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Religion and Public Health in Nigeria: An Interrogation of the Roles of Religious Institutions in Health Advocacy

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Abstract. Nigeria has no doubt made some progress in its public health interventions in its six decades of independence. There have however been issues with vaccine hesitancy and disregard for public health protocols which are pointers to a problem of advocacy. This research examines the role of religious institutions in health advocacy in Nigeria with the view to analyzing its impact on the uptake or otherwise of public health interventions in the nation. Secondary data were used for the research and were analyzed theoretically. Findings revealed that religious institutions are key players in the public health field. The failure of government to acknowledge the key position of religious institutions has led to poor information dissemination, the emergence of conspiracy theories, disregard for public health protocols and vaccine hesitancy in the nation. It is recommended that government should involve religious institutions in all stages of its public health interventions. Incentives should be given to religious leaders to enable them carry out the work of public health advocacy in their various communities. Religious leaders should also be involved in monitoring and evaluating health initiatives in the nation.

Key words: Public Health, Advocacy, Religion, Nigeria

Introduction

There is no denying the fact that Nigeria in its six decades of independence has made progress in its health interventions. The health sector has received a lot of attention from government at different levels. Government's efforts towards health have seen to the establishment of different healthcare institutions offering services ranging from primary to tertiary healthcare services and the establishment of different schools that train different cadre of health personnel ranging from doctors, pharmacist, nurses, community health officers, public health officers and so on. Though the number of skilled health personnel in Nigeria is considered to be below the WHO standards the growth trajectory in the production of health workers in Nigeria since independence is to be appreciated. Other government efforts in health include procurement, distribution and administration of vaccines which it does with the assistance of donor agencies. Despite these efforts by the government, the health sector is still faced with a lot of challenges which include frequent disease outbreaks, vaccine hesitancy and disregard for government public health protocols that are intended to reduce death and disability in the nation (Okwuosa, 2020). This is indicative of a lapse in public health advocacy and poor information dissemination.

The focus of public health advocacy in Nigeria has been on health workers or persons trained for the purpose. Funding towards health advocacy is also being directed towards health personnel. Scholarly works on public health advocacy have not given the importance of religious leaders and religious institutions in health advocacy the attention that it deserves. This research which is aimed at interrogates the place of religious institutions in public health advocacy shall discuss public health advocacy with attention paid to the Nigerian context. There are different aspects of public health advocacy but the concern of this paper is on how involving religious institutions in health advocacy could help reduce vaccine hesitancy in Nigeria. The paper uses descriptive research design to discuss the concept of health advocacy

with attention paid to its meaning and practice. Challenges of public health advocacy in Nigeria are also discussed and the place of religious institution in public health advocacy in Nigeria is analyzed and recommendations made.

Methods

Data for this work were collected through secondary sources. Searches were conducted on Google scholar between October to November 2021 and relevant materials were retrieved. Christoffel's (2000) conceptual framework on public health advocacy was used for the analyses. This framework posits that the assembly of the product of advocacy occurs in 3 stages namely information, strategy and action. Information refers to activities involved in identifying describing and quantifying the extent of public health problems. Strategy refers to the activities involved in using the available information to identify what needs to change to improve public health. This include actively conveying the information to professionals and lay audience. Action refer to the activities involved in implementing specific strategies, including raising funds, specifying tactics, formulating detailed time lines, convincing individuals to change their lives etc. this framework is considered relevant to the analysis of the role of religious leaders and religious institutions in public health advocacy in Nigeria given the fact that Nigeria is a religious state.

Public Health Advocacy Concept and Practice

Advocacy could be defined as the application of information and resources (including finances, efforts and vote) to effect systemic change that shape the way people in a community live. Chapman (2004) defines public health advocacy as the strategic use of news media to advance a public policy initiative, often in the face of opposition. Public health advocacy is advocacy that is intended to reduce death or disability in groups of people (overall or from a specific cause) and that is not confined to clinical settings. Such advocacy involves the use of information and resources to reduce the occurrence or severity of public health problems. To broad levels of conduct relevant to advocacy include: 1. That of specific individuals and those with whom they live. 2. That if larger social network to which individuals are tied by biology/genetics, relationship, geography, or civil jurisdiction (Christoffel, 2000). Advocacy encompasses a wide range of tools, tactics and techniques to influence the setting and implementation of policies, guidelines, law regulations and other decision that affect people's lives. It involves planning and strategy, positioning and action (Briden & Lang, 2015). Anyone can be an advocate whether at individual or organizational level.

Christoffel (2000) further opines that public health advocacy constitute product and procedure. The final product of effective public health advocacy is to reduce morbidity and mortality. Intermediate products include the bringing together of disparate forces to work for a common goal and changes in the conduct of individual and community life from behaviors that impede health to ones that promote it.

Public health advocacy activities include at least the following: 1. Problem identification; 2. Research and data gathering; 3. Professional and clinical education as well as education of those involved in creation of public policy; 4. Development and promotion of regulations and legislation; 5. Endorsement of regulations and legislation via elections and government action; 6. Enforcement of effective policies; 7. Policy process and outcome evaluation.

Basett (2003) observes that the need for public health advocacy is more apparent today, when it is what we eat, drink and smoke, along with how we exercise and get health care that to a great degree determine our health. Today chronic disease burden- cardiovascular disease, cancer and diabetes attribute not to bacteria but an array of risk factors embedded in

community life. Public health advocacy therefore should take place in boardrooms, on street corners, in our home and legislature.

Public Health Concerns in Nigeria

There are quite a number of public health concerns in Nigeria. Mmon and Mmon (2011) observe that poor environmental sanitation is a major public health concern in Nigeria as it leads to the prevalence of diarrhea. Oguntoyinbo (2012) further posits that improper waste management system in Nigeria has promoted the proliferation of open air dumps with a greater risk to public health, the environment and the quality of life. Boko Haram insurgency is also noted to be a major public health concern as a result of its negative impact on the public health of the people of northeast Nigeria (Adamu et al., 2021). Achieving successful healthcare financing has been seen as a major public health challenge in Nigeria (Olakunde, 2012). Additionally, the poor implementation of national health policy as well as other health related policies, and programs are among the problems of public health in Nigeria (Duru & Nwagbos, 2007). The migration of nurses and other health workers is search of better working conditions and 'greener pastures' is a contributing factor to poor population health in Nigeria. Poor living conditions occasioned by the unplanned developments of slums in metropolitan Lagos which is as a result of uncontrolled migration of residents to the urban city poses serious public health concerns in the state.

Mohammed et al. (2017) identify infectious diseases, control of vectors, maternal and infant mortality, poor sanitation and hygiene, disease surveillance, non-communicable diseases and road traffic accidents injuries to be among major public health challenges in Nigeria.

Issues with vaccine hesitancy has been noted to be another public health concern in Nigeria. Vaccine hesitancy refers to delay in the acceptance or refusal of vaccine despite the availability of vaccine services (Ogundele et al., 2020). Vaccine hesitancy is listed by the WHO as one of the top ten threats to health and well-being in 2019. It is noted to be driven by cultural, social historical, political and individual factors such as emotions, values, risk perception, knowledge, or belief. Africa's multicultural pattern has been noted to be a contributing factor to its sporadic vaccine hesitancy (Ekwebelem et al., 2021). Ogbualor and Chime (2021) observe a high prevalence of childhood vaccine hesitancy among expectant mothers in Enugu southeast Nigeria. Vaccine hesitancy is also reported among health workers (Robinson et al., 2021). Uzochukwu et al. (2021) reported a high level of hesitancy in the acceptance of COVID-19 vaccine among university staff and students in Nigeria. Interestingly Christian denominational affiliation is being significantly associated with the uptake or not of COVID-19 vaccine.

Causes of COVID-19 vaccine hesitancy fall under 3 categories namely: the unique features of the vaccine development amid the pandemic, misinformation and politics (Aborode et al., 2021). Absolute refusers with negative willingness to pay for vaccine, who are likely to have strong misperceptions or distrust of vaccines, account for about half of vaccine hesitaters, while floating refusers with zero or weekly positive willingness to pay, who are likely to be indifferent abut vaccines, account for the other half in Nigeria (Sato & Takasaki, 2021).

Religious Institutions and Health Advocacy in Nigeria

Public health programs in Nigeria have largely been domiciled in the hands of health workers who are believed to be trained for the job. The planning, execution and monitoring of public health programs have been the sole responsibilities of these health workers. Non health professionals are usually kept out of important decision making on health matters. This explains the challenges associated with uptake of public health interventions in the nation.

Religious, cultural, and gender issues are noted to be among the most frequently sited reasons for vaccine hesitancy globally (Marti et al., 2017). The engagement of religious institutions was seen to facilitate the delivery of communication for childhood vaccination in some states in Nigeria. It was noted to be a major boost to the program since the institution was trusted and respected in many communities. The involvement of religious institutions in the campaign improved demand for vaccination and counter resistance in certain groups and communities. Advocacy roles played by religious leaders for immunization played a significant role in the vaccination program (Oku et al., 2017). Religious leaders are social influencers (Taylor et al., 2017), and religious institution can be effective channels of information decimation (Oku et al., 2017). As such their importance in the acceptance of public health policies cannot be denied. This means that for public health policies in the country to receive wide acceptance by the people, religious leaders have be involved in convincing the people about it and for this to happen they themselves have to be convinced of it. This can best be achieved by getting them involved in the entire process of the policy formulation.

Ognudele, Ogundele, and Beloved (2020) note that vaccine hesitancy thrive in Nigeria because of various religions that see causation as coincidence rather than find answer to what appear to be like coincidence. Religious leaders can be instrumental to the fueling of vaccine distrust propaganda. This statement further underscores the importance of religious leaders in public health advocacy. A major weakness of the above-mentioned work is that it allocates the task of combating vaccine hesitancy to health care workers alone reducing religious leaders as mere promoters. A better suggestion would have been to involve the religious leaders in all aspect of the program this would breed trust and confidence in the program thereby leading to proper advocacy on vaccine uptake. Properly engaging of religious leaders in advocacy would no doubt further enhance acceptance of public health policies and initiatives.

Specific Ways Religious Leaders can be Involved in Health Advocacy

In this era of COVID-19 and with the issues of vaccine hesitancy being noted in the country, it is very important that new strategies of enhancing vaccine uptake in the country be developed. With the important position of religious leaders as influencers, involving them in health advocacy as a means of improving vaccine uptake has become necessary. Specific ways religious leaders could be involved in public health advocacy in the nation are discussed below:

1. Fund raising for public health intervention

Funding for public health intervention in Nigeria is mainly from the government or from donor agencies which are mostly foreign governments or nongovernmental organizations. This is even considered to be inadequate and unsustainable (Obasan & Orimisan, 2013). The responsibility for the management and administration of the funds are usually with the ministry of health. It is noted that religious institutions are noted to be among the wealthiest institutions in the country with very many means of fund raising. Money yielding ventures owned by religious institution that are mostly untaxed places religious organizations at a privileged position in acquiring wealth. It would be a worth venture for religious institutions to fund public health intervention in the country. Employing the same tactics it uses to raise funds for its projects, religious organizations can raise funds for health projects health projects in Nigeria. Participating in funding health interventions would make religious institutions feel committed to the venture and actively participate in ensuring the success of the intervention. Religious institution could be involve in procuring and donating vaccines for use in the nation and in funding campaigns for different public health interventions. Given the importance of religious institutions as noted above its involvement in

the funding of public health intervention would build trust and improve uptake of the intervention in the country. The involvement of religious institution in the funding of public health intervention will also enhance accountability and reduce corruption in the sector.

2. Education of those involved in creation of public policy

As has been shown above, religious institutions have been seen as good channels for information dissemination. The influence of religious leaders also extend to policy makers. Those that are involved in the creation of public policies adhere to one form of religion or the other. Adherents of religious beliefs are known to have a lot of respect and regards for their religious leaders. Religious leaders are trusted and listened to by the people as such they could be used as health educators. Religious leaders have been noted to use this influence in to initiate and ensure creation of different public policies in the past. They can also use this influence to ensure the creation of public health policy that would be beneficial to the people. They could effectively communicate the message of public health interventions to their congregations. For this to be effective, trainings for health interventions should not just be for health workers but also for religious leaders. Training programs targeted at informing religious leaders should be developed and religious leaders should be encouraged to participate in such trainings. Payment of per diem as it is to health workers should also be given to religious leaders as incentives to participate in the trainings.

3. Enforcement of effective policies

Being a nation whose citizens are very religious, religious leaders are very close to the people and as such could be very effective in the enforcement of public health interventions. Religious leaders could for example enforce the use of face mask and other preventive measure put in place against COVID -19. They can also encourage uptake of Vaccines by demanding that every member show his/her vaccination card before being allowed access to worship facility. Religious leaders could in many other ways enforce public health policy because of their position in the lives of the people. By observing and respecting these policies themselves, religious leaders would motivate their members to do the same. The involvement of religious leaders in the enforcement of policies would no doubt improve uptake of the interventions and ensure a better health outcome for the nation.

4. Policy process and outcome evaluation

Monitoring and evaluation are key aspect of public health intervention. Public health interventions depends on good monitoring and evaluation for their smooth performance (Gopichanddran & Krishna, 2013). Effective monitoring will ensure that the right things are done and the intended outcome of the interventions are achieved. Religious institutions could play effective roles in the evaluation of policy process and outcome. Being close to the people they can obtain positive feedbacks that would form reliable data for evaluating specific health intervention.

Conclusion

The importance of religion in the public health scene of Nigeria cannot be denied. The active involvement of religious leaders and institutions in health advocacy would no doubt enhance the process and outcome of health interventions in the country. Leaving public health intervention in the hands of health workers alone cannot bring about the expected outcome. Religious leaders have much more relevance in public health than they are given. Future public health intervention in the nation will no doubt profit from the active involvement of religious institutions and religious leaders. Planning and implementation of health interventions in the country should be done in collaboration with religious leaders. It is important for health workers in Nigeria to understand and accept that public health matters require the involvement of all and given the position of religious leaders in the nation they cannot be kept out the equation. Their roles should go beyond just influencers but should

include education, influencing policy formulations and monitoring and evaluation of health processes and outcome.

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