UNICEF Eastern and Southern Africa Region

C4D Works!

Engaging Apostolic Religious Groups in Zimbabwe to improve maternal and new-born child health outcomes

About C4D Works!

C4D Works! shares success stories in Communication for Development (C4D) from Eastern and Southern Africa Region. C4D uses research and consultation to promote human rights, mobilize leadership, influence attitudes and social norms and transform behaviours for the well-being of communities. This series presents selected C4D interventions implemented in partnership with Faith Based Organizations (FBOs).

The Issue

Apostolic is the fastest growing religion in Zimbabwe. According to the 2015 Demographic and Health Survey, 42%of women aged 15-49 identified their faith as Apostolic compared to 30% in 2005. Apostolic households lag behind the national average across various reproductive maternal newborn child and adolescent health (RMNCAH) indicators[1] as shown below.

Table 1. Comparison of MNCH indicators between national average and Apostolic headed household

	National average	Apostolic headed household
Full vaccination	80%	75%
Care seeking for fever	50%	41%
Exclusive breastfeeding	41%	34%
4+ ANC visits	70%	66%
Delivery with skilled attendant	80%	73%
Under-five mortality	75 per 1000 live births	85 per 1000 live births

1 Extended analysis of MICS 2014: religion. http://www.zimstat.co.zw/sites/default/files/img/publications/Health/Religion_FINAL.pdf

The Apostolic doctrine relies on its own health system such as the use of holy water for healing and Apostolic traditional birth attendants. Other aspects include reliance on Apostolic health centres and shrines for antenatal care, delivery, and post-natal care. A restriction on use of modern healthcare services is anchored on their faith in God while death is perceived as the will of God.

Given the large proportion of the apostolic sect, its impact on maternal and child health outcomes cannot be ignored.

C4D Actions

Qualitative research was undertaken to identify the factors influencing health seeking behaviours, immunization coverage and mortality among the apostolic. Key findings included.

- Fear of religious sanctions and confidence in faith healing. **"People fail to vaccinate because of religion. If they see you (in clinic), you will be banished from the church…" (*FGD, caregivers of children under 5, Zvipiripiri, Marange, Mutare Rural*)**
- Apostolic traditional birth attendants have limited knowledge of danger signs and limited skills to deal with childbirth complications.
- Government health workers lack inter-personal communication skills to impart adequate information and education to the community members.
- Circumstantial acceptance of vaccines and knowledge of benefits of immunisation identified as enabling factors.

- Based on the findings, a targeted intervention – the Apostolic Maternal Empowerment and Newborn Intervention (AMENI)[2] model - was initiated. The AMENI model recognizes the centrality of Apostolic leaders in shifting attitudes, behaviours and practices, and to confront radical religious beliefs and practices.
- The AMENI was aimed at fostering social and behavioural change through effective engagement and persuasion of Apostolic leaders and communities to increase acceptance and uptake of health services while addressing religious barriers to use of these services
- The intervention offered a comprehensive, package of activities to address the challenges among the apostolic. These included increased dialogue with Apostolic religious leaders, increased skilled attendants present at delivery and increasing religious acceptability of modern MNCH interventions.
- AMENI advocated for strengthening delivery of health services to hard-to-reach communities and groups such as children and the pregnant Apostolic women.
- Another intervention – the religious and traditional Leadership Engagement and Dialogue (LEAD) was developed in 2017 to facilitate sustained engagement with the religious and traditional leaders, strengthen them as role models and champions for social and behaviour change and improve collaboration between religious leaders and health providers to promote demand for services.
- Capacity building, in the form of dialogue and sensitization of religious and traditional leaders on key health and social issues such as gender equality and sexual and reproductive health services.
- Religious and traditional leader-driven advocacy and community mobilisation on key and social issues amongst their followers.

C4D Results

As a result of the initiative, the following result has been observed in the communities:

- Health workers created a social innovation called "Gardens" where apostolic women meet with health workers outside the health facility. This socially constructed low cost community intervention, together with the privacy it offers, has helped to address the social barriers to uptake of health services, and provided avenues for caregivers to obtain medical care, information and vaccination services.
- Notable shift in apostolic leader's attitudes towards vaccination, with significant reduction in the apostolic communities' resistance to use of modern health services
- Circumstantial acceptance of vaccination now considered, which is a shift from earlier total refusals during activities deemed as government directives, with some caregivers freely allowing vaccination of their children without fear of being banished from the church.

Take-away Lessons

- When positively engaged, religious leaders can facilitate meaningful dialogues on key social and health issues, and mobilize community action. It is therefore imperative that such leaders' engagement and dialogue form an integral part of addressing health and social issues in communities.
- Community engagement is crucial component of behaviour change as it helps audiences to understand the benefits of immunisation and other health services, which cannot be easily explained through print media.

2 UNICEF (2015) *Apostolic Maternal and Newborn Intervention (AMENI) Model: Improving Maternal and Newborn Child Health Outcomes among Apostolic Religious Groups in Zimbabwe,* Harare: UNICEF. Report by Brian Maguranyanga and Geoffrey Feltoe

For more information please contact:
Natalie Fol, Communication for Development Advisor
UNICEF Regional Office for Eastern and Southern Africa
Email: nfol@unicef.org