Engaging Religious Leaders in Support of Maternal Health in Uganda

WHAT IS FISTULA?

A genital fistula is an abnormal opening in the upper or lower female genital tract that causes uncontrollable, constant leakage of urine and/or feces. Obstetric fistula is usually caused by several days of obstructed labor without timely medical intervention. Iatrogenic fistula is caused by surgical error, most often during cesarean section. Traumatic fistula is caused by injury—for instance, through sexual violence, female genital mutilation, or accidents.

www.fistulacare.org

Photo: ©Frank Baguma/FC+ team

The Uganda Demographic Health Surveys (UDHS) of 2011 and 2016 reported maternal mortality ratios of 438 per 100,000 live births and 435 per 100,000 live births, respectively (UDHS 2011, UDHS 2016). This high mortality is associated with similarly high levels of morbidity, as evidenced by the national prevalence of self-reported female genital fistula symptoms of 2% and 1% in 2011 and 2016 respectively (UDHS 2011, UDHS 2016). The FP2020 survey revealed that the unmet need for voluntary family planning services also remains high—35% of married women who want to prevent or delay pregnancy do not have access to and are not using a modern contraceptive method (FP2020 Uganda). These indicators highlight a need to strengthen access to maternal health and family planning services. One of the major barriers to increasing access to these services in Uganda is lack of awareness. Awareness about voluntary family planning and skilled delivery care can be increased through community-based structures, such as religious institutions.

In Uganda, the majority of the population is affiliated with a faith group and religion is an integral part of society. Religious institutions have access to much of the population through places of worship. Religious leaders function as community leaders and gatekeepers to information and access to the population. Engagement of religious institutions can increase awareness about underutilized health services.

USAID FROM THE AMERICAN PEOPLE
Fistula Care Plus
EngenderHealth for a better life

To increase awareness, the Fistula Care *Plus* (FC+) project, funded by the US Agency for International Development (USAID) and implemented by EngenderHealth, leveraged existing communication strengths by engaging religious leaders and fostering their support for maternal health and family planning services. This brief documents the FC+ program experience, focusing on the religious leaders' perspectives and key lessons learned.

PROGRAM STRATEGY AND OUTPUTS

FC+ engaged 143 religious leaders through the Anglican and Roman Catholic dioceses and the district Muslim Supreme Councils in Hoima and Masaka districts to increase awareness on maternal and reproductive health (see Table 1).

Table 1: Religious Leaders Trained by FC+, by district and faith group

	Anglicans	Catholics	Muslims	Total
Hoima District	25	17	28	*70*
Masaka District	25	23	25	*73*
Total	*50*	*40*	*53*	*143*

The project built the capacity of religious leaders to raise awareness among their congregants on maternal health and child spacing. The religious leaders participated in a three-and-a-half day training, which used participatory and exploratory methods to increase their understanding of the root causes of poor maternal health in the communities they serve. The training applied brainstorming, group discussions, and mini-lectures as the main methods for learning. Clerics were equipped with key messages on topics including obstetric fistula and access to treatment, male involvement in maternal and reproductive health, birth preparedness, utilization of antenatal care and maternity services, and birth spacing through voluntary family planning. The training addressed the core beliefs and values of each religious denomination and was measured improved understanding using pre- and posttests. The mean knowledge score changed from 11.3% before training to 82.3% after training.

Religious leaders received behavior change communication (BCC) materials to use for raising awareness as well as data collection tools to use to record the number of participants in their awareness raising activities. FC+ collected routine data on the program activities of the religious leaders through monthly phone calls and quarterly meetings.

Over four years of program implementation, the trained religious leaders used various opportunities to raise awareness on maternal and reproductive health issues within their communities and places of worship using the information and skills acquired during training. They delivered messages on male involvement, birth spacing, birth preparation, and use of antenatal care and maternity services. **Overall, project-supported religious leaders reached 1,137,910 congregants (69% female, 31% male) through more than 11,000 information sessions (see Table 2).**

Table 2: People Reached with Maternal and Reproductive Health Messages by Religious Leaders, January 2014–December 2018

Year of Implementation	Male Involvement			Birth Spacing			Birth Preparation			Antenatal Care & Maternity Services		
	Sessions	Women	Men	Sessions	Women	Men	Sessions	Women	Men	Sessions	Women	Men
2014	361	21,670	8,539	228	8,185	3,297	270	17,770	8,634	229	15,904	6,779
2015	530	38,882	10,029	203	6,723	3,859	351	17,047	9,402	423	21,791	9,244
2016	581	33,693	14,872	263	8,954	3,746	353	23,681	9,624	459	23,099	10,001
2017	1,068	95,825	34,610	578	36,039	13,727	841	63,327	25,883	1,014	63,706	25,653
2018	876	86,458	41,565	611	56,630	30,025	762	71,912	38,718	1,042	79,087	39,320
Total	3,416	276,528	109,615	1,883	116,531	54,654	2,577	193,737	92,261	3,167	203,587	90,997

The topics of the sessions facilitated by religious leaders are illustrated in Figure 1.

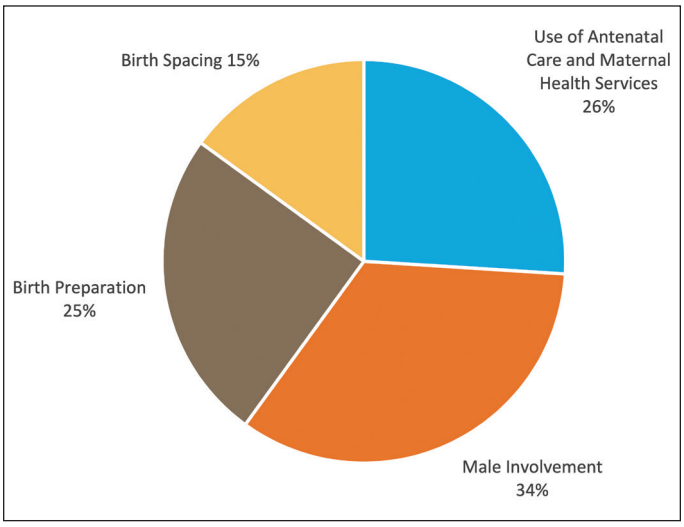


Figure 1: Performance of Religious Leaders by Topics Covered, January 2014—December 2018

RELIGIOUS LEADERS' PERSPECTIVES ABOUT THE PROGRAM

As FC+ completed implementation in Uganda, staff met with religious leaders to discuss their experiences and feedback on the strategy. Religious leaders described the approaches they used in community education, their perspectives on program successes and challenges, and their recommendations for the future.

APPROACHES USED BY RELIGIOUS LEADERS

The religious leaders used part of the time allocated for summons during prayers on prayer days, as well as other religious functions, such as weddings and burials, to talk about maternal and reproductive health issues. They also leveraged speech opportunities at nonreligious occasions such as birthday celebrations, local council meetings, political ceremonies, and thanksgiving to share such messages.

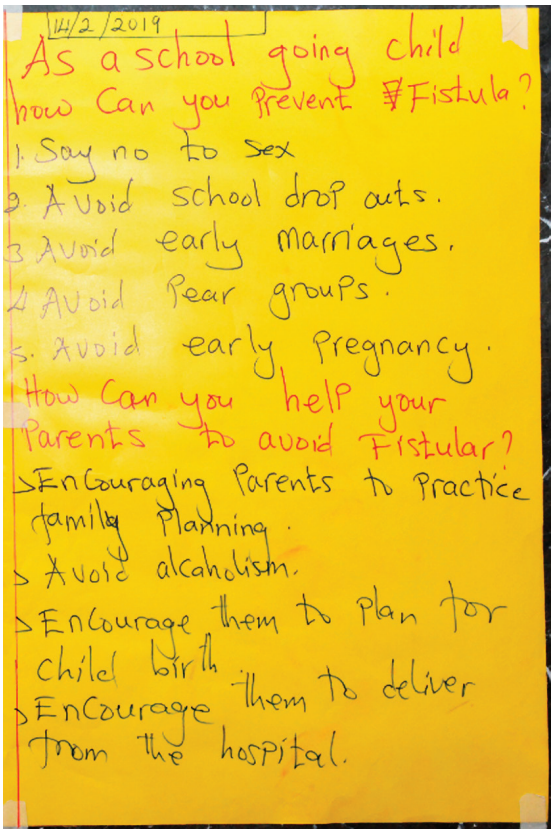
> *"There is something I call food for thought. Since the time I started preaching, I always put in at least one aspect of issues concerning health to the public; when I am invited to parties and given a microphone, I will talk about other areas but also slot in something on health. I also say, if we lose our women then we are nowhere, a generation with no mother, things become worse."*
>
> – Parish priest

In the community, religious leaders integrated messages on family planning, birth spacing, antenatal care, birth preparedness, and male involvement into summons and speeches.

Rev. Father Tamale Michaelone, a Catholic priest participating in the program in Masaka district.
Photo: ©Frank Baguma/FC+ team

A Muslim leader serving as both a religious leader and a teacher integrated fistula prevention messages in the teaching program

Photo: ©Frank Baguma/FC+ team



Visual aid developed by religious leader educator to facilitate learning.

Photo: ©Frank Baguma/FC+ team

"…Yesterday I used Judges 13:8, where Manoah was asking God to teach them how to nurture the baby that was to be born. That scripture encourages men to participate in parenting, monitoring the baby, and feeding the mothers." – Parish priest

In schools, religious leaders who are also teachers shared youth-appropriate content with innovations, such as visual aids to display messages. Religious leaders carefully designed the aids to appeal to different age groups.

"To the young ones I say that if a girl of 14–15 years gives birth, the risk of suffering from fistula is high since her bones are not strong enough…while I encourage the older ones to go for checkup." – Anglican reverend

As suggested during training, the clerics engaged other people to help them disseminate this knowledge.

"I shared what I had learnt with the catechist and the parish council… the team advised that we cascade the message to the lower churches." – Catholic priest

Another priest formed an action group within his parish to help him share the messages more broadly with parishioners.

POSITIVE OUTCOMES AND PERCEIVED BENEFITS REPORTED BY RELIGIOUS LEADERS

The large number of community members reached by religious leaders with maternal and reproductive health messages demonstrates the value of this approach. In discussions with FC+ staff, participating religious leaders also offered their perspectives on the benefits of this program strategy.

Before participating in the FC+ training, most of the religious leaders perceived their role to be limited to nurturing and empowering their congregants spiritually and economically. Some noted that their clerical training and preaching focused primarily on spiritual well-being and less on physiological well-being. Participants in the program observed the need for training that embraces "body and soul," as both are integral to overall well-being. Following the FC+ training, several religious leaders reported feeling that integrating spiritual and physical well-being is essential.

Religious leaders reported that the intervention improved their general understanding of health issues and confidence in discussing these topics. This empowered them to establish and strengthen linkages between the community and health facilities. Some religious leaders heard from community members that their behaviors were influenced by their trust in the leaders and the messages they shared. Others felt that this work brought people of different faiths together.

> *"I got information, my vocabulary improved. I gained the trust and love of mothers and promoted family life. Initially some men would run away, but I later receive testimonies of women whose husbands' behaviors had changed."* – Catholic priest

> *"I think I have achieved a lot in fact, not only reach[ing] out to Christians, but also other faiths. This is because last time when I was in Kyatuhera, even Muslims came."* – Catholic priest

Participating religious leaders reported that increased awareness about maternal and reproductive health led to improvements in health-seeking behaviors among community members. Women with maternal health issues started opening up to religious leaders and as a result were able to obtain referrals to health facilities. Participants felt that birth preparedness and use of skilled care increased.

> *"Women used to deliver with TBAs [traditional birth attendants] but now they go to the health facilities."* – Muslim leader

Participants felt that their approach of disseminating health messages at social gatherings and schools increased awareness about obstetric fistula, its causes, and prevention in the community.

> *"These people used to get girls out of school but now they are aware of the related consequences, they even used to get married before they were 18, but now people are aware about the problem: that when the girl gets married at a young age, during the time of giving birth they will get problems."* – Parish priest

The training empowered religious leaders with knowledge and skills to speak confidently about the condition. Some reported that women with fistula-like symptoms started confiding in them. The religious leaders also maintained contact with FC+ staff and received information about when and where fistula surgery treatment camps were scheduled. This enabled them to appropriately refer women with symptoms to Hoima Regional Referral and Kagando General Hospitals for screening and treatment when services were available.

Participating religious leaders expressed an appreciation of the intervention and some recommended that expanding the base of trained religious leaders could increase access to information for a wider population.

> *"First of all, if you would sensitize other religious leaders, as you did with us, it would really be better, I feel there are some who know but it but they don't have that touch, for the conference [training] really helped us."* – Parish priest

> *"I have come to realize that fistula cases are there and people are ignorant about them. Most men are not assisting their wives though some are… because of the sensitizations made by the religious leaders on male involvement, thus although men are not much involved in maternal health, they can be supportive when sensitized."* – Muslim leader

Some religious leaders compared and contrasted what they had learned during the FC+ training with perceptions about religious teachings.

> *"Uganda needs a lot of sensitization. It's still lacking to sensitize women and girls about their health. We still have that thing of saying that women are supposed to be given out. The women are supposed to be under men. So, you find very many girls married off at a young age. Especially for us Muslims. The girls has failed to go to school [so] you marry her off."* – Muslim leader

RELIGIOUS LEADERS' MOTIVATIONS TO ADDRESS FISTULA AND MATERNAL HEALTH

In discussing their activities with FC+ staff, participating religious leaders described their motivation to become engaged in this work. Several mentioned their exposure to or experience knowing someone with fistula as a motivating factor.

"I had a relative who had the same problem [fistula]. I am also a community worker. It's my role to help such people by linking them to services." – Parish priest

"What motivates me? That I am a woman, and I have seen people real smelling [from leakage of urine due to fistula] and they didn't know what [caused it]. I got an experience when I went to my mum's place, a visitor was there suffering with fistula but she didn't know. She was real smelling. I remember I called you and I directed her to Kitovu. She is better. So it pushed me on." – Muslim leader

"The first thing that has motivated me, this thing of fistula is real, I thought just, it's something existing where we are serving but not given attention. In fact, even if this thing of yours, this program stops? For me I will continue, because now it has become part and parcel of me. I was really challenged as a religious leader. I must include it in the village committees where we serve." **– Catholic priest**

"This is from my historical background. I wouldn't like to see more people suffering, so I really feel that if these mothers got good services then a lot of lives would be saved." – Catholic priest

CHALLENGES REPORTED BY RELIGIOUS LEADERS

Religious leaders described a variety of practical challenges that limited their effectiveness in raising awareness about maternal and reproductive health.

Participating religious leaders found it hard to conduct health promotion activities in remote areas. Some noted that they require fuel and vehicle maintenance to enable them reach community gatherings; however, in most cases, they do not have the means. Some of the people whom the leaders recruited and oriented to help share information expected the project to pay them, which was not possible. A priest who had formed a community group found it too expensive to provide transport and lunch allowances. The clerics observed that it would be helpful to have a health worker accompany them to address community members' technical questions or to offer services in remote communities. However, this would require additional resources and coordination with local health facilities.

A number of religious leaders also noted that some people did not understand the language used in the BCC materials that were distributed, thus these were ineffective. Other leaders reported a desire to produce more materials, but lacked the resources.

A young religious leader also expressed challenges in communicating fistula-related messages to the elders because they thought she was less experienced and informed than they were.

"The major problem was the hard-to-reach areas. You could go to different areas when you're directed differently. Another problem was language barrier—you reach some people you have to emphasize something which you cannot even translate from English to their language. So I had to put up some charts to show them this is this. Another problem was transport and the rest." – Muslim leader

"We have no transport to move to remote facilities because we cannot use church funds." – Anglican reverend

"Sometimes I would like to move with some nurses but as you know, with limited funds we end up going with one vehicle or small car, yet we could be going as a team. If religious leaders were assisted in their activities, I think they would contribute to improving the health of the people. For instance, moving with nurses would ensure that people in the very remote areas we visit get this important information" - Catholic priest

"I also wanted to design a talking compound [a visual BCC aid] at the school, but I could not afford the cost. The youth enjoy visual things than to hear them." – Muslim leader

Some religious leaders were discouraged by the beliefs and practices in the communities, especially related to the causes and social effects of obstetric fistula,

"The challenge I observed was that some people… they think fistula is caused by the devil. So sometimes would be so hard, to explain the message." – Catholic priest

Religious leaders also noted the limits of improved awareness. Many community members are poor and live in very remote areas. Several religious leaders reported that, due to lack of transportation and funds, women sometimes felt compelled to deliver with traditional birth attendants. They recognized the importance of overall economic development to improve health-seeking behaviors.

> *"One reason why people do not want to come for ANC [antenatal care] is lack of money, we need to address the incomes as a church, and the bishop has advised us to encourage people to grow coffee."* – Anglican cleric

Some religious leaders felt that their role could be expanded to increase effectiveness, for instance in the reintegration of fistula clients, before and after repair.

> *"These mothers who have already been affected by this problem, women who have this problem, feel as social mistreats….they become closed, they need that counseling, and giving them hope. Sensitizing them is not enough but also journey with them until they're completely healed."* – Parish priest

LESSONS LEARNED AND RECOMMENDATIONS

Several suggestions for improving future implementation of a religious leaders' strategy emerged from the FC+ program experience:

- Use of visual aids and contraceptive models facilitates information dissemination. Trained religious leaders should receive appropriate tools that the community can easily interpret and understand. BCC materials and visual aids should be translated in local languages and be as pictorial as possible as most rural populations have limited literacy skills.

- Coordination with the dioceses or other religious institutions could improve the efficiency and reach of religious leaders' activities. Leaders participating in the FC+ program recommended creating a health desk at their dioceses to manage and monitor the program. Such a coordination desk or office could help create a forum for sustained training of additional religious leaders and also help identify maternal health issues facing women in the diocese and to advocate for collective support to solve these issues.

- Trained leaders would benefit from additional support in implementing their activities. Continued mentorship and refresher trainings could improve motivation, retention, and quality in religious leaders' educational and health promotion activities, for instance, informing them about the latest interventions and practices in maternal and reproductive health.

CONCLUSIONS

FC+ implemented this strategy of engaging religious leaders in a small area in Uganda; however, the program's positive experience suggests potential for substantial impact with scale-up. The trust held by religious leaders within the communities strengthened their abilities to serve as change agents and led to robust saturation of key messages among the population. This experience suggests the value of integrating information on health in the training of religious leaders.

Religious leaders engaged in the FC+ program demonstrated enthusiastic willingness to raise awareness and promote maternal health, family planning, and reproductive health services uptake. They are a promising source of partnership for community engagement and health programming. Interested and motivated religious leaders could also participate in the planning, implementation, and monitoring and evaluation of future community engagement interventions. Their sustained engagement can help reduce the negative beliefs and practices that increase vulnerability to preventable harms, such as obstetric fistula and maternal mortality.

REFERENCES

- Family Planning 2020. 2018. *FP 2020 Core Indicator Summary Sheet: 2017–2018 Annual Progress Report*. https://www.familyplanning2020.org/sites/default/files/Uganda%202018%20CI%20Handout.pdf

- Uganda Bureau of Statistics (UBOS) and ICF International, Inc (ICF). 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda and Rockville, Maryland: UBOS and ICF.

- UBOS and ICF. 2018. Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland: UBOS and ICF.

USAID FROM THE AMERICAN PEOPLE

Fistula Care *Plus*

EngenderHealth for a better life

Acknowledgements

This brief was written by Hassan Kanakulya and Molly Tumusiime. The brief was edited by Amy Agarwal and Vandana Tripathi and designed by Robert Vizzini. We thank Erin Mielke, Mary Ellen Stanton, Paul Kaduyu, and Rose Mukisa for their review. This publication was made possible by the generous support of the American People through the US Agency for International Development (USAID) under cooperative agreement AID-OAA-A14-00013. The information provided here does not necessarily represent the views or positions of USAID or of the US government.

We acknowledge the strong working relationships with host-district government personnel, especially the reproductive health focal persons for their participation and advancing the engagement of religious leaders in the implementing districts. We thank the district religious leads, especially the dioceses for both the Anglican and the Roman Catholic churches as well as the district Muslim supreme councils of Hoima and Masaka districts, who played an instrumental role of identifying religious leaders with the capacity to reach to as many people as possible within the their areas of operation. The government has provided an enabling environment for different faiths to function as conduits to promote population health. We would like to appreciate Molly Tumusiime who led implementation of the religious leader engagement; Rose Mukisa for her technical and supervisory role; and Paul Kaduyu, Joshua Wesana, and Lojjo Were for their support to implementation.

The USAID-funded, EngenderHealth-led Fistula Care *Plus* project works to prevent fistula from occurring, treats and cares for women with fistula, and assists in the rehabilitation and reintegration of women with fistula. Fistula Care *Plus* partners with ministries of health, faith and community-based organizations, nongovernmental organizations, United Nations agencies, and other stakeholders, including facilities providing surgical and nonsurgical fistula repair in South Asia and Sub-Saharan Africa.

For more information about fistula and the Fistula Care *Plus* project, visit *www.fistulacare.org*.

Suggested citation: Fistula Care *Plus*. 2017. *Engaging Religious Leaders in Support of Maternal Health in Uganda*. New York: EngenderHealth/Fistula Care *Plus*.

505 Ninth Street NW, Suite 601, Washington, DC 20004 · +1 (202) 902 2000 · engenderhealth.org

USAID FROM THE AMERICAN PEOPLE

Fistula Care *Plus*

EngenderHealth for a better life