christian aid

RELIGION & HEALTH

HARNESSING THE UNIQUE STRENGTH OF RELIGIOUS ACTORS FOR IMPROVED OUTCOMES IN PUBLIC HEALTH INTERVENTIONS

Authors: Kehinde O. Afolabi I Blessing O. Christopher I Anupama Ranawana I Adebola Fatilewa

Source: Understanding the Role of Religious Actors in Public Health Crises in Nigeria - A Christian Aid Nigeria Original Research

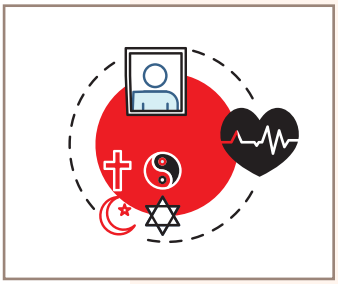
In Nigeria, religion is part of the fabric of daily life and arguably inseparable from the public sphere. Religious dynamics permeates the space of culture, society, and politics from national to grassroots levels. However, the importance of faith actors is more evident in times of public health crises as they have historically played vital supportive roles spiritually, politically, and materially for individuals and communities living in poverty.

This has earned them immense trust from their communities as they are viewed as reliable community leaders with crucial social access and 'spiritual capital.' The trust that local religious actors enjoy allows them to negotiate these intricacies with more ease than other actors.

On the other hand, faith actors have also been involved in harmful practices in crises settings like public health emergencies, ranging from stigmatizing certain groups and ostracizing them from necessary relief mechanisms, to spreading misinformation regarding health issues. This complex interrelationships of culture, tradition, stigma, and discrimination continue to shape the uptake of health services and how health systems interface with communities.

It is no gainsaying that faith actors play a pivotal role in international development as faith and religion are key influencing factors in communities' response to behavioural and structural changes. Considering this, how can this reality be better harnessed as a strength towards achieving desired results in public health emergencies? For better understanding, we need to define who these really are.

WHO ARE FAITH ACTORS?



In the Nigerian context, these are diverse. They come from institutional spaces like Islam and Christianity, and traditional spaces. For the communities, the religious leader is one who provides a service of healing, care, and trust in the community. In this sense, a mere title is not enough, rather, it is about the role they serve.

These actors hold a strong convening power which allows for communal gatherings through worship, prayer, or bible meetings which makes information dissemination easy. Also, individuals seek them out for blessings, divine interventions, and assistance during health emergencies. They are the practical 'go to' because of the spiritual role they play, and the practical role they play concretises their focal point as spiritual leader. This convening ability makes them an important nodal point for public health officials. As such, the religious leader can be defined in **holistic** and **spiritual** terms, and in terms of the very practical role that they play. These roles are permanently intertwined.

When there is a Public Health Crisis...

During an epidemic or a pandemic, faith actors - both institutional and traditional - play the role of welfare support, spiritual succour, information point, convenor, advocate, as well as intercessor with both the 'divine' and the public officials. They assist individuals and families through the crisis, the insecurity, and the stress, by providing contingency support, prayer, spiritual protection, and counselling. Beyond this, they are important in promoting the willingness of community members to help each other, as well as increasing the ability of communities to comply with public health regulations.

At the intermediate level, we see religious leaders are active in measures to promote medical education and mitigation, particularly in terms of educating on virus spread, proper hygiene and countering misinformation and rumour. However, these positive roles are not always the case as the scourge of misinformation can also emanate from this trusted source.

THE RELIGIOUS LEADER AND MISINFORMATION

Evidence has shown that religious leaders have been found to be at fault for spreading rumours or siding with narratives that a particular disease is a curse sent from the Divine. This issue is more prevalent amongst religious leaders who are not fully in agreement with modern medical methods. In effect, community members become susceptible to the disease, conspiracy theories, and the abuse of such things as prosperity teaching.

Studies conducted by Christian Aid in different contexts reveal that there were religious leaders who interpreted chronic diseases as God's curse or God's punishment. At a micro-level, this mostly serves to increase negative emotions such as fear, helplessness, and loneliness. In a context such as Nigeria which is 'incurably religious,' such interpretations are very dangerous, because of the deep rootedness of belief in the divine, or in spirits that may bring ill-will. In deeply religious communities, these kinds of interpretations are a permanent risk factor.

Such circumstances become more heightened when political actors agree with these incorrect interpretations and join with a religious leader to resist modern medical methods. This reality further emphasises the fact that the assumed proximity of faith actors to the 'Divine' means that their attitude in terms of messaging and information is crucial and can have major impacts on the community. It is on this basis that continuous work to educate religious actors and leaders on modern medical methods remains paramount in health interventions. This may help dispel any difficulties some may have with scientific methods. Why is this important?

RELIGIOUS ACTORS AS KEY COLLABORATORS FOR PUBLIC OFFICIALS

In addressing epidemics, faith actors remain important stakeholders in supplementing and complementing public officials' efforts. They play a critical role in the coordinated response to pandemics, particularly in terms of social referrals, and social approval of interventions to ensure acceptance and saturation including compliance with broadcast messages.

In some contexts, there is observed collaboration and synergy between public health authorities and community leaders, while certain contexts indicate little synergy in terms of information and material provision between Traditionalists and Christian religious actors. This owes to the tensions between them concerning questions of whether a religious actor has legitimacy, as well as congregational size.

A typical instance of this occurred in Ossamala Ogbaru LGA, Anambra state where research findings indicated the exclusion of African Traditional Leaders, who are also very influential in their various communities, in the design and delivery of health interventions. This leads them to discriminate against other faith communities, violate public health regulations, and reduces their willingness to extend solidarity beyond their own religious adherents. In a twist of situation during the Covid-19 pandemic, the African Traditional Religious leaders - often referred to as The Chief Priest- were instrumental in helping the community keep hope and faith during moments of crisis. This is because other religious leaders, who are usually posted from outside the community to serve in religious centers, had to return to their original homes as part of safety measures during the pandemic, leaving behind the chief priests, who are usually indigenes of the community, as the only major source of spiritual guidance and counsel in those difficult moments.

This further underscores the need to have a very diverse approach to how religious actors are defined or understood. Within communities, traditional healers in most instances are not always considered to be religious actors. This is because they are perceived to be knowledgeable only in traditional medicine and other traditional means of healing, with little or inadequate religious knowledge that qualifies them to be referred as a religious actor. Yet, ***the medicinal aid they provide has a spiritual component to it due to the nature of traditional healing.*** Hence, it is almost impossible to categorise them as a non-religious actor.

Sustaining and improving these relationships and maintaining the links between multiple stakeholders (health authorities, Civil Society Organisations, traditional leaders, religious actors, government agencies) cannot be overemphasised. The experience in Ogbaru particularly highlights the need for thorough stakeholder mapping and power analysis to ensure inclusivity while engaging religious leaders. This will involve ensuring a balanced inclusion of both institutional (Christian and Muslim) and traditional faith actors in briefings, development activities, and as key nodal points in the implementation of development interventions.

It is clear that faith actors are pivotal to the effective delivery of health interventions during any public health crises in Nigeria. For maximal utilisation, the following recommendations are made:

>>>

RECOMMENDATIONS

1. Religious leaders are an important liaison with the stakeholders in the health communities. Therefore, they should be involved in all engagements - trainings, seminars - from onset to enable them understand project objectives towards maximizing their participation.

2. Reaching communities through the religious actor is always a considerable community engagement measure. Hence, it is important to prioritise educating religious actors and leaders on modern medical methods with a view to eliminating myths and disinformation about scientific methods.

3. Multi-stakeholders' response in health emergencies should include continuous engagement with religious actors and leaders, and the recognition that these extend beyond institutional actors like Christian or Muslim leaders. Development practitioners and public officials must work to ensure that actors such as African Traditional Leaders are included when defining religious leaders.

4. It is important that development research and practice foregrounds spirituality as a point of analysis in programme and practice, particularly in contexts that are deeply religious.

5. There is need for public officials, researchers, and development practitioners to consider religious actors as significant stakeholders in managing health emergencies by implementing measures and initiatives that would equip them with the desired knowledge and synergy between them and other stakeholders.

6. Skilled medical personnel should be deployed to rural communities to help build trust in the health system.

7. In health interventions, Service delivery must not only focus on singular efforts like the delivery of hygiene packs, but also ways to support religious actors who may be providing welfare and services on multiple fronts.

8. It is important to understand the dynamics of engaging different types of religious leaders available in the community during stakeholder engagement processes for different interventions.

9. There is need for a power analysis in development research and practice that ensures a multiple or pluralistic approach to understanding local actors. Particularly, this should consider the inclusion of 'traditional' actors, and community actors alongside institutional actors.

10. There should be a mapping exercise, done by public health officials working against multiple pandemics, that understand the effects that occur at micro and meso levels, especially in terms of information dissemination.

Plot 802, Ebitu Ukiwe Street,
Opposite Nigeria Centre for Disease Control,
Jabi, FCT, Abuja, Nigeria

christianaid.org.uk/nigeria
@CAID_Nigeria
@ChristianAidinNigeria
nigeria-info@christian-aid.org
@ChristianAidinNigeria
@ChristianAidNigeria