

# ENGAGING RELIGIOUS LEADERS TO ADDRESS TB AND RELATED SOCIETAL CHALLENGES AT THE COMMUNITY LEVEL

## Challenge of TB

While India has made great strides in its fight against Tuberculosis (TB), it remains one of the most prevalent diseases in the country. Globally, India is among the eight countries that account for two-thirds of the new TB cases. In 2019, India reported an estimated 24.04 lakh cases, with 79,144 deaths. Although TB is a curable disease, early intervention and continuous intake of medicine is required. Certain groups (such as those living with HIV) are at a higher risk of developing TB. TB and HIV are a lethal combination, each speeding the other's progress.



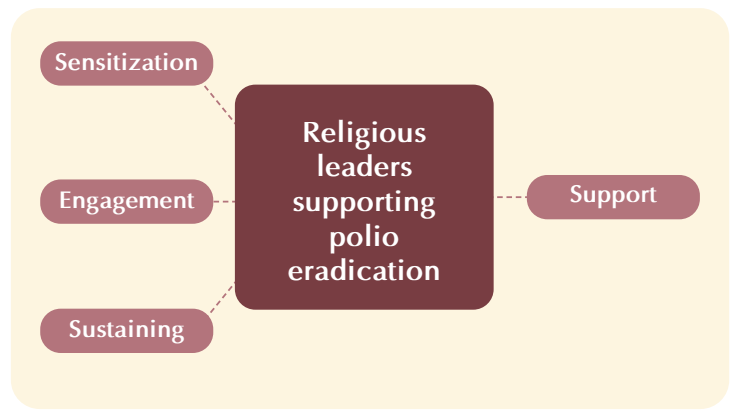
There is also the issue of Multidrug-Resistant TB (MDR-TB), which is drug-resistant due to improper use of the medicine. MDR-TB requires second-line treatment options, which are not only more expensive but also more toxic. MDR-TB can further evolve to other forms of drug resistance, thereby leaving patients without any further treatment options. Even though TB medication and treatment is widely available, barriers such as stigma associated with TB, lack of awareness, among others, complicate the process and put the patients at greater risk. Together with other underlying causes like poor understanding of the social contexts of the patients and lack of social mobilization efforts compromises on the impact and reach of the TB program across the marginalised sections of the populations.

## Religious Resistance to Healthcare

Religion and faith are important to the lives of many around the world. India is host to a multitude of religions, which are intrinsic to the everyday lives of practitioners. Since religion and religious leaders are looked towards as a link between God and humans- there is a lot of weightage to their words and guidance. They are an integral part of the lives of the people and can influence lifestyles, attitudes and decisions made by communities. In the context of health care, this particularly can act as a barrier in terms of health seeking behaviour and access. Majoritarian religious values and roots determine how many communities respond to health services and programs. One of the most common beliefs is that illnesses such as leprosy and tuberculosis are punishment from the gods for past misdeeds. Stigma propagated by such beliefs can not only alienate the patients, but also prevent them from accessing treatment and hoping for a disease-free future. Many prefer spiritual healing over allopathic or modern medication which in turn can lead to delay in treatment initiation, making the patients further vulnerable. When these are compounded with other factors, such as lack of education and socio-economic backwardness, they can act as strong barriers in seeking timely diagnosis and treatment.

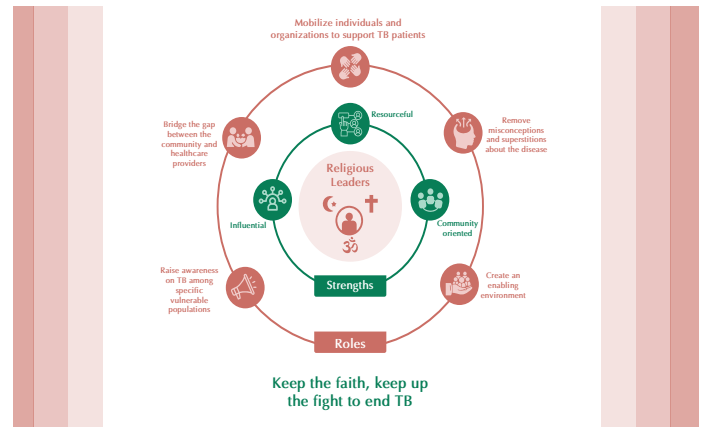
# Strategy of Involving Religious Leaders

Due to the centrality of religion in the lives of people, religious leaders are considered to be important stakeholders within the community. People receive teachings from them, confide in them about their problems, and are in close contact with them. Every intervention should consider gaining an understanding around how one can access and utilize religious places, spaces and centers as platforms to communicate key messages, with the religious leaders becoming the resource person to deliver this message.



Religious leaders also enjoy a wide audience and know how to communicate with different types of people, regardless of their class, educational background, etc. Communities come voluntarily to access the sermons and teachings of religious leaders, which is extremely cost effective and ensures a last mile connect, without any discrimination. Additionally, religious leaders are well acquainted with the realities and the contexts of the people they guide.

The leaders are, thus, uniquely positioned to influence positive behavioural change, especially at the family and community level. Even though the health system may face challenges of infrastructure, lack of doctors, etc there would definitely be a religious center or space with a leader to deliver the message of TB prevention and treatment. Thus, to combat a disease such as TB, it is vital to involve them. Considering there is still stigma attached to TB, religious leaders can expound on the vitality of seeking treatment on time and the benefits of early diagnosis. They can also help address the fears of the community and act as a link between the people and the healthcare sector. While working with vulnerable populations e.g., tribals, migrants, brick kiln workers etc the ambit can be expanded to include traditional faith-based healers, as they are really trusted in the community as the first point of contact for any health-related issues. Involving religious leaders to fight TB has seen success in India. The Union Territory of Lakshadweep islands was recently declared as the first TB-free Province in India. It was able to do so by implementing TB Elimination as a 'People's Movement' and actively involving Panchayats, teachers, health volunteers, and religious leaders to communicate with the people.



## Tools of Engagement

- ▶ **Dissemination of Messages by Religious Leaders-** Religious leaders should be actively trained to ensure that accurate information reaches the communities. Since stigma is a barrier in accessing treatment for TB, religious leaders should also be imparted the knowledge on how to debunk such misinformation. They should also be equipped with information on diagnosis and treatment centers, counselling and importance of adherence- that they can recommend to the community. The leaders can also ensure that the fears of people are heard by those at the state and national levels. The messaging should be sensitive and informed by the leaders- to ensure it is in line with the general belief system of each faith and community. Written appeals along with announcements from places of worship and interviews with religious leaders have proven to be instrumental in could be used for proactive community involvement for TB case detection. There are key days celebrated in every religion and they can be utilized as an opportunity to organise health campaigns during those days with a focus on TB. This can also potentially be a method to engage with the private sector to collaborate in the awareness activities.

- ▶ **Interfaith Cooperation and Alliances:** In a country like India, even the involvement of leaders of different religions requires differing strategies. It is important to understand the multitude of beliefs and outreach should differ accordingly. Interfaith gatherings can also be promoted, in which leaders of different religions address the congregations, so as to promote unity. In 2020, UNICEF launched a global interfaith collaboration to address the havoc caused by COVID 19 specially on families, children, women and young girls. The initiative highlights and brings together the critical role played by religious leaders to influence behaviours and attitude of development and wellbeing of children and communities. The important interventions related to WASH as well as COVID have also shown us the importance of interfaith platforms/alliances that can strengthen the voices of religious leaders. There should be avenues created-led by the religious leaders together for the possibility of issuing a joint statement by all interfaith leaders that gives the message in one voice, and avoids multiple interpretations.
- ▶ **Integration with the TB Response Mechanism:** Decisive steps need to be taken to ensure religious leaders are an active part of the advocacy and communications strategy. This is evidenced by Ministry's remarks on the need to include religious leaders in the journey to eradicate TB.
- ▶ **Engaging with media:** The religious leaders can also issue written statements and appear in media interviews. This can target communities where there is more stigma and resistance. Civil society and community groups such as SHGs can support to increase the reach of the messages to the most vulnerable communities. Additionally, using religious leaders for speaking against stigma and discrimination with a special focus on women should be considered, as we know women bear the brunt of it more often, and religious leaders can be big source of influence in this regard.

## Support to be Provided to Religious Leaders?

- ▶ **Capacity Building of Religious Leaders:** Activities like trainings for religious leaders should be organised – for them to take critical messages via further trainings at the grassroots level. An example is in 2019, UNICEF and the Piramal Foundation, collaborated with NITI Aayog, to successfully conduct capacity building for 150 faith leaders in Bihar, Assam and Uttar Pradesh. The aim was to develop religious leaders into master trainers to raise awareness through district- and block-level cascade trainings on the focus areas including menstrual hygiene and safe sanitation access. In 2019, there were also faith leaders, female representatives who came together to successfully reach millions with the message of ending child marriage and the critical role communities can play in this process.
- ▶ **Provision of Information, Education and Communication (IEC) material:** The provision of such material is crucial to inspire knowledge, awareness and better understanding around challenges of TB in a comprehensive manner. Taking into account the local context, this information will help address the specific challenges and solutions in the community. This can be utilized by religious leaders in their sermons, with a focus of TB detection, treatment and care.
- ▶ **Strong Linkages with Frontline Workers (FLWs) and TB Survivors:** To address the challenge of TB it is crucial that multiple stakeholders come together to ensure the community understands the need to address issues. Religious leaders should be connected with FLWs via civil society organisations and government institutions working with FLWs. This would enhance the confidence of the community to accept and respond to counselling and technical knowledge that the frontline workers possess.
- ▶ **Social Behaviour Change (SBC) Strategy Support:** As part of the SBC strategy one can consider using social media, Whatsapp groups, community radio, print media/newspapers etc. as part of the dissemination of messages from religious leaders. For eg. for COVID there have been short videos developed with support from various local religious leaders providing key messages in local language and proven to be extremely effective.



- ▶ **Engagement with TB Survivors and Champions:** Religious leaders should be introduced and encouraged to engage with TB survivors and champions. Together, they can utilize opportunities like key days, festivals, sermons etc for the religious leaders to introduce survivors and their stories to the community. TB has been a medicalized disease and sharing human centric survival stories will reiterate the fact that TB is curable and preventable. This is also be a method to address stigma and discrimination related to TB.
- ▶ **Recognition for Religious Leaders:** Avenues to highlight the impactful work undertaken by religious leaders should be duly recognised on multiple platforms. This could be done via local level events, media and social media messaging on platforms like Facebook and Whatsapp. The recognition should be made visible to district, state and central government-as per opportunity. An example from the Breaking the Barriers project is the Gavisiddeshwar Swamiji from Koppal, Karnataka- a religious leader who has become the brand ambassador for TB prevention raises awareness around the issue working with District TB office.

## Global Examples

### HIV/AIDS in Kenya

The Kenya National AIDS Control Council drew on various religious texts to bring faith leaders into the fight for evidence-based information and HIV intervention. The aim is to combine science and faith to inform the message the leaders deliver to their communities about the disease.

### TB in Tajikistan

Religious leaders in Tajikistan have chosen to speak about TB in prayer meetings in an effort to destigmatize treatment. Some have joined the TB Control Programme established by USAID and are trained to act as a bridge between patients and treatment centers. They also advocate with local authorities and businesses to provide financial support to TB patients in need. Even though TB treatment is free, financial support from communities provides patients with the income lost if TB treatment leaves them unable to work.

## India Exmaples

### Polio eradication

UNICEF collaborated with religious leaders to help spread awareness about the Polio vaccine in Uttar Pradesh. During the polio eradication programme, many areas in UP were considered to be hotbeds for the polio virus. The programme was deeply affected by misinformation surrounding the oral polio vaccine, exacerbated by some religious leaders advising communities to not get vaccinated. UNICEF engaged with the leaders, sensitised them, and remained in constant communication. By understanding the fears of the people, the medical professionals were able to directly address the communities. Endorsements of polio vaccination by prominent religious leaders were also made public through banners and pamphlets to reach out to everyone. The leaders also addressed the public during prayer service and other gatherings.

### COVID-19

Even though the vaccine for COVID-19 has been available to the public for months, there was hesitation among the people. This was due to mistrust and lack of information, worsened by the rural urban divide. In an attempt to increase the coverage of vaccinations in rural states, religious leaders were roped in to spread awareness in Bihar. This saw a positive impact, with the district of Bhojpur reporting an increase in the number of beneficiaries from minority communities. Religious leaders are very integral to the social fabric of communities in India; hence, positioning them as partners and key stakeholders to drive health initiatives and promote positive behaviours - can only accelerate and complement the TB elimination efforts in India.

### KHPT

IT Park, 5th Floor, 1-4, Rajajinagar Industrial Area, Behind KSSIDC Admin office, Rajajinagar, Bengaluru, Karnataka - 560 044.  
Ph: + 91 80 4040 0200 | Fax: + 91 80 4040 0300 | Email: khptblr@khpt.org | Website: www.khpt.org