Best Practice: *Religious Practitioners and Traditional Healers*

Subthemes

- Early detection and prompt treatment
- Reduction of stigma, discrimination, and exclusion

Target Audience(s)

- Trainers
- Health staff
- Persons affected by leprosy
- Other partners such as NTD NGOs

Contributors

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Key Messages

The involvement of religious leaders, local healers, or religious specialists in leprosy education for stigma reduction and treatment adherence is an innovative strategy that has been effective in some parts of the world. With training (often through the work of NGOs or through existing community health agent training programs), religious practitioners and local healers might be able to recognize early symptoms and direct people to a treatment center. They also might play a part in helping people complete their treatment and in changing preconceived ideas that people have about the disease.

Key Informant / Date Submitted

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Description of the Best Practice

Introduction

Religious organizations, leaders, local healers, and other representatives of a religious faith may have significant influence related to behaviors and beliefs of members of that faith. Historically, there are many examples of belief systems, including the world's major religions, that have created and/or exacerbated leprosy stigma. In Brazil, the NGO MORHAN (Movement for the Reintegration of Persons Affected by Hansen's Disease) implemented a program to involve religious representatives from Catholic churches, evangelical churches, and Afro-Brazilian churches in the diagnosis of leprosy and reduction of stigma. Similar examples from other cultural contexts are discussed below.

Note from C. White: This is not a practice I have observed directly, but the Brazilian example has been described to me by Artur Custódio da Sousa, National Coordinator of MORHAN.

Objectives and Methodology

The primary objectives of this strategy (as a general strategy applicable to multiple contexts) are stigma reduction in the general community and among people affected by leprosy through 1) training of religious representatives in early diagnosis and 2) creating collaborations among churches (or local religious spaces), clinics, and NGOS that work with leprosy.

Implementation of Practice

This practice, described by representatives of MORHAN, involved reaching out to local Catholic and evangelical churches, terreiros (Candomblé or Umbanda centers), and spiritual centers. It focused on training primarily women of influence in these churches to recognize the early symptoms of leprosy among people in their religious communities. MORHAN drew on "benzedeiras," "rezedeiras," and "curandeiras" ("women who bless," "women who pray," and "women who cure"). These women might identify someone in their churches with a symptom of leprosy, send them to a health post, and tell them that if they were diagnosed they could return and have the benzedeira/rezedeira bless the medication and pray for the person's health. In 1999, MORHAN organized the First Meeting of Rezadeiras e Benzedeiras in the city of Sobral, state of Ceará, Brazil, with the aim of "widening the channels of mobilization with new actors in the fight against leprosy."

This program built on a community health agent model that was already in place in Brazil. Costa (1) describes in more detail how these women were trained to work with people affected by leprosy, tuberculosis, and malnutrition in the state of Ceará in Brazil. Many of these women were already engaged in healing for these conditions, but they were using traditional healing practices. With training, however, they could help people combine traditional prayer and other forms of healing with multidrug therapy (MDT).

Results—Outputs and Outcomes

Pagano (2) has remarked on the ways in which incorporating Afro-Brazilian women from Candomblé *terreiros* as health activists for this traditionally marginalized group was particularly innovative for the Brazilian government, and in turn was a successful program overall. However, in recent years, Afro-Brazilian religions have become increasingly marginalized in Brazil, which could increase the dangers for some women who were also working in leprosy education.

Lessons Learned

In most of the world where leprosy is endemic, people seek some form of religious healing or traditional medicine, often before going to a clinic. The practice of training community health agents that was already in place in the Brazilian public health system was one factor that made this program more feasible than it might be in areas that did not have such a system in place.

Replicability and Scalability

There are some examples in other parts of the world of similar practices being effective. Alamsyah et al (3) describe an effective program in Indonesia that involved a very similar intervention with local healers (Talibs) whom people often went to first for healing when they had symptoms of leprosy. Other

researchers (4,5) have also mentioned the importance of working with traditional healers and local religious leaders. In a study by van de Weg et al (6), the authors mention that folk healers are the number one reason for delayed diagnosis, which highlights the importance of practices that incorporate folk healers and provide training in leprosy diagnosis. However, the religious landscape in a particular country or region must be well-understood in order to gauge which religious representatives would be most appropriate for training (7).

Conclusions

An approach to healthcare that recognizes that traditional beliefs and religious beliefs can be complementary to biomedical treatment has a good likelihood of success. Pilot studies involving outreach and training programs for religious representatives, healers, and other respected members of different religions and healing systems should be done before implementation on a wider scale. Religious and medical pluralism are common in most regions of the world where leprosy is endemic, so it would be important to identify the most relevant representatives (for examples, a type of healer whom people with leprosy symptoms are most likely to seek before going to a medical clinic) to invite to receive training.

References / Further Readings

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