Report to the World Diabetes Foundation

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Health Promotion through Religious Leaders

A literature review on the role of religious leaders in health promotion and disease prevention in low- and middle-income countries with a case in Bangladesh involving religious leaders

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Acknowledgements

Following on from the collaborative project between the University of Copenhagen, the World Diabetes Foundation (WDF) and Diabetes Association of Bangladesh (BADAS), I hereby deliver a short report on my master’s thesis project with the title “Health Promotion Through Religious Leaders - A literature review on the role of religious leaders in health promotion and disease prevention in Low- and Middle-Income Countries with a case in Bangladesh involving religious leaders”. This short report encompasses the executive summary of my thesis.

This thesis started off as another project, wherein it was supposed to be a mixed methods field study conducted in Bangladesh. The project planning started in November 2019 and the intent was to travel to Bangladesh in March 2020. The initial goal was to investigate the collaboration with the WDF and BADAS, on an innovative project about pre-conception care counselling and diabetes prevention through religious leaders. I was supposed to be collecting field-based data as well as using data produced by WDF-projects through in-depth interviews, and focus group discussions, whilst also studying the document outputs and outcomes from the previous project. However, due to COVID-19 restrictions all of this was unfortunately cancelled, which led to me immersing myself in this literature review instead. That is the reason why this thesis was done in less than four months.

For all the preparations and planning for the first project, I would like to thank Susanne Brixtofte Olejas, World Diabetes Foundation, Professor AK Azad Khan and Dr. Bishwajit Bhowmik, Diabetic Association of Bangladesh. The input, time and help are deeply appreciated.

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Executive summary

**Background:**
Recent trends in health education and promotion emphasize social and cultural sensitivities and community-based interventions as important strategies to improve health outcomes. (1, 2) A systematic review by Gyawali et al., 2019 (3) concluded that community-based approaches can be effective in prevention and control of type 2 diabetes. In this sense, religious leaders in different countries have played a significant role in enhancing health promotion and disease prevention, eventually resulting in positive health outcomes. Examples include creating public awareness on various topics such as reproductive health, HIV/AIDS in Uganda, immunization, diabetes prevention through pre-conception counseling and care. (2,4) In addition, religious leaders in Iran have paved the way for scientific promotion, such as permitting research on therapeutic use of stem cells in various disorders, including diabetes. (5)

Diabetes has become one of the most prevalent non-communicable disease worldwide and is a serious threat to global health. From a global perspective, diabetes is the 7th leading cause of death, and its prevalence is increasing rapidly in low- and middle-income countries (LMICs). (6) According to the 2019 International Diabetes Federation report, it was estimated that there were 463 million people aged 20-79 years living with diabetes worldwide. The number is predicted to increase to 578 million by 2030, and to 700 million by 2045. (7) Moreover, the report confirms that diabetes is one of the fastest growing global health emergencies of the 21st century. (8) Yet, type 2 diabetes can be prevented or delayed through a healthy diet, regular physical activity and tobacco avoidance.

Like many LMICs, Bangladesh has undergone significant demographic, economic and epidemiological transition in recent years and is facing a double burden of non-communicable diseases and communicable diseases. (9) Located in south-central Asia and known as the most densely populated country in the world, Bangladesh is a predominantly Muslim country. The country is currently experiencing an increase in non-communicable diseases, while malaria, tuberculosis and other communicable diseases are still not under control. The health care system in Bangladesh is built around care and treatment for acute and episodic diseases, while not geared to manage chronic conditions. (9)

This thesis aims to explore the role of religious leaders in health promotion and disease prevention, with an emphasis on religious leaders in LMICs, with a case study in Bangladesh. It examines whether the effectiveness of involving religious leaders can help in development and planning of future interventions.

**Methods:**
A comprehensive literature search was conducted to investigate the role of religious leaders and their involvement in health promotion and disease prevention in LMICs. It was conducted according to the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) guidelines. Databases were used, including PubMed, Web of Science, PsycInfo and Scopus. Inclusion criteria were:
- Sampled a pre-dominantly religious affiliation, written in English, published in a peer-reviewed journal, conducted in a LMIC setting
• Quantitative, qualitative and mixed methods studies

Exclusion criteria included:
• Not related to a religious affiliation, studies written in a language other than English (for pragmatic reasons), studies with a focus on high-income countries
• Reports, review articles, PhDs and master’s theses

A quality analysis of the studies was performed using the Standard Quality Assessment Criteria for Evaluating Primary Research Papers – Checklist for Assessing the quality of quantitative studies and qualitative studies - QualSyst. (10) As for the case study in Bangladesh, grey literature was used such as reports and website articles from WDF.

Results:
The number of files initially detected by searching on the databases was 517. The abstracts of these studies were read thoroughly, and relevant articles selected for subsequent full-text reading. Sixty-six full text articles were evaluated for eligibility. The reference lists of these publications were manually searched for additional relevant sources. Only nine studies met the inclusion criteria, and eight of them did report a high-quality assessment.

Three articles were on diabetes and six were on HIV/AIDS. Two articles used quantitative methods, one was a mixed-methods study and six articles used qualitative methods. Four studies were conducted in Asia, three studies were conducted in Africa and two studies were conducted in Latin America (one in Central America and the other one in North America). Several major religions were represented; three studies from an Islamic perspective, three studies from a Christian perspective and two studies included both Islam and Christianity and one study included Buddhists, Hindus, Muslims and Roman Catholics.

The sample sizes in the studies ranged from 10 to 145 028, and the total sample size included for this review was 145 790.

Furthermore, the case study in Bangladesh by BADAS and WDF supported project involving religious leaders working with pre-conception care and diabetes prevention, stated how much influence religious leaders had in the community. Halfway through the project, a new law for strengthening pre-conception care was passed by the government of Bangladesh. Hence, pre-conception counselling to all newly married couples is now mandatory in Bangladesh under the slogan “Healthy Mother – Healthy Child – Healthy Nation”.

Key findings:
The literature studies involving religious leaders found that they were able to significantly facilitate behavior change, and identified the importance of faith leaders’ influence on health behavior.

Almost all of nine studies reported favorable results from utilizing religious leader’s potential influence on health as an overall method to enhance health promotion and disease prevention. A thematic content analysis was performed, and four themes emerged:
• Knowledge, education and awareness
• Faith, hope and social gatherings
• Attitudes and practices of religious leaders
• The role of faith-based organizations and collaboration
The review provides an important message to health professionals, policy makers and researchers about the potential involvement of religious leaders for health promotion relating to both diabetes and HIV/AIDS prevention.

Studies found that religious leaders do play a crucial role for their community and are usually very involved with them. Several of them embraced a holistic approach to health in general as well as the connection between physical and spiritual health. Other studies found that if religious leaders were already involved in health-related programs, they were more likely to support health promotion and health-related activities. (11)

**Conclusion:**
The findings from this literature review support previous research on religion, health promotion, and church-, mosque- and faith-based programs. The literature review contributes to the current literature on religious leaders’ role in health promotion and disease prevention in LMICs. It suggests that re-introducing religious leaders into health promotion and public health is somehow re-inventing the wheel.

The findings have thus shed light on a topic that has not been extensively researched as well as synthesized existing knowledge from a variety of settings and contexts. This can contribute to the growing literature concerning involvement of religious leaders in health promotion and disease prevention programs. The review also provides support designing and implementing partnerships and collaborative projects between religious leaders and health-based organizations to initiate better outcomes for health promotion and disease prevention programs.

Religious leaders have a natural authority in many communities, and due to their extensive reach within those communities, researchers should collaborate more with them, since they can be allies in health promotion and disease prevention activities. This indicate that they have an influence over their followers and can provide potential access to the hard-to-reach or underserved populations for awareness and health behavior encouragement.

The studies showed the indisputable power and influence of religious leaders in low- and middle- income communities. Although the existing data may be too limited to draw clear conclusions, future studies may include larger and more diverse samples, to provide high quality evidence. Future efforts may benefit from involving religious leaders and patient engagement in the development of such initiatives as one way of ensuring that approaches are culturally tailored to the specific community. This review may also aid policy makers in western high-income countries exploring solutions to health inequalities between the majority population and ethnic minority communities, not just in LMICs.
References


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