

September 2024 | Version 2

Training on Religions and Development Research Course

Module 1:

Topics in Religions and
Development

Session 3:

Religions, Health, and
Development



Joint Learning Initiative
on Faith & Local Communities

Homework (pre-session)



Essential reading

(everyone is required to read this)

- Students are to read chapter 2 (Religions, health, and development) of the JLI State of the Evidence report: [SoE-chapter-2.pdf](#) and summarise what they think are key points in one page or under (this can be in bullet points).



Optional readings I

(advanced readings)

- Olivier, J. et al. (2015), "Understanding the roles of faith-based healthcare providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction," *The Lancet*, 386:10005, pp. 1765 – 1775.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60251-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60251-3/fulltext)
- Tomkins, A. et al. (2015), "Controversies in faith and health care," *The Lancet*, 386:10005, pp. 1776 – 1785.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60252-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60252-5/fulltext)
- Featherstone, A. (2015), "Keeping the Faith: The Role of Faith Leaders in the Ebola Response," Christian Aid; CAFOD; Tearfund; Islamic Relief Worldwide.
<http://jilifc.com/resources/keeping-the-faith-the-role-of-faith-leaders-in-the-ebola-response-full-report/>
- Duah, J., and Yeboah, P. (2017), "Family planning practice among Christian health service providers in Ghana: a case study," *Christian Journal for Global Health*, 4:2, pp. 80–86. <https://doi.org/10.15566/cjgh.v4i2.175>
- Blevins, J. B., Jalloh, M. F. and Robinson, D.A. (2019), "Faith and Global Health Practice in Ebola and HIV Emergencies," *Am J Public Health*, 109:3, pp. 379–384, doi: 10.2105/AJPH.2018.304870.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6366492/>
- Walker B. B. (2022), *Religion in Global Health and Development: The Case of Twentieth-Century Ghana*, Montreal: McGill-Queen's University Press.
<https://www.ncbi.nlm.nih.gov/books/NBK581297/>
- Barmania, S. and Aljunid, S.M. (2016), "Navigating HIV prevention policy and Islam in Malaysia: contention, compatibility or reconciliation? Findings from in-depth interviews among key stakeholders," *BMC Public Health*, 16, p. 524.
<https://doi.org/10.1186/s12889-016-3247-y>

- Melillo, S., Strachan, R., O'Brien, C. J., Wonodi, C., Bormet, M., and Fountain, D. (2022), "Effects of Local Faith-Actor Engagement in the Uptake and Coverage of Immunization in Low- and Middle-Income Countries: A Literature Review," *Christian Journal for Global Health*, 9:1, pp. 2–32. <https://doi.org/10.15566/cjgh.v9i1.587>
- Chandradasa, M., and Kuruppuarachchi, K. A. L. A. (2019), "Confluence of Western Psychotherapy and Religious Teachings in Mental Healthcare of an Asian Buddhist Community: Sri Lanka," *Journal of Religion and Health*, 58:5, pp. 1471–76. <http://www.jstor.org/stable/45216928>.
- Wijesinghe, M.S.D., Ariyaratne, V.S., Gunawardana, B.M.I. et al. (2022), "Role of Religious Leaders in COVID-19 Prevention: A Community-Level Prevention Model in Sri Lanka," *Journal of Religion and Health*, 61, pp. 687–702 . <https://doi.org/10.1007/s10943-021-01463-8>
- Contractor, S., Joshi, P., Rizvi, A., Saher, A., Dutta, N., Menon, K., and Pyne, S. (2022) "Young people's views on religious fundamentalism, ethnonationalism and Sexual and Reproductive Health Rights (SRHR): an SRHM South Asia virtual roundtable discussion," *Sexual and Reproductive Health Matters*, 29:2, DOI: [10.1080/26410397.2022.2073955](https://doi.org/10.1080/26410397.2022.2073955)



Optional readings II

(easy readings)

- Blevins, J. and Mombo, E. (2023), 'The State of the Evidence in Religions, Health, and Development' blog, <https://jliflc.com/2023/03/state-of-evidence-health/>
- Christian Health Asset Mapping Consortium (2023), Summary Data Report From 22 Christian Health Networks in Sub-Saharan Africa. https://www.ccih.org/wp-content/uploads/2024/01/2024_SSA_Data_Summary.pdf
- Marshall, K., Wilkinson, O. and Robinson, D. (2020), 'Religion and COVID-19: Four Lessons from the Ebola experience' <https://frompoverty.oxfam.org.uk/religion-and-covid-19-four-lessons-from-the-ebola-experience/>
- Zaluchu, F. (2022), 'Engaging the local church to tackle stunting in Indonesia: a case study in Nias Island.' <https://journal.cjgh.org/index.php/cjgh/article/view/649/1099>
- Pender, J. S., Gomez, C. P., Perera, R. A. T. M., Williams, J. A., & Roshan, R. (2019). Church-led Partnerships with Interfaith Religious Leaders and Government for Raising Awareness on Leprosy in Sri Lanka. *Christian Journal for Global Health*, 6:2, pp. 26–32. <https://doi.org/10.15566/cjgh.v6i2.297>
- Malolos, G. Z., Obnial, J. C., Mallillin, R., Pasco, P. B., Ong, E., Andes, A., Lucero-Priso, D. E. I. (2021), "The Impact of COVID-19 on Church Gatherings in the Philippines: A Policy Analysis," *Christian Journal for Global Health*, 8:1, pp. 53–63. <https://doi.org/10.15566/cjgh.v8i1.505>

- Ladrido-Ignacio, L. (2022), 'Spirituality and Mental Health: The Philippines.' <https://www.thinkglobalhealth.org/article/spirituality-and-mental-health>
- Majumdar, S. (2022), 'How COVID-19 Restrictions Affected Religious Groups Around the World in 2020.' <https://www.pewresearch.org/religion/2022/11/29/how-covid-19-restrictions-affected-religious-groups-around-the-world-in-2020/>

Engaging with the readings

(1 hour)

This part of the session aims to engage with the readings that the students did as part of their homework in more detail. It aims to give the students a chance to discuss the readings, share their reflections, and consolidate their understanding of the texts.

- 1. Individual reflection (5 min):** Instructor asks all students to individually reflect on the following three questions and write down the answers to them. Students do this on their own without consulting others. They are allowed to consult the text, if they find it helpful.
 - One thing I learned from this chapter that I did not know before
 - One thing I read in the chapter that I already knew
 - One thing that was mentioned in the chapter that I did not understand/that I would like to know more about
- 2. Partners (30 min):** Break the class into partners (one-to-one with two people) and ask them to discuss the following questions (they should refer back to the text and can also consult other texts from the reading list):
 - What are “religious health assets”, and how did they help redefine interest in faith-based health care?
 - How have Western values and paradigms influenced the history of faith-based health care? What other forms and perspectives on “health care” could be included? Why do the chapter’s authors on religions, health, and development question the history of faith-based health care?
 - From the reading, did you pick up any suggestions for faith-based healthcare strategies and types of programs? What interventions work well to link religions and healthcare?
 - How can faith actors be influential in what the authors of the chapter call “intangible” faith-based factors that influence people’s behaviour regarding sensitive issues, such as vaccine hesitancy, mental health, and stigma around HIV/AIDS?
- 3. Big group discussion (20 min):** bring the full class back together and ask the partners to explain their answers to the questions, going through each question one at a time. While each partnership does not need to answer every question, encourage each partnership to respond to at least one of the questions so that everyone in the room can speak.

Contextualising the learning

(1 hour)

The aim of this part of the session is for students to apply what they learned from the readings and the first part of the session to their local contexts. It encourages them to think critically about the extent to which the debates from the readings are relevant to their everyday lives, studies, or work.

1. Break (5 min)

2. **Group work – Advice Surgery:** advice surgery is an exercise where groups discuss issues in their community, then go to other groups to present their issues and advise each other on strategies to address the issues.

- **Formulate Issues in Your Group (25 min):** the class splits into four small groups. In the small groups, students should discuss the following questions and then write down the top issues related to religion and health that they would like solved in their communities.
 - What are the main healthcare issues in your religious communities? What are the most pressing healthcare issues that need to be addressed?
 - What are the strengths and weaknesses of current approaches to healthcare in your religious community?
 - Have you experienced religious beliefs and practices influencing people's health? Can you give an example of a religious belief that i) positively and ii) negatively impacts people's health that you have witnessed in your community/in your experience?
 - Have you received health care from a faith-based health care provider? Do you think their services are different or the same as those of non-faith-based health care providers? If you think they are different, why and how are they different?
- **Seek Advice from Other Groups (30 min):** Pair the four groups together (e.g., Groups 1 and 2 with each other, and Groups 3 and 4 with each other). Each group should explain their religion and health issues to the other group. Then, the groups should formulate their advice for the other group and present their advice back to the other group. Make sure to remind students halfway through the 30 minutes to move on to giving advice section of the task. These are some questions prompts to help students consider the other group's issues:

- What do you think could be done to resolve the issues explained by the other group? Be as specific as possible in describing strategies and actions that could be taken to resolve the issues.
- Do you have any good solutions from your community that could be shared with the others?
- Are there theological concerns/matters relating to religious teachings affecting health issues? How can these be discussed, and how can you work as/or with religious leaders to consider these issues?

Creative task

(1 hour)

The third part of the session is aimed at engaging with the content covered in parts 1 and 2 of the session in a creative manner. This part of the session acknowledges the fact that there are different types of learners. It also aims to expose students to creative and arts-based forms of learning and teaching.

1. **Break (5 min)**
2. **Small Group Work - Religions and Health Analysis Matrix (40 min)**: Use the document "[Faith and COVID-19 Vaccines Analysis Matrix](#)." You will use Part 2 on the second side of the document ("A Quick Analysis Guide, Part 2: For Faith Actors"). In small groups, students should choose a health issue in their community and work through each of the questions in the analysis guide. Note: the analysis guide focuses on COVID-19 vaccination but can be used for any health issues. Students do not have to choose COVID-19 vaccination or vaccination at all (although they may wish to do so). Some other examples to choose from could include, for example, infectious disease/ disease outbreaks, maternal health and family planning, malnutrition and access to healthy food, water/sanitation/hygiene, mental health, drug abuse, and access to healthcare/health equity.
3. **Big Group Discussion (15 min)**: Instructor to prompt discussion among the group by asking the following questions:
 - Having done the analysis, what did you learn about the influence of religious beliefs and practices on health?
 - What did you learn about the health of your religious community and the wider community?
 - What changes do you think should be made to current faith-based healthcare practices in your community?

