The Role of Religious Places in Disease Prevention, Notification, and Control: A Public Health Interface

Bharti Koria

Department Community Medicine, PDU Government Medical College, Rajkot

CORRESPONDING AUTHOR

Dr Bharti Koria, Department Community Medicine, PDU Government Medical College, Rajkot, Gujarat.
Email: drbhartikoria@gmail.com

ABSTRACT

Introduction: Faith-based groups and religious institutions play a vital role in the lives of many individuals and regularly provide communities with social support networks that people can rely upon. Due to the availability, trustworthiness, and reliability of these institutions, they have an unparalleled potential for being a key point to support community-led health initiatives related to disease prevention and control as well as providing an avenue through which to engage with communities on health topics. Moreover, the various functions of religious institutions must be understood in order to strengthen community-based health systems and create effective community-based health initiatives. Method: A narrative literature review of the evidence regarding how religious institutions can affect public health was conducted. The included literature consisted of peer-reviewed articles, reports, and policy reports published in the previous ten years that were obtained through searches of PubMed, Google Scholar, or organizations' websites. Literature that focused on disease prevention, notification, control, psychosocial support, reducing stigma, supporting treatment adherence, humanitarian response, and building resilience in the community was included. Articles were thematically analysed and synthesised using a narrative approach. Results: The review revealed that faith-based organizations are important in helping to control the spread of disease through education about disease prevention, communicating to people how to change behaviours, and recommending ways to prevent transmission of disease. Though they do not provide information for use in formal surveillance systems, they help by promoting early identification of symptoms and connecting people with others for disease notifications. Examples of how faith-based organizations help with controlling disease include reducing stigma associated with disease, increasing adherence to treatment, providing psychosocial support, and providing humanitarian assistance. In addition, they promote awareness of health-related information in communities, create confidence/credibility between health services and their communities, provide better access to health services for people who are marginalized, and promote resilience in communities during times of public health crises. Conclusion: Faith-based organizations provide a supportive and complementary role in many different areas of public health. They do not replace formal sources of health care services. Faith-based organizations can contribute to achieving public health goals of equity and participation by engaging with faith-based organizations strategically. Establishing faith-based organizations into the public health planning and community

engagement processes may assist in increasing the responsiveness and resilience of health systems, particularly where there are limited resources.

KEYWORDS
Community Participation, Disease Control, Disease Prevention, Faith-Based Organizations, Religion and Medicine

INTRODUCTION
Religion has an important impact on health beliefs, attitudes, and behaviours related to health-seeking behaviour, especially in low- and middle-income countries where individuals and communities have low levels of trust in formal health systems. Religious institutions, including temples, mosques, churches and gurudwaras can operate not just as sacred structures for worship, but also as key social/public institutions integrated with the everyday life of a community. There is a considerable amount of overlap between the number of religious institutions globally and the number of people who are strongly religious in their traditional (or formal) association with those places, which indicates the power of religious institutions to affect health and illness behaviours both individually and collectively.[1]

In past years, many faith-based groups and other religious entities have collaborated with public health systems to promote general health and prevent disease., Governments, especially during health crises like COVID-19, use churches and places of worship as a way to relay information on public health issues, support vaccination efforts and provide humanitarian support to communities using their ability to rapidly mobilize the community to assist those in need.[2,3] Furthermore, when it comes to controlling endemic diseases, religious leaders help create early awareness of the health issue, reduce the stigma around it and increase individuals' participation in early detection and referral for services. Examples include Tuberculosis and other communicable diseases.[4]

While there have been some investigations into how religious facilities assist in public health programs, such as preventing and controlling outbreaks, there has not been an extensive amount of literature examining the role of places of worship in structured public health programs. Understanding this interface will provide important information necessary for enhancing community-based public health programs, as well as creating inclusive health care systems that utilize existing social and cultural organizations.

The purpose of the review is to
1. Review the contribution of religious places in disease prevention and health promotion.
2. Investigate the role of religious institutions in disease notification and referrals.
3. Evaluate how religious places contribute to the control and support of the community.
4. Recognise various ways to connect religious places to the public health related works.

METHODOLOGY
This study was conducted as a narrative review to summarise the evidence that exists regarding the impact that religious places and faith-based organisations have on the prevention, notification and control of diseases. The literature was examined via a search through PubMed/MEDLINE, Google Scholar and official publications by global public health agencies (WHO).

The original search yielded approximately 120 articles and reports published in English over the preceding 10 years. After eliminating duplicates and performing an initial screen of titles and abstracts, about 65 publications were determined to be relevant. Of these publications, 32 of them were specifically related to the role of religious places or faith-based organisations within the context of public health activities.

The eligible literature included both original peer-reviewed studies, review articles, program reports, and policy documentation. Literature that focused solely on theological discourse with no public health relevance, or that did not have a local context, were not

eligible for inclusion. The included literature will be described in a thematic synthesis to demonstrate the contribution of religious places to disease prevention, notification and control as well as the challenges and opportunities for integration with public health systems.

Review findings

Table.1: Role of Religious Places in Disease Control and Community Support

Public Health Function	Evidence-Based Role of Religious Places	Illustrative Evidence from Literature
Stigma reduction	Religious leaders and congregational settings influence social norms and attitudes, helping to reduce stigma associated with communicable and chronic diseases through inclusive messaging and supportive community dialogue.	Faith-based interventions have demonstrated reductions in HIV-related stigma and improvements in disease-related knowledge within congregations.[5,6]
Treatment adherence	Social support and moral reinforcement within faith communities encourage sustained engagement with long-term treatment regimens, particularly for diseases requiring prolonged therapy.	Community-linked religious support has been associated with improved adherence to tuberculosis treatment in resource-limited settings.[7]
Psychosocial support	Religious places provide culturally acceptable environments for emotional support, counselling, and stress reduction, especially where formal mental health services are limited.	Faith-based psychosocial and mind–body interventions have shown benefits in reducing stress and improving well-being among community members.[8]
Humanitarian support	Faith-based institutions mobilize resources such as food, caregiving assistance, and social support during illness and public health emergencies, addressing social determinants of health.	Public health agencies recognize faith-based organizations as key partners in humanitarian response and community resilience during health crises.[9]
Health literacy	Religious gatherings serve as platforms for disseminating health information and promoting understanding of disease prevention and management.	Capacity-building initiatives with faith-based organizations have improved community health awareness and engagement with preventive practices.[10]
Trust and community engagement	Religious institutions act as trusted intermediaries between communities and health systems, enhancing acceptance of public health interventions.	Studies highlight the importance of trust built through community and faith networks during public health emergencies.[11]
Equity and outreach	Faith-based organizations reach marginalized and underserved populations who may have limited access to formal healthcare services.	Partnerships with faith-based organizations have supported equitable outreach and access to health services among vulnerable groups.[12]
Community resilience	Religious places strengthen social cohesion and collective coping during public health emergencies and disasters.	WHO guidance emphasizes the role of faith communities in preparedness, response, and resilience building.[9]

There is a table that describes many different ways that religiously affiliated facilities can assist with controlling disease and supporting communities through public health efforts. The table outlines how religious groups are utilized for correcting negative attitudes about individuals who are ill, encouraging individuals to follow therapeutic regimens, providing emotional and humanitarian support, building confidence in health care providers by promoting positive relationships with the community, facilitating solutions to problems that groups of individuals face, encouraging healthy behaviours, ensuring that individuals receive adequate medical services, extending their outreach to under-served communities, improving individuals' understanding of how to avoid transmitting diseases, developing trusting relationships between communities and health care systems, and reaching out to members of marginalized communities. Collectively, these activities will enhance the strength of the communities in which they occur and will complement the activities of government public health officials, who have the job to respond to health emergencies.

Importance of Religious Institutions in Disease Prevention

Religious institutions serve significant purposes regarding disease prevention; mainly they serve as trusted local community resources for health education and promotion. In many developing countries, religious institutions such as temples, mosques, churches, and gurdwaras are deeply rooted into the fabric of social life and the messages promoted through them tend to have a higher level of trust than similar messages disseminated from outside sources. Due to the high number of people around the world who identify with a religion, religious institutions can be a powerful way to spread information about preventive health practices to the community as a whole. [1]

Additionally, public health systems have often worked in partnership with religious institutions to implement programs that promote preventive health practices, especially in communities where there is misinformation, stigma, or low health literacy, all of which serve as barriers to effective disease prevention. Faith-based organizations and religious leaders can use culturally relevant and socially acceptable methods to help create a framework for public health messages regarding hygiene practices, recognizing early signs of sickness, and vaccinating. The use of religious institutions in this manner can increase levels of local community involvement in and acceptance of preventive health practices. [9]

The role of religious institutions in promoting health during crises is clearly established. In the COVID-19 pandemic, religious institutions were used by Government and Health Departments in India as a partner to provide community members with accurate information about public health issues, the promotion of safe behaviours, and support for vaccination efforts. Including places of worship for the purpose of delivering messages to the community and outreach made it possible to address vaccine hesitancy and rapidly mobilize the community. [9]

Besides emergencies, involving religious leaders in programmes aimed at preventing endemic diseases has resulted in successful outcomes. For example, the participation of local temple priests in programmes promoting tuberculosis awareness has increased community participation in preventative health programming within the community and provided further support for the need to include religious institutions as a part of the routine disease preventative health system.[13] Overall, religious institutions are a culturally appropriate and widely available platform for enhancing disease prevention efforts through collaboration with public health systems.

Role of religious places for disease notification and surveillance

Religious leaders and places of worship can play an essential role in increasing disease reporting and helping the community by encouraging quick report symptoms and referring community members for help. Many people in the community seek comfort from

their religious leaders or faith-based groups before reaching out to the healthcare system when they are ill; thus, they provide an excellent channel for communicating messages about health and assisting in connecting with the diagnostic and reporting systems. Therefore, motivating communities through their faith-based infrastructures can help reduce delays in seeking medical care and increase prompt reporting of diseases, particularly communicable diseases, where it is essential to initiate intervention as soon as possible.[1]

Public health systems increasingly recognize the importance of involving trusted community members in public health surveillance. Organizations such as WHO and other Public Health partners stress the importance of working with and engaging trusted community members, including religious leaders and faith-based groups, in order to increase awareness of disease symptoms, encourage early access to health services, and support referral to diagnosis and reporting facilities, thereby enhancing the effectiveness of formal public health surveillance systems.[3] By utilizing a community approach, we can eliminate the gap between the informal ways in which a community recognizes that an individual is sick versus the formal process to report an individual as sick.

A mixed-methods study of private health facilities in Kampala showed that more frequent community engagement with private facilities, capacity building of health workers, and increased access to referral systems enhanced tuberculosis case notification; however, stigma and lack of financial resources made it difficult to report cases.[14] Additionally, there is consistent evidence that strengthening linkages between community-based structures (such as faith-based networks) and national tuberculosis case notification systems can result in earlier case identification and reporting.

In summary, although faith-based locations do not serve as official surveillance locations, their impact on community-level behaviours, early recognition of symptoms and referral patterns can contribute to timeliness of disease notification and improve community-based surveillance when successfully aligned with health systems.

How Religious Sites Help Control Disease and Provide Community Aid

Religious establishments and faith-based groups play an important role in fighting disease and supporting communities. By helping to reduce stigma, improve health care compliance and provide psychosocial and humanitarian support, they each help to treat diseases within the broader community context. In many areas, religious organizations and leaders in the community provide emotional and spiritual assistance to individuals and families who are dealing with illnesses and/or chronic conditions, which complements formal health care. Community-based interventions (C-BIs) that include both religious settings and messages about health care have been found to help reduce the fear and social isolation people may experience while they are living with an infectious disease (e.g., HIV/AIDS), thus encouraging them to remain actively involved in treatment programmes. [6,15]

Additionally, studies have shown that the involvement of religious groups has a positive impact on how well a person with a chronic illness (e.g., TB) adheres to their treatment plan because the social support given to them through their faith has a direct effect on their taking their medications and remaining in contact with their health care providers.[7] Faith-based groups have also created safe places within their congregations for providing counselling and emotional support, which includes services that have been proven to decrease psychosocial distress and enhance quality of life (wellness). Church sponsored mind body and mental health programmes/counseling have been shown to be effective in helping to reduce perceived stress and depression, which suggests that places of worship can serve as good locations for providing psychosocial support and enhancing community resilience.[8]

Research studies that are connecting people of faith and healthcare professionals are proving to be able to decrease the stigma of mental health and promote associations to ensure options for getting mental healthcare through open communication between the community of faith, the person seeking help, and the healthcare provider. These partnerships can also help create a link between the clinical care needed and the community resources available. This is particularly true where mental health and social stigma are obstacles to controlling effective management of disease. [5] Religious communities are also a culturally based support system and serve to improve the management of disease by creating opportunities for acceptance, connection, and developing a network of support in the community to assist individuals in developing positive health habits.

The Contribution of Faith Communities to the Prevention of Disease and the Support of Community Members in Need

Faith communities have been a great support to those affected by disease in the prevention and control of disease through their concern for the social and Behavioral aspects of the disease, which include things beyond just giving "clinical" care. One of the strongest ways that faith communities have impacted disease is through reducing the stigma associated with many illnesses, e.g., TB (tuberculosis), HIV, and other chronic/infectious diseases.

The actions of faith leaders and their settings can demonstrate examples of how they have an effect on the development of community norms and attitudes (i.e., compassion; inclusiveness; acceptance) and how they can also reduce the fear, discrimination, and social isolation that are often associated with disease through their active participation in health education and conversation within their congregations. Evidence from faith-based interventions has shown that when faith communities become actively involved with the health education of their members and engage in conversations regarding health issues it results in increased levels of knowledge about health and also decreased levels of stigma associated with health-related issues.[5,6]

Faith-based organizations also help individuals stay committed to their treatment plans. Individuals are often encouraged to take their medications consistently through support given to them by the community, through support from members who share the same health-related difficulties, and through the moral support given to them through their faith. Research has shown that the involvement of faith-based organizations and the networks of community-based faith organizations has assisted in the adherence of individuals to their medication regimens for TB by establishing accountability, trust, and encouraging long-term interactions with the delivery of health care services.[7] This support is in addition to and not a replacement of formal health care systems; it assists in overcoming some of the non-health-related barriers to adherence to treatment for health conditions.

Religious buildings are often utilized as venues for mental health support and intervention; in fact, many religious buildings provide psychosocial support to individuals with emotional distress and anxiety related to medical issues. Faith-based psychosocial therapies such as individual and group counselling and mind-body techniques can aid in reducing stress and improving quality of life.[8,15] In countries where access to formal medical services is either limited or culturally unacceptable, these supportive environments can be critical resources for people in need of emotional and social support.

Alternatively, many religious organizations/members are often viewed as key providers of humanitarian assistance to individuals experiencing a medical crisis or public health emergency. Religious organisations/members often take part in charitable activities, distributing food, providing care for the sick and mobilising community engagement to mitigate the social and economic impacts of disease. Humanitarian efforts on behalf of religious organisations/members improve community resilience and support efforts to contain disease by meeting the needs of vulnerable

populations and encouraging sustainable health care-seeking behaviours.

Improving health literacy of the community is frequently possible through faith institutions because of their use of familiar cultural settings for disseminating health information. The evidence supports that faith-based initiatives have increased capacity for promoting health by developing the skills of members and leaders in congregational settings to communicate prevention and lifestyle messages tailored to local needs thus providing congregants with an enhanced understanding of the risk factors associated with disease, healthy behaviour and chronic disease management. Community awareness of and responsiveness to health promotion messages is enhanced through this partnership with faith-based organisations, particularly when these partnerships are closely aligned with public health objectives.[10]

The Influence of Faith In Improving Relations Between Communities And Healthcare

Faith has been a significant player in establishing relations between areas and healthcare systems. Most notably, faith-based institutions have acted as a trusted third party when other public health messaging fails to generate trust with the community. Trusted groups or agents within the community (i.e., faith leaders and faith-based networks) provide valuable support by sharing reliable health information and recruiting hesitant individuals through familiar means, thereby increasing community members' receptivity to health programs and public health guidance. Consequently, these forms of trust facilitate effective engagement and increase overall community participation in disease management.[11]

Access and Equity to Those Disenfranchised

The Faith Based Organizations (FBO) play a major role in serving the disenfranchised and economically discussed community by providing and expanding the availability of health resources to the respective communities for health education and health services and providing the affected individuals access to higher levels of social connectedness.

Health Ministries (FBO) work with FBO to connect into the local community social networks through public health partnership and build a relationship of trust and social connectedness, thus overcoming barriers to access by providing the greater level of inclusion within the community. This collaboration has proven to be an effective method of addressing the inherent structural inequities of health systems in the community and providing access to all individuals who are at risk for not being included in health promotion and disease management programs.[12]

Community Resilience in Public Health Emergencies

FBOs also help to develop the overall resiliency of the community and serve as a vehicle for distributing humanitarian assistance during times of public health emergencies by linking those networks to health guidance through their existing programs. Public health agencies have developed a strong understanding that utilizing faith based organizations in their response to public health emergencies builds resiliency in the community, increases departmental collaboration, improves the distribution of culturally relevant health information, and strengthens the overall vulnerability of the economically challenged populations. In addition, the role of faith based organizations in building local resiliency through social connectedness is being established as an important aspect of effectively managing public health emergencies.[9]

Challenges

Most established religious institutions present significant potential, and facing hindrances, challenges still existed when including religious institutions with the conventional health actor. For example:

* **Misinformation:** On some occasions, religious leaders have denounced scientific advice, with examples from some Christian sects in the USA around anti-vaccine sermons, or from various members of society in Africa related to COVID-19 denial.

- **Theological Challenges:** On many occasions, guidelines prohibiting contraception, abortion, or the health rights of LGBTQ people can challenge the implementation for comprehensive public health attempts.
- **Lack of Training:** Although many religious figures come from humanitarian beliefs and/or practice health care and human rights, there may be a lack of training in health and they follow unintentionally inappropriate practices for patients Compassionate

RECOMMENDATIONS

- **Aware Engagement:** Governments should formally include religious institutions in health policy developments, and recognize religious representatives as critical stakeholders in national health and disaster risk management strategies
- **Capacity Building:** Trained- and 'sensitive' religious leaders would be able to share health-related information such as signs and symptoms of health issues, accessibility pathways for referrals as well as preparedness for red print emergencies.
- **Monitoring and Evaluation:** Using FBOs for health interventions cannot undermine or insulate from monitoring-- and evaluating - impact, however sometimes religious leaders may consider scientific monitoring inappropriate.
- **Targeted - Culturally relevant Communication:** Framing health messages may mean drawing on culturally, religious, practices, paraphrases, metaphors, and stories. The 'framing' of health messages is most likely to be accepted in local language (that includes culturally appropriate wording). Indigenized means no supranational global bureaucracy.

CONCLUSION

In India, religious institutions and faith-based groups are recognized as being well-respected and having a great deal of influence in their communities. They can thus play a key role in the support of public health initiatives. This review summarizes the ways in which religious institutions and faith-based organizations contribute to the prevention of disease through health education and communication, encouraging changes in behaviour, and promoting preventative practices in relation to the national health priorities of India. Religious institutions can promote the reporting of disease by encouraging people to seek help early and refer them to appropriate medical care. They are also important in promoting the control of disease through addressing stigma, supporting adherence to treatment, and providing psychosocial and humanitarian support. These institutions in India also increase health literacy, build trust in the public health system, and extend outreach to marginalized and hard-to-reach populations. Additionally, religious places have the potential to enhance community resilience and build social bonds during times of public health emergencies. Therefore, through a coordinated and regulated approach, collaboration with religious institutions can enhance equity, participation by local communities and increase the effectiveness of public health interventions without replacing formal healthcare systems.

FINANCIAL SUPPORT AND SPONSORSHIP
Nil

CONFLICT OF INTEREST
There are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS
Zotero was used to arrange references. Grammarly was used for grammar correction.

REFERENCES

1. Pew Research Center. *The future of world religions: population growth projections, 2010–2050*. Washington (DC): Pew Research Center; 2020.
2. World Health Organization. *Faith-based organizations and health: a review of the evidence and best practices*. Geneva: WHO; 2018.
3. World Health Organization. *Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19*. Geneva: WHO; 2020.

4. Pandya A, Deshmukh A. Involving religious leaders in tuberculosis awareness and case detection: a community-based approach from India. *Indian J Tuberc*. 2019;66(3):295–301.

5. Derose KP, Patton JB, Thompson CB, Burgin T, Hamilton Burgess C, Williams E, Wainright C, Simon S, et al. Effects of a faith-based, multilevel intervention on HIV-related stigma and HIV knowledge among church-affiliated populations. *J Racial Ethn Health Disparities*. 2025;12(1):89–98.

6. Anindhita M, Suryani D, Pratama R, Nugroho A, Widjanarko B, Kusumawardani N, et al. Community-based psychosocial support interventions to reduce stigma and improve mental health among people affected by infectious diseases: a scoping review. *Infect Dis Poverty*. 2024;13:57.

7. Manurung N. Involving religious organizations in improving TB medication adherence. *Indian J Tuberc*. 2024;71 Suppl 2:S191–S196. doi:10.1016/j.ijtb.2023.04.017. Epub 2023 Apr 28. PMID: 39370182.

8. Mama SK, Bhuyan N, Bopp MJ, McNeill LH, Lengerich EJ, Smyth JM. A faith-based mind–body intervention to improve psychosocial well-being among rural adults. *Transl Behav Med*. 2020;10(3):546–554.

9. World Health Organization. *Strengthening partnerships with the faith community to support preparedness, resilience and health equity*. Geneva: WHO; 2021. Available from: https://www.who.int/ (Accessed 2026 Feb 10).

10. Wells A, McClave R, Cotter EW, Pruski T, Nix D, Snelling AM. Engaging faith-based organizations to promote health through health ministries in Washington, DC. *J Relig Health*. 2024;63(3):2011–2030. doi:10.1007/s10943-022-01651-0. Epub 2022 Sep 10. PMID: 36085245; PMCID: PMC9463055.

11. Blake-Hepburn D, Kadio K, Rahman S, Khan MH, Abdi S, Fadel SA, Allin S, Ataullahjan A, Di Ruggiero E. The role of trust in engaging community-based task forces and agencies among minoritized communities during a public health emergency. *Can J Public Health*. 2025 Jun 30. doi:10.17269/s41997-025-01074-w. Epub ahead of print. PMID: 40588637.

12. Health Communication Capacity Collaborative. *Public health partnerships with faith-based organizations to support equitable outreach and access to services across diverse communities*. Washington (DC): Johns Hopkins Center for Communication Programs; 2021. Available from: https://www.health.comminit.com/ (Accessed 2026 Feb 10).

13. Challenge of TB, KHPT, USAIDE. *Engaging religious leaders to address TB and related societal challenges at the community level*. Available from: https://www.khpt.org/wp-content/uploads/2021/08/TB-and-Religious-leaders-KHPT-TB-MUKT-BHARAT.pdf (Accessed 2026 Feb 10).

14. Kembabazi V, Ssentongo J, Rutebemberwa E. Facilitators and barriers to tuberculosis case notification among private health facilities in Kampala Capital City, Uganda. *PLoS One*. 2024;19(12):e0315402.

15. Perez LG, Cardenas C, Blagg T, McEwen M, Hernandez R, Alegría M. Partnerships between faith communities and the mental health sector: a scoping review. *Psychiatr Serv*. 2025;76(1):61–81.