

Working with Religious Leaders to Address Tuberculosis in Nigeria through Social and Behavior Change

Background and Context

Nigeria has one of the lowest rates of tuberculosis (TB) case detection in the world, reported at only 24% in 2018.¹ In 2019, Breakthrough ACTION–Nigeria collaborated with the National TB, Leprosy, and Buruli Ulcer Control Programme (NTBLCP), state, and local partners to better understand Nigerians’ experiences with TB–related behaviors and apply them to program development. Breakthrough ACTION–Nigeria initiated a process based on a social and behavior change (SBC) approach called human–centered design (HCD) to answer the question, “[How might we increase TB case detection rates?](#)” Guided by the [SBC Flow Chart](#), a tool developed by Breakthrough ACTION, collaborators involved in the HCD activity identified barriers and practices keeping Nigerians from seeking care for cough and fever and getting tested for TB.

Through this process, Breakthrough ACTION–Nigeria and its collaborators learned that many Nigerians view potential TB symptoms, such as prolonged cough or fever, as a “spiritual attack.” Instead of turning to health care providers, they initially self–treat or go to religious leaders for prayers. Receiving prayers or folk remedies, these individuals face a long journey toward recovery, and many go undiagnosed or improperly treated, leading them to get sicker or even die. Further complicating matters, some houses of worship may hold hundreds or even thousands of community members at a time for services, so TB transmission may be high in these settings. Therefore, one of the solutions the project prioritized was enlisting religious leaders as advocates for TB control.



“ We needed to ensure that the message of tuberculosis was passed by the leaders because if it comes from them, it’s like gospel.

- **Ahmad Muaz**, Breakthrough ACTION–Nigeria, Kano State Coordinator

¹Nigeria—Tuberculosis case detection rate (All forms). (n.d.). Retrieved October 25, 2023, from <https://tradingeconomics.com/nigeria/tuberculosis-case-detection-rate-all-forms-wb-data.html>

The Intervention

Recognizing Christian and Muslim religious leaders as heavily influential in Nigeria, Breakthrough ACTION–Nigeria worked with the State Tuberculosis and Leprosy Control Programs (STBLCPs) to identify popular religious leaders with large congregations in the states where the project works and bring them together to discuss how their participation in TB control could lead to vastly improved case detection. Following an orientation on TB, the religious leaders co-created TB messages tailored to their contexts and congregants so they could share correct information, dispel myths and misconceptions, and encourage people who have been coughing for two weeks or more to go for a TB test. These messages help generate broader understanding of and demand for TB services, especially for community members who are less likely to be exposed to mass media messages.

Since cues to action encourage individuals to be accountable to healthier behaviors, such as care-seeking for TB, Breakthrough ACTION–Nigeria also designed and produced simple referral cards that leaders could give to community members seeking support. The cards, which follow national guidelines, instruct the recipient to go to the nearest health facility to get a free TB test. The card also includes the TB hotline number so they can call for more information. Religious leaders track the cards they give out and health facilities record when a patient shows up and turns in their card, allowing for monitoring and evaluation of the cards' use and effectiveness.

Implementation Story

Religious leaders are respected in the community so Breakthrough ACTION–Nigeria worked with the Christian Association of Nigeria and Jama'atu Nasril Islam—local umbrella organizations coordinating, respectively, Christian and Muslim activities—to identify popular leaders at the state level who would have the most positive influence.

To grow a partnership with religious leaders, the project first sought to advocate for and demonstrate the value of the leaders' role in addressing TB among their congregants and within their communities. Alongside STBLCP representatives and local health service delivery partners, Breakthrough ACTION–Nigeria approached the leaders and shared data about TB cases, mortality, and treatment, emphasizing the impact misinformation and misunderstanding has on the health and well-being of their congregants. Discussions also highlighted the life-saving impact of early case detection.



“ We did not come in to tell them what to say. We made them understand what TB is, and the challenges people are having in the community. They [the religious leaders] then came up with the words to say. There is a way they communicate, language they use, language they do not use which helps the comprehension of their congregants.

- **Victor Onah**, Breakthrough ACTION–Nigeria, Benue State Coordinator

Once a group of committed religious and traditional leaders was identified, Breakthrough ACTION–Nigeria, the STBLCP, and the religious leaders came together during a co-creation workshop. The participants had conversations about what community members experience when they have TB and discussed their personal fears and biases through a value clarification exercise. STBLCP staff described the signs and symptoms of TB, what to do when a person has TB, and how to address stigma. Because the religious and traditional leaders are

part of a TB patient’s journey, they are intimately aware of the questions, concerns, and fears they may have while navigating TB testing and treatment, so they were well-suited to develop messages that resonate with their congregants. Using what they learned, the religious leaders prepared TB testing, treatment, and prevention messages. They used simple language their congregants and community members could understand. Breakthrough ACTION–Nigeria and the STBLCP staff worked alongside the religious leaders to ensure messages were in line with NTBLCP guidelines, dispelled myths and misconceptions, emphasized that TB is curable when a person seeks care, and that testing and treatment is effective, safe, and free.

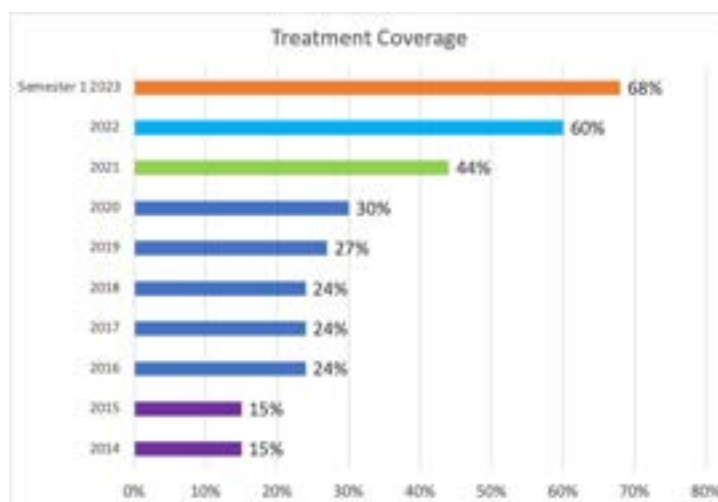
Equipped with accurate, inspirational TB information, religious leaders delivered the messages they co-designed at regular services, special events, and whenever someone on a TB journey approached them for support. Breakthrough ACTION–Nigeria and the religious leaders worked together to identify time during church services or mosque meetings to hold “speak out sessions,” where the leaders talked about the signs and symptoms suggestive of TB, while STBLCP and local health service delivery partners offered onsite testing services. Hearing the messages at these speak outs also helped sensitize community members to other state and national TB interventions; religious leaders could, for instance, encourage congregants to attend an upcoming TB motorized campaign event or participate in National TB Testing Week.

Religious leaders can play a transformative role in a person’s decision to seek medical care and adhere to treatment. Breakthrough ACTION’s referral card system put the ability to influence care-seeking literally in the hands of the religious leaders. Knowing fever, cough, unexplained weight loss, and other symptoms may suggest TB, the leaders could give the cards to any person complaining of or seeking help for these symptoms while assuring them of the prompt response to treatment once the correct diagnosis is made. If a congregant receives the referral card from their religious leader, whom they trust, they then are more likely to follow through with the advice to go to the health facility. Delivering and picking up referral cards also gives Breakthrough ACTION–Nigeria staff a chance to check in with religious leaders about any challenges they are experiencing regarding TB sensitization and making referrals.

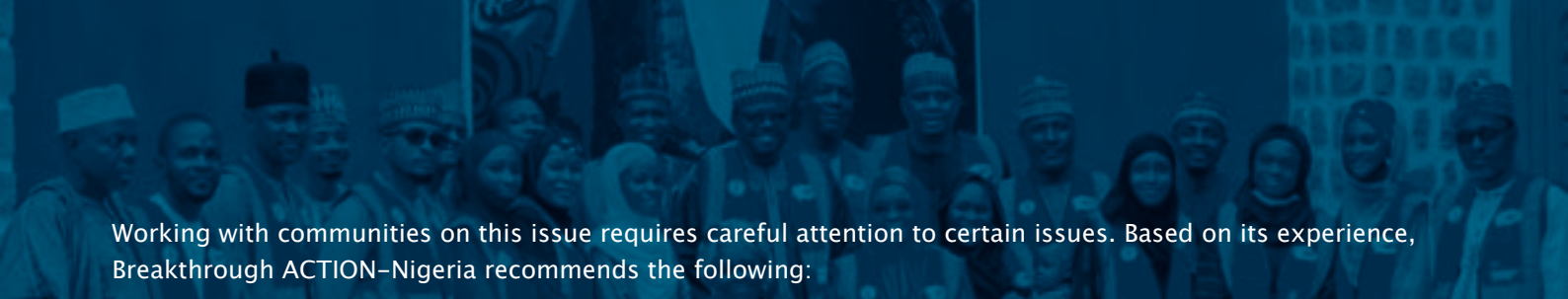
Using the referral cards creates a simple, traceable paper trail that ensures they are working as intended. Because religious leaders take note of the cards they give out, and health facilities record when a client turns them in, Breakthrough ACTION–Nigeria and local partners can easily reference these records to find out if leaders and their recipients are using the cards—and they are. Between October 2021 and June 2023, 185,989 individuals in Akwa Ibom, Bauchi, Benue, Cross River, Kano, Nasarawa, Oyo, and Plateau States received cards. Of these, 152,679 patients (82%) turned in their cards and got tested at health facilities. This simple, low-cost intervention is potentially saving many lives.

Lessons Learned and Recommendations

While TB testing and treatment rates are improving in Nigeria—case finding and treatment coverage has risen steadily since 2019 and, according to the NTBLCP is now around 68%—much remains to be done. Leveraging relationships with influential community members like religious leaders can contribute to TB case detection and care, and put necessary information and capacity to address this public health concern directly in the hands of the community.



TB treatment data. Source: Nigeria NTBLCP



Working with communities on this issue requires careful attention to certain issues. Based on its experience, Breakthrough ACTION–Nigeria recommends the following:

Identify champions early and encourage them to network with one another.

When Breakthrough ACTION–Nigeria discovered popular religious leaders were willing to participate in TB testing and treatment promotion, this went a long way toward ensuring the buy–in of community members and other religious leaders. Likewise, influential people may be more likely to share TB prevention, testing, and treatment messaging if they notice other champions are already doing so. Co–creation workshops involving many of the leaders allowed them to discuss their personal fears and concerns about TB and exchange ideas and fostered ongoing networking.

Co–create messages for accuracy and appeal.

The co–creation workshop facilitated by Breakthrough ACTION–Nigeria with religious leaders established trust between the leaders and the project while producing effective messaging. The workshop built an understanding of the leaders’ personal values and addressed their fears and misconceptions about the disease. Religious leaders were able to tailor their messages explicitly to the faith, interests, and needs of their specific communities, while the involvement of Breakthrough ACTION–Nigeria and the STBLCP ensured the information the leaders shared followed national guidelines, were consistent, and had a clear call to action.

Keep messages and materials simple.

Because religious leaders are very busy and often serve large communities, items like referral cards need to be easy to fill out and use simple language. Likewise, if the audiences are overwhelmed by engagement efforts, such as paperwork or messages through sermons and speak–outs, they will be less likely to absorb information or act to seek testing or care.

Work with facilities and entities already established by religious organizations.

Some religious institutions have their own health service facilities. Working with these facilities to support NTBLCP–guided TB interventions could

dramatically increase appropriate care–seeking for TB symptoms because religious leaders participating in the program might be more likely to refer to an affiliated facility and because their members may prefer to seek care from that facility. For example, Catholic religious leaders referred people for TB tests to a Catholic health facility.

Motivate for further action.

Sometimes, community leaders need motivation to participate in campaigns or other activities. Non–monetary incentives, such as offering media appearances, can inspire participation without incurring financial costs or related conflicts of interest. Feedback mechanisms that associate the leaders with the number of lives saved and testimonies of those who are now cured of TB can be gratifying for many, especially when those in positions of higher authority recognize the leaders’ efforts.

Build in community ownership and enthusiasm for TB activities to strengthen buy–in and sustainability.

While Breakthrough ACTION–Nigeria played a central role in initiating training and content co–creation workshops, the work cannot continue long–term unless communities take the lead. Once trained, religious leaders and other influential community members can take SBC initiatives to the rest of the community. Advocacy on the value of addressing TB needs to be part of implementation from the beginning, especially because TB can spread rapidly at religious gatherings. Time and energy spent on assuring religious leaders of their role as trusted messengers, including about TB, will net dividends in terms of achieving health behavior change in the community.

Carrying on the connections throughout implementation is just as valuable. Checking in with leaders regularly—to be sure they are speaking about TB, continuing to use materials like the referral cards, and checking to see if they have any questions or concerns—solidifies the trust with stakeholders and helps promote sustainability.

Interviews with Breakthrough ACTION–Nigeria staff informed this story’s development. The interviewees were Ahmad Muaz, Kano State Coordinator; Victor Onah, Benue State Coordinator; Thomas Ohobu, Nasarawa State Coordinator; Cecilia Kafran, Assistant Program Officer, TB; and Olatunde Toluwase, Senior Program Officer I, TB.