved in mentorship programs and engage them in various religious activities to show them that we care about them.”

Comparatively, Krishni et al. (2023) noted that establishment of religious identity involved total commitment of the religious leaders towards ensuring engaging all types of members (young and old) into meaningful activities of religion.

The second question required the respondents to explain how the church ensured that the perception of young adults (HIV infected and those not infected) towards following religious statutes. The responses provided were grouped into two themes which were through motivation talks, personal initiative by the older members to follow religious statutes and being present on various religious functions. On motivation talks, the respondents revealed that they ensured that young adults were always given frequent encouraging messages that promoted positive mind set to ensure that they saw the value of

following religious statutes in their lives. Further, the older members of the church walked the talk of always following the religious statutes so that they can be a good example to the young adults.

Through this, the latter noted that it was possible to follow the religious statutes consistently and avail themselves if not all, most of the religious functions. Omwenga (2020) revealed that for spirituality and mentality to work together, the need for positive mindset was needed to be present through observation, talks and experienced persons living as examples. Supporting the results, a respondent MH13 was quoted revealing that,

“The aspect about religious practices cannot work if the young people do not see the older generation doing it.”

Another MH11 respondent was quoted saying,

“It takes discipline and consistent encouragement through motivation talks to these young people to follow the religious statutes such as being present in evangelism.”

The third question required the participants to highlight the challenges the young adults faced when trying to adhere to religious statutes. The challenges named included peer pressure to quit, lack of interest on the things of God, many programs that take much time for other activities, lack of finances for expenditures such as bus fares to attend church activities and offertory, increased church related conflicts that discourage the young adults from active service, and increased tension due to close monitoring of personal lives.

4.10 Correlation Analysis of Adhering to Religious Statutes and Mental Health

The study had research hypothesis which stated that adhering to religious statutes had no significant influence on mental health among young Christian adults. Table 4.8 provides the results.

Table 4.8

Correlation Analysis of Adhering to Religious Statutes and Mental Health

		Adhering Religious Statutes	toMental Health
Adhering Religious Statutes	Pearson Correlation	1	.715
	P-value		.020
	N	349	349
Mental Health	Pearson Correlation	.715	1
	P-value	.020	
	N	349	349

Correlation is significant at the 0.01 level (2-tailed)

Table 4.8 indicates that that the correlation coefficient $r=0.715$ $p\text{-value}=0.020$ at $\alpha < 0.05$ and 99% significance level. Therefore, since the correlation coefficient was less than 1 and $p\text{-value}$ was less than 0.05, the study rejected the null hypothesis but the relationship was very strong. Therefore, this means that adhering to religious statutes had a very strong positive significant effect on mental health of young Christian adults. This means that the ability of the young adults to receive baptism, take part in prayers and fasting, creating time to attend church services and evangelizing, creating a positive mentality impression in them.

The young adults were able to experience changes in their personalities, become more confident, increased personal knowledge and inspiration. According to Omwenga (2020), frequent attendance of church services reduced stress significantly among church members. This was because they interacted with like-minded people who had experienced similar challenges in life, thereby impacting their mentality positively.

4.11 Descriptive Statistics of Involvement in Community Service and Mental Health

Involvement in community service was the fourth independent variable and it had indicators such as social connections with people, sense of belonging and security, reduction of tension, quality decision making, and alleviation of depressive symptoms.

Table 4.9 provides the results.

Table 4.9*Descriptive Statistics of Involvement in Community Service and Mental Health*

Statements N=349	1	2	3	4	5	Mean
Ability to create social connections with people through community service	48 (14%)	47 (13%)	76 (22%)	77 (22%)	101 (29%)	4.28
A sense of belonging and security due to giving back to the society in form of one's personal finances	49 (14%)	30 (9%)	57 (16%)	97 (28%)	116 (33%)	4.19
Consistent collection of community garbage as a community service enabled avoid tensions	102 (30%)	87 (25%)	64 (18%)	53 (15%)	43 (12%)	2.10
Thinking and decisions changes with responsibility	57 (16%)	49 (14%)	99 (29%)	73 (21%)	71 (20%)	3.47

Depressive thoughts decrease as one spends free time in community service	43 (12%)	50 (14%)	100 (29%)	81 (23%)	75 (22%)	3.25
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Table 4.9 indicates that 101(29%) of the young adults strongly agreed and 77(22%) agreed that they were able to create social connections with people through community service. Additionally, 116(32%) strongly agreed and 97(28%) agreed on a mean of 4.19 that the study participants felt a sense of belonging and security due to giving back to the society in form of their personal finances, time and energy. However, 102(30%) strongly disagreed and 87(25%) disagreed on a mean of 2.10 that consistent collection of community garbage as a community service by the youth reduced the shyness, they had before when interacting with other community members. This is because they visited different premises and in the process of data collection got to interact with the community members.

The results imply that the periodical interaction with the community enabled the young adults not only engage in beneficial activities but also created platforms for exchange of ideas through interacting in a healthy manner. In the process it led to young adults being accepted in the community as valuable members, which empowered them make quality decisions that do not hurt other members or destroy community property. According to Savaglio et al. (2022), the easier it was for the young adults to interact with each other irrespective of their ages, the more impactful it had on their mental health.

The study also interviewed 26 respondents whose response was coded MH01 to MH26. The first question required the participants to elaborate the various ways their church was using to contribute towards communal service as a measure of enhancing lasting

relationships. The responses noted were grouped into three themes which were humanitarian aid, social corporate responsibility and community mental health support. In regards to humanitarian aid, the church was actively involved in providing basic needs to needy families such as food, shelter and clothing. In regards to social corporate responsibility, the church ensured that key community projects such as water projects, education scholarships, protection of public property, and hospitals among others. Further, the church was also involved in community mental health support such as counselling and guidance programs, as well as rehabilitation programs to the young adults involved in drug and substance abuse. A respondent MH01 was quoted saying that,

“The church is really involved in a lot of projects that cuts across provision of food, shelter, clothes, medicine and eradication of water problem.”

Another respondent MH10 was quoted saying that,

“We are actively involved in salvaging the dejected and forgotten population through counselling programs.”

A respondent MH26 was quoted saying that,

“There are so many youths lost in drugs and substance abuse, which is a major reason as to why the church is concerned and involved in their rehabilitation”

In support to the results, Savaglio et al. (2022) noted that community mental health programs done by religious organizations enabled the Australian youth come back to shape and take hold of their lives again. Further, Shisana et al. (2024) also indicated that the

government and the religious institutions of South Africa were working together to salvage the lost youths through providing to them basic needs and rehabilitations help.

The second question required the respondents to elaborate how religious practices influenced the frequencies of community service to enhance positive mentality among young adults. The responses were grouped into three themes which included attendance to worship services, reading sacred texts and adhering to religious statues. On consistent attendance to worship service, the young adults were able to develop the virtue of discipline and responsibility. This was critical in ensuring that community service projects were done to completion despite the personal circumstances facing them. That is, they were able to consider other needs as critical just as they did with their personal needs.

Additionally, reading sacred texts, enabled the young people have hope within themselves in God which was a virtue needed to publicly speak to the community members during community service. The world needed to have hope in God to cope with the challenges in life. Further, adhering to religious statues enabled the young adults have positive mentality with the church programs to reduce complains during community services. If they have developed a culture of always following the religious guidelines, there was a positive mindset of reaching out to the community members to help where they can. Comparatively, Bosire et al. (2021) noted that positive mentality, hope in God and discipline to follow through religious programs were factors that enabled the church in South Africa promote health and healing effortlessly.

The third question required the participants to explain the challenges that the church underwent when incorporating young adults into community service especially when they

had a criminal record. The challenges named by the respondents were fear by community members to engage in the church activities, complains on suitability of individual with criminal records to serve the same community they were terrorizing, rejection to the church, and increased tension.

4.12 Correlation Analysis Results of Involvement in Community Service and Mental Health

The study had research hypothesis which indicated that involvement in community service had no significant influence on mental health among young Christian adults as provided in Table 4.10.

Table 4.10

Correlation Analysis of Involvement in Community Service and Mental Health

		Involvement in Community Service	Mental Health
Adhering to Community Service	Pearson Correlation	1	.127
	P-value		.018
	N	349	349
Mental Health	Pearson Correlation	.127	1
	P-value	.018	
	N	349	349

Correlation is significant at the 0.01 level (2-tailed)

Table 4.10 shows that that the correlation coefficient $r=0.127$ $p\text{-value}=0.018$ at $\alpha < 0.05$ and 99% significance level. Therefore, since the correlation coefficient was less than 1 and p- value was less than 0.05, the study rejected the null hypothesis but the relationship was

very weak. Therefore, this means that involvement in community service had very weak positive significant effect on mental health of young Christian adults. The social interaction through involvement in community activities boosted sense of belonging among the young adults, encouraged them to talk to members of the community hence reducing tension and alleviating depressive symptoms. Kiilu et al. (2022), also noted that consistent communal engagement was a contributory factor towards reduction of mental illness concerns.

4.13 Diagnostic Tests

The study also ensured that before analysis, the data was subjected to various statistical tests to satisfy the regression assumptions needed. These tests were normality linearity, multicollinearity and autocorrelation.

4.13.1 Normality Test

This was a test done to ensure that the data had no abnormal responses that would affect the symmetricity of the normal curve. Based on this test, the chances to eliminate any responded questionnaires especially the ones which were all inclined to one side was high through the use of Kolmogorov-Smirnov Z as in Table 4.11.

Table 4.11

Normality Test

	Attending worship services	Reading sacred texts	Adhering to religious statutes	Communi ty service	Mental health
N	349	349	349	349	349

Normal Parameters ^a	Mean	22.12	21.27	17.33	21.48	20.95
	Std. Deviation	4.683	2.579	4.429	2.449	2.629
Most Extreme Differences	Absolute Positive	.114	.108	.108	.158	.121
	Absolute Negative	-.114	-.108	-.085	-.158	-.121
Kolmogorov-Smirnov Z		1.162	1.094	1.103	1.009	1.228
<u>Asymp. Sig. (2-tailed)</u>		<u>.135</u>	<u>.182</u>	.176	.112	.098

a. Test distribution is Normal.

b. Calculated from data.

Table 4.11 discloses that attending worship services had a p-value of 0.135; reading sacred texts had a p-value of 0.182; adhering to religious statutes had a p-value of 0.176; community service had a p-value of 0.112; mental health had a p-value of 0.098. The finding implied that the values were above 0.05 hence indicating that the data was normal.

4.13.2 Linearity Test

The study also conducted linearity test to ensure that the variables under consideration which were attending worship services, reading sacred texts, adhering to religious statutes, and community service had a basic qualification of having an existing relationship with positive mental health. Table 4.12 discloses the results derived.

Table 4.12*Linearity Test*

			Sum of Squares	df	Mean Square	F	Sig.
Mental health		(Combined)	370.094	19	19.479	1.667	.059
	Between	Linearity	37.443	1	37.443	3.204	.077
Attending worship services	Groups	Deviation from Linearity	332.650	18	18.481	1.581	.084
	Groups		981.743	330	11.687		
	Total		1351.837	349			
Reading sacred texts		(Combined)	205.109	10	20.511	1.654	.104
	Between	Linearity	24.302	1	24.302	1.959	.165
	Groups	Deviation from Linearity	180.807	9	20.090	1.620	.121
	Within	Groups	1141.124	339	12.404		
	Total		1346.233	349			
Adhering to religious statutes		(Combined)	273.403	18	15.189	1.197	.282
	Between	Linearity	29.969	1	29.969	2.362	.128
	Groups	Deviation from Linearity	243.434	17	14.320	1.129	.342
	Within	Groups	1078.434	331	12.687		
Community service	Total		1351.837	349			
		(Combined)	189.136	13	14.549	1.126	.348
	Between	Linearity	15.646	1	15.646	1.211	.274
	Groups	Deviation from Linearity	173.490	12	14.457	1.119	.355
	Within	Groups	1162.701	336	12.919		
	Total		1351.837	349			

Table 4.12 discloses that attending worship services had a p-value of 0.084; reading sacred texts had a p-value of 0.121; adhering to religious statues had a p-value of 0.342; community service had a p-value of 0.355. The finding implied that the values were above 0.05 hence indicating that the data was linear such that there was a linear relationship between each variable to positive mental health.

4.13.3 Multicollinearity Test

The study also examined whether the variables under consideration had strong individual characteristics such that they did not pick each other traits or not inter-influenced by other variables. This test was done using tolerance and Variance Inflation Factor [VIF] values as in Table 4.13

Table 4.13

Multicollinearity Test

Model	Collinearity Statistics	
	Tolerance	VIF
Attending worship services	.821	1.217
Reading sacred texts	.814	1.229
Adhering to religious statues	.916	1.092
Community service	.837	1.195

Table 4.13 discloses that the tolerance and VIF values of attending worship services were 0.821 and 1.217 respectively; tolerance and VIF values of reading sacred texts were 0.814 and 1.229 respectively; tolerance and VIF values of adhering to religious statues were 0.916 and 1.092 respectively; tolerance and VIF values of community service were 0.837

and 1.195 respectively. Therefore, since the tolerance value was above 0.05 and VIF less than 5, it indicated that the variables did not get affected by multicollinearity issues.

4.13.4 Autocorrelation Test

The study conducted autocorrelation test through the Durbin Watson test as indicated in Table 4.14.

Table 4.14

Autocorrelation Test

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin Watson
1	.874 ^a	.764	.007	3.85772	1.424

According to Table 4.14, the Durbin Watson value was 1.424 which was less than 2, an indication that there was a positive correlation between religious practices and mental health of young Christians.

4.14 Multiple Regression Analysis

Multiple regression analysis was done in examination of how religious practices affected young Christian adults' mental health. Model summary, ANOVA and regression coefficient were done.

4.14.1 Model Summary

The percentage influence of religious practices on mental health was ascertained through a model summary as provided in Table 4.15.

Table 4.15

Model Summary of Religious Practices

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.874 ^a	.764	.007	3.85772

a. Dependent Variable: Mental Health

b. Predictors: (Constant), Involvement in Community Service, Adhering to Religious Statutes, Attending Worship Services, Reading Sacred Texts Table 4.15 indicates that R was 0.874 and R square was 0.764 showing that religious practices had 76% effect on mental health. The other 24% were factors not considered in the study. This means that attending worship services, reading sacred texts, adhering to religious statutes and involvement in community service improved the mental wellbeing of young adults. Previous studies such as Khumalo et al. (2023) also got a positive influence of frequent attendant of religious practices on mental wellbeing. In addition, Moodley and Hove (2023) noted that when statutes of religion were consistently followed under pastoral care the mental wellbeing of people improved in South Africa.

4.14.2 ANOVA Analysis

The study also provided ANOVA analysis to ascertain and answer the general objective which examined the influence of religious practices on mental health among young Christian adults in Imenti North Sub-County, Meru County. Table 4.16 provides the results.

Table 4.16

ANOVA Results of the Influence of Religious Practices on Mental Health

Model	Sum of Squares	Df	Mean Square	F	Sig.	
1	Regression	93.356	4	23.339	711.568	0.02 ^b
	Residual	5089.641	345	14.882		
	Total	5182.997	349			

a. Dependent Variable: Mental Health

- b. Predictors: (Constant), Involvement in Community Service, Adhering to Religious Statutes, Attending Worship Services, Reading Sacred Texts
 Table 4.16 indicates the significance is 0.02 at F-statistic of 711.568. Therefore, since it was less than 0.05 the study's conclusion was that religious practices had a positive significance on mental health of young adults. Also, Omwenga (2020) discovered that reading spiritual books such as Bibles gave positive mental comfort to Kenyans in a foreign land such as America.

4.14.3 Regression Coefficient Analysis

The study had a model that indicated that $Y = C + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + e$

Where:

Y = Positive mental health $\beta_i =$

Coefficients to be estimated

C= Constant

X1= Attending worship services

X2 = Reading sacred texts

X3 = Adhering to religious statutes

X4 = Community service e= Error

term

The study conducted a regression coefficient analysis to determine the values as in Table 4.17.

Table 4.17

Regression Coefficient of Religious Practices

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	14.204	1.922		7.389	.011
Attending Worship Services	.018	.070	.014	.262	.003
Reading Sacred Texts	.050	.067	.040	.750	.000
Adhering to Religious Statutes	.026	.072	.019	.355	.024
Involvement in Community Service	.152	.064	.128	2.382	.018

Dependent Variable: Mental Health

Table 4.17 indicates that the constant was 14.204, attending worship service was 0.018, reading sacred texts was 0.050, adhering to religious statues was 0.026, involvement in community service was 0.152 and error term=1.922. Hence $C=14.204$, $X_1=0.018$, $X_2=0.050$, $X_3=0.026$, $X_4=0.152$ and $e=1.922$. When included in the equation, it resulted as $Y= 14.204C+0.018X_1+0.050X_2+0.026X_3+0.152X_4+1.922$. This means that all religious practices were significant towards influencing mental health. Comparatively, Goodman et al. (2022) also noted that childhood memories of rural Kenyan men were mainly developed through adherence to religious statutes. Furthermore, Moodley and Hove (2023) noted that the act of reading sacred texts by pastoral members enabled easier coping of negative effect of Covid-19 among different young people in South Africa. Further, Malyvia (2023) supported attendance of religious services as part of integration method

used to enhance spirituality and mental health among different people like the young people. Additionally, Dein (2020) named community led initiatives as leading a contributory factor towards enhancing religious healing through mental health.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The main objective of this study was to examine the influence of religious practices on the mental health of young Christian adults in Imenti North Sub-County, Meru County, Kenya. Specifically, the study aimed to establish the impact of attending worship services, reading sacred texts, adhering to religious norms, and involvement in community service on the mental health of young Christian adults. The study was guided by two theoretical frameworks: the Human Flourishing Theory and Relational Theory. A mixed-method approach was used with a correlational research design, where both quantitative and qualitative data were collected. Young adults answered questionnaires, and pastors were interviewed.

5.2 Summary of Research Findings

The findings of the study are summarized below, based on the specific objectives:

5.2.1 Attending Worship Services and Mental Health

The questionnaire results revealed that the majority of respondents (96 or 27%, and 107 or 31%) strongly agreed or agreed, with a mean of 4.24, that attending worship services helped them become more optimistic in life. Additionally, 121 (35%) strongly agreed, and 89 (26%) agreed, with a mean of 4.04, that their self-esteem developed through opportunities to express their talents in church. However, 112 (32%) strongly disagreed, and 100 (28%) disagreed, with a mean of 2.37, about attending counseling sessions or listening to sermons

that had positively affected their emotional stability. The correlation coefficient was found to be $r = 0.680$ at $\alpha < 0.022$, with a significance level of 99%. Since the correlation coefficient was less than 1 and the p-value was less than 0.05, the null hypothesis was rejected.

Interview results indicated that attending worship services facilitated positive changes in young adults' lives, including spiritual growth and expanded thinking. Moreover, attending worship services helped young adults cope with mental health issues related to childhood trauma, providing exposure to counseling and God's love.

5.2.2 Reading Sacred Texts and Mental Health

The questionnaire indicated that 94 (27%) of the young adults strongly agreed, and 112 (32%) agreed, with a mean of 4.38, that they felt less anxious after attending conferences that enhanced their Biblical learning. Furthermore, 78 (22%) strongly agreed, and 107 (31%) agreed, with a mean of 4.09, that participating in Bible study groups reduced their stress levels. However, 109 (31%) strongly disagreed, and 85 (24%) disagreed, with a mean of 2.16, regarding the development of personal reading schedules that led to increased hope in life. The correlation coefficient was $r = 0.527$ at $\alpha < 0.034$, with a significance level of 99%. As with the previous objective, the null hypothesis was rejected.

Interview results revealed that the church used various sacred texts, such as the Bible, Christian motivational books, and prayer books, to promote mental health. Challenges included the rise of prosperity preachers and insufficient theological guidance, which hindered proper understanding and application of sacred texts.

5.2.3 Adhering to Religious Norms and Mental Health

The questionnaire showed that 112 (32%) strongly agreed, and 97 (28%) agreed, with a mean of 4.29, that baptism led to positive changes in their personalities. Additionally, 90 (26%) strongly agreed, and 110 (32%) agreed, with a mean of 4.11, that engagement in evangelism activities helped reduce tension and anxiety. However, 102 (30%) strongly disagreed, and 114 (33%) disagreed, with a mean of 2.20, that partaking in the Holy Communion inspired positivity in life. The correlation coefficient was $r = 0.715$ at $\alpha < 0.020$, with a significance level of 99%, and the null hypothesis was rejected.

Interview results indicated that mentorship and participation in church activities helped young adults adhere to religious norms, making them feel cared for, loved, and valued, thus positively impacting their mental health. However, challenges such as peer pressure, lack of interest, and financial constraints negatively affected their adherence to religious statutes.

5.2.4 Involvement in Community Service and Mental Health

The findings revealed that 101 (29%) of young adults strongly agreed, and 77 (22%) agreed, with a mean of 4.19, that community service allowed them to create social connections. Additionally, 116 (32%) strongly agreed, and 97 (28%) agreed, that giving back to society provided them with a sense of belonging and security. However, 102 (30%) strongly disagreed, and 87 (25%) disagreed, with a mean of 2.10, that consistent community service, such as garbage collection, reduced tension with other community members. The correlation coefficient was $r = 0.127$ at $\alpha < 0.018$, with a significance level of 99%, and the null hypothesis was rejected.

Interviews revealed that the church engaged in various community service activities, including humanitarian aid and mental health support. Challenges in involving young adults in these activities included societal fear and rejection due to their past criminal records, which caused tension in their community service involvement.

5.3 Conclusions of the Study

5.3.1 Attending Worship Services and Mental Health

The first objective was to examine the influence of attending worship services on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya. It was determined that the frequency of attending worship services was a significant factor in the mental health and well-being of young adults, promoting optimism and personal growth. However, there were challenges in engaging young adults with certain programs, such as sermons, which may not have been relevant or appealing to them.

5.3.2 Reading Sacred Texts and Mental Health

The second objective was to examine the influence of reading sacred texts on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya. It was determined that reading sacred texts, including the Bible and prayer books, helped reduce stress and enhanced confidence. Nevertheless, many young adults struggled with consistency in reading the texts due to lack of interest or insufficient guidance from theological leaders.

5.3.3 Adhering to Religious Statutes and Mental Health

The third objective was to examine the influence of adhering to religious statutes on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya. It was determined that adhering to religious norms improved the personality and mental well-being of young adults. However, engagement in religious practices was limited by peer pressure, financial constraints, and church-related conflicts.

5.3.4 Involvement in Community Service and Mental Health

The fourth objective was to examine the influence of involvement in community service on the mental health of young adults in mainstream churches in Imenti North, Meru County, Kenya. It was determined that community service provided opportunities for young adults to develop interpersonal skills and a sense of belonging, which positively impacted their mental health. However, societal rejection, particularly for those with criminal records, hindered their involvement in these activities.

5.4 Recommendations of the Study

5.4.1 Attending Worship Services and Mental Health

On the examination of the influence of attending worship services on the mental health of young adults in mainstream churches, it is recommended that churches engage young adults more in worship services, offering tailored programs or concurrent services that specifically address their spiritual and mental health needs.

5.4.2 Reading Sacred Texts and Mental Health

On the examination of the influence of reading sacred texts on the mental health of young adults in mainstream churches, it is recommended that church leaders should offer workshops or support groups focused on resilience and positive coping strategies. Young adults should be trained to lead Bible study groups, promoting leadership and consistent personal reading.

5.4.3 Adhering to Religious Statutes and Mental Health

On the examination of the influence of adhering to religious statutes on the mental health of young adults in mainstream churches, it is recommended that the young adults should be encouraged to engage in religious practices through mentorship and inclusion. Financial aid programs should be introduced to support those facing financial challenges, and church leaders should create inclusive programs to facilitate participation in religious statutes.

5.4.4 Involvement in Community Service and Mental Health

On the examination of the influence of involving community service on the mental health of young adults in mainstream churches, it is recommended that the churches should create awareness about the transformation of young adults and offer various community service opportunities. Collaboration with community leaders can enhance the relevance of these programs and increase trust and participation.

5.5 Implications for Policy and Practice

Churches should integrate mental health education into various programs such as worship services, reading sacred texts, religious statutes and during community service. This is to

ensure that every opportunity the church gets to positively impact their mental health should be done accordingly.

5.6 Suggestions for Future Studies

Future studies could expand to other counties in Kenya or other religious groups to explore how different belief systems influence mental health. Longitudinal studies could examine the long-term impact of religious practices such as attending worship services, reading sacred texts, adhering to religious statutes, involvement in community service, and mental health, and intervention programs designed to improve mental health outcomes could be explored.

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