

**Innovation: Engagement with religious leaders to influence immunization uptake in vulnerable urban communities**

***Background:***

Malnutrition status and immunization are the most essential public health interventions to reduce childhood morbidity and mortality. Religious beliefs and practices embedded in culture sometimes create hurdles towards using these services.

SNEHA works to address and improve the nutritional status of children less than 5 years of age, reduce the unmet need for family planning, maternal anemia and improving Infant and Young Child Feeding (IYCF) indicators. Of the many challenges, reluctance towards immunization, delayed registration of pregnancy, non-consumption of Iron Folic Acid (IFA), heavy junk food consumption are some of the biggest challenges faced by the field teams. Slums often have a very high Muslim community where religious leaders like Maulanas, Bangi's, Immams have a strong influence over the health and nutritional behaviors of the community.

***Operating Principles:***

The strategy to involve religious leaders is based on the principle of the recognizing collective identity of the particular group and seeking religious leader's buy-in for behavior change. Religious leaders while preaching to the community not only share about religious practices but also try to influence them about social norms and obligations. Few commonly observed social norms are exclusive breast feeding till 6 months of age, avoiding outside food for children less than 2 years of age, avoiding the onset of any type of addiction, encouraging healthy eating among pregnant women.

We shared our baseline data on malnutrition, immunization, maternal anemia and IYCF indicators with the religious leaders and requested them to become change advocates for their community. We also involved local health officials in this dialogue to ensure all stakeholders are on the same page.

***Steps/Processes:***

SNEHA conducted a series of meetings with the board of trustees of each Masjid. We tried to understand the roles and responsibilities played by the board members. Following is the function of each board member and it also suggests the support which can be extended by each member.

1. Mufti - (He is on a payroll and the Principal of the Madarasa/ Mosque, he is the scholar and issues norms for the society)
2. Imam - He is on a payroll and he leads the Namaz (Prayer) and gives speeches related to conduct
3. Hafiz - He is on a payroll and he teaches the Quran (information on religious preaching) as well as teaches Arabic

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4. Bangi - He is on a payroll, does the announcements, and announces the Azaan (religious prayer) 5 times

After understanding the roles of each member, we discussed with them issues such as reluctance towards immunizations, consumption of junk food by children and many other related topics and tried to convince them to generate awareness through different mediums of Azaan and Alan. We also requested them to conduct corner meetings to convert reluctant cases of immunization.

There are also teaching sessions for female members that are called Istemas. Aleemas who are the learned women members take sessions on social norms to be practiced by family members.

**We decided to seek support of religious leaders with the following objectives -**

- To generate mass awareness during Azaan on appropriate health and nutrition behaviors through Maulanas and mobilize children for immunization.
- To reduce the reluctance towards health services.

We worked with 13 mosques and tried to understand the following:

- Functioning of each mosque?
- What is the role of the trustee members?
- What is the hierarchy and role played by each function?
- Who are the main decision makers?
- Who prepares the messages and information to be given to the community?
- Who is responsible to generate awareness?
- Do they conduct community meetings or engage with the community only during prayer meetings?
- How do they preach and engage with women because only men are allowed in the mosque?

This was followed by a series of meetings to discuss and negotiate with the following objectives:

- Orient them about our work and the health status of the community
- To discuss challenges faced and the mitigation strategy
- Sharing one pagers on a) Benefits of immunization, b) Adverse effects of consumption of junk food
- Understanding different modes and mediums of communication which can be used to reach out to men and women separately and what support can be requested

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***Results/Impact:***

- Maulana's from 7 mosques have passed the messages regarding immunization, its benefits and dates of immunization camps during Azaan.
- We have seen an increase in the number of children enrolled for immunization.
- Conversion of reluctant parents and families.

***Challenges and Solutions:***

Discussions on family planning uptake were very challenging as this issue is not discussed openly due to strong religious notions and so we decided to talk about it in our next phase of meetings.

***Key Takeaways:***

- Religious leaders have the potential to become change advocates to improve the health and nutritional status of children.
- Understanding the hierarchy among the religious leaders is crucial in getting buy in from them.

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