

The Mosque as a Site to Foster Maternal and Child Health

Authors:

Jack E. Turman, Jr., Ph.D.

Professor

Dept. of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health

Dept. of Pediatrics, School of Medicine

Director, Grassroots MCH Initiative

Indiana University, IUPUI

Indianapolis, IN, USA

Whitley Wynns, M.A.

Project Manager

Dept. of Social and Behavioral Sciences, Richard M. Fairbanks School of Public Health

Director, Grassroots MCH Initiative

Indiana University, IUPUI

Indianapolis, IN, USA

Loubna Amahdar, Ph.D.

Associate Professor

Coordinator of the Master of Public Health Program

Laboratory of Health Sciences and Technology

Higher Institute of Health Sciences

Hassan 1st University

Settat, Morocco

Abstract

Optimizing maternal and child health (MCH) outcomes within any population requires programming within hospital, outpatient clinic, and community settings. Our Grassroots MCH Initiative (GMCHI) focuses on building the capacity of community members and organizations within marginalized communities to create systems change that improves MCH outcomes. The Muslim community within America often feels marginalized because of language and cultural barriers. The first author of this report is committed to serving Muslim communities following his 2016 Fulbright Scholar experience at Hassan 1st University in Settat, Morocco, wherein he worked to grow the nation's first MPH program. In spring 2022, his collaborator from Hassan 1st (author L.A.) served as a Fulbright Scholar on his GMCHI team. They partnered with a local mosque, which primarily serves West African immigrants, to create programming that fosters improved MCH outcomes. We initiated our efforts by training two women in the mosque with our Grassroots MCH Leadership training curriculum. To help create appropriate programming, we asked the mosque leadership their priorities and we surveyed women in the mosque to understand their needs and interests. We then hosted a MCH fair during Eid al-Fitr that: a) provided connections to local MCH health/social services, and b) distributed essential infant care and home safety supplies. We developed and circulated, across the mosque's social media platforms, a series of 13 MCH instructional messages in English, French, and Arabic to raise MCH awareness and provide families simple intervention strategies for MCH issues. We are now growing a novel legal clinic within the mosque to address the legal needs of members. Our work is an example of how Fulbright support can foster knowledge and collaborations that improve global MCH.

Introduction

Improving maternal and child health (MCH) outcomes (i.e., infant mortality, neonatal mortality, child mortality, maternal mortality and morbidity, maternal and child nutrition, vaccination rates) requires the optimization of health and social services care within hospitals and community clinics, and activation of community-based efforts aimed at addressing inequitable economic, social, cultural, and environmental conditions that are the roots causes of poor MCH outcomes. Our efforts, entitled the Grassroots MCH Initiative (<https://fsph.iupui.edu/research-centers/centers/cheer/grassroots/index.html>), focus on building the capacity of community members and organizations within marginalized communities to bring about systems change that sustainably improves MCH outcomes. Our work is grounded in training and mentoring Grassroots MCH Leaders (GMCHL) within communities or organizations to help identify needs of their communities and potential solution strategies (Skinner et al, 2019). We analyzed Grassroots MCH movements across the globe and identified the key elements that underlie their success: bidirectionally navigating the social – ecological model of health promotion, harnessing the power of communal storytelling, building leadership structures that support collective efficacy, and viewing empowerment as a process not a product. (Marquam et al., 2021). We have applied these strategies to advance systems change in marginalized communities in our state (Turman and Swigonski, 2021)

After serving as a Fulbright Specialist Scholar in Morocco, the primary author (JTJr) desired to work in partnership with mosques within his local community to address their MCH needs. Fortunately, his Morocco collaborator (author LA) was provided an opportunity to serve as a Fulbright Scholar on his Grassroots MCH Initiative team with a focus of building the MCH capacity of a local mosque. A potential mosque was identified within a zip code that is characterized by low socioeconomic demographics and poor MCH outcomes. This mosque, Al-Haqq Foundation, primarily serves families from French speaking West African nations.

Collaborations between, academic, public health and healthcare practitioners and faith-based organizations (FBOs) improved health outcomes in marginalized communities by improving vaccination rates, reducing chronic disease, and improving adult nutrition (Barnes & Curtis, 2009; Cutts & Gunderson, 2018; Goldmon & Roberson, 2004). There is a lack of work to promote faith-health partnerships aimed at improving MCH in marginalized neighborhoods and a paucity of literature and programming centered around building the capacity of mosques to improve MCH outcomes. This report helps address these gaps in the literature by describing our progress in working with Al-Haqq Foundation to build its capacity to improve its MCH outcomes.

Capacity Building Steps

We developed a framework to help guide FBOs through a MCH capacity building process. This process consists of developing: a MCH infrastructure, positive MCH communication strategies, lifespan MCH programming, connections to local MCH resources, and a process to collect and honor members' MCH stories. We were connected to the mosque through some of its members who were concurrently students of one of the authors (JTJr). They set up a meeting with the Imam and female leaders at the mosque. During the meeting we presented our framework and stressed that our work is guided by the needs of the community. We were graciously invited and encouraged to begin our work as the Imam prioritized the improvement of health and social well-being of families within the mosque.

Developing a MCH Infrastructure: Building a MCH infrastructure within a FBO is important to help develop and sustain the other elements of the framework. We start this infrastructure building by training women within the FBO to become GMCHL. Having these leaders within a FBO takes pressure off the clergy to develop, implement, evaluate, and sustain the MCH efforts. We trained two women within the mosque to become GMCHLs. Both were college students (one undergraduate, one graduate) who spoke French and English and had some experience in public health. They are immigrants from two different West African nations (Niger, Guinea) and have a long history in the mosque as trusted female leaders.

Developing Positive MCH Communication Strategies: After the training was completed, the GMCHLs helped our team organize regular meetings at the mosque that included its female leaders. They

determined that building positive MCH communication strategies was a priority. The mosque has extensive experience using social platforms, making the distribution of messaging to members easy. Likewise, the Imam was very supportive by introducing the concept and importance of MCH messaging to members during prayer services. We were guided in the development of messaging topics by mosque leadership who requested that certain topics be addressed because they knew of problems across the community. In addition, we developed and the GMCHLs and Fulbright scholar distributed a survey across women in the mosque to learn about topics they wanted to learn about. Table 1 shows the topics of messages that were sent out in English, French and Arabic to hundreds of women within the mosque community over a three-month period.

Table 1: MCH Promotion Messages for Mosque

| |
|---|
| Importance of Promoting Maternal and Child Health |
| Fostering Feminine Hygiene |
| Practicing Safe Sleep for Infant Health |
| Building Breastfeeding Skills |
| Family Planning Strategies |
| Understanding Gestational Diabetes |
| Understanding Eclampsia and Pre-Eclampsia |
| Importance of Prenatal Care |
| Importance of Childhood Vaccines |
| Improving Maternal and Child Nutrition |
| Milestones of Infant Development |
| Understanding Autism |
| Understanding Asthma |

Developing Lifespan MCH

Programming: We were encouraged by mosque leadership to launch our programming during the Eid al-Fitr because of the large number of community members present during this celebration. Our team worked with the mosque's GMCHLs to organize and implement an Eid al-Fitr MCH Fair (Figure 1). We invited community partners to join us at the MCH Fair to provide connections between mosque members/families and important community MCH resources. At the MCH Fair, we continued to hand out surveys to learn of women's needs and priorities, and we provided numerous baby

care supplies such as cribs, infant clothing, home safety kits, and safe sleep kits. We had the Women, Infant, and Children (WIC) bus present to help sign members up for free maternal and child nutrition services. In addition, our local Fathers and Families Center staff were present to talk with fathers at the mosque about programming to support fatherhood skill development.



Figure 1: Eid al-Fitr MCH Fair Organizational Team. From left: Jack Atkins, Fathers and Families Center, Farida Issa, Mosque GMCHL, Whitley Wynns, Grassroots MCH Initiative Project Manager over Faith-Based Projects, Imam Muhammad Ndiaye, Loubna Amahdar, Fulbright Scholar from Morocco, Mariam Sylla, Mosque GMCHL, Jack Turman, Jr., Director, Grassroots MCH Initiative.

Based on survey results we continue to grow programming at the mosque to meet the members' needs. We now partner with the National Immigrant Justice Center to create a legal clinic to serve the members. This clinic will help members claim their rights and understand the services within our

communities that they are entitled to. It will help members gain more confidence and trust in accessing and utilizing public services within the community. This is relevant to improving MCH outcomes as understanding the opportunities to access health and social services can help a family receive interventions that reduce the risk of poor MCH outcomes. Our partnership with the National Immigrant Justice Center prompted them, for the first time, to create materials in French and Arabic. This will now help them reach thousands of French or Arabic speaking immigrants across America claim their rights.

Providing Connections to Local MCH Resources: As mentioned above the development of our programming to meet community needs has developed partnerships and connections for the mosque leadership and community. In addition to the connections addressed above, we provided them with curriculum materials to build programming that serves adolescents within the community. These materials address life skills development (peer relations, reducing risky behaviors, communication methods). We also provided resources to further equip the preschool programming within the mosque.

Process of Collecting and Honor MCH Stories of Members: Our relationship with the mosque is six months old. Meeting this framework element takes time because of the sensitive nature of topics associated with MCH stories. We will provide opportunities, led by the GMCHLs, for women or families to share their stories in a safe space. We learned from engagement with other FBOs that in their time, they will decide how to collect and share their stories. Some examples include the painting of murals and the production of podcast episodes.

Conclusion

The collaboration between authors (JTJr and LA) was made possible because of the support of the Moroccan-American Commission for Educational and Cultural Exchange. The ability of the two authors to participate in Fulbright experiences resulted in both possessing a greater understanding of how to promote MCH within a Muslim community. We look forward to the continued collaborations and expansion of our networks, all aimed at improving the health and social well-being of the women, children, and families.

References

- Barnes, P. A., & Curtis, A. B. (2009). A national examination of partnerships among local health departments and faith communities in the United States. *Journal of Public Health Management and Practice*, 15(3), 253-263.
- Cutts, T. F., & Gunderson, G. R. (2018). Implications for public health systems and clinical practitioners: Strengths of congregations, religious health assets and leading causes of life. In *Why Religion and Spirituality Matter for Public Health* (pp. 323-340). Springer, Cham.
- Goldmon, M. V., & Roberson, J. T. (2004). Churches, academic institutions, and public health: partnerships to eliminate health disparities. *North Carolina Medical Journal*, 65(6), 368-372.
- Marquam, N., Irby, A., Swigonski, N., Casavan, K., & Turman Jr, J. (2020). NEEDED: Grassroots leaders to lead systems change efforts that reduce infant mortality. *Humanity & Society*. <https://doi.org/10.1177/0160597620969748>.
- Skinner, L. A., Stiffler, D., Swigonski, N., Casavan, K., Irby, A., & Turman Jr, J. E. (2019). Grassroots maternal child health leadership curriculum. *ENGAGE! Co-created Knowledge Serving the City*, 1(1), 64-77.
- Turman, Jr., J.E., & Swigonski, N. (2021). Changing Systems that Influence Birth Outcomes in Marginalized Zip Codes. *Pediatrics*. DOI: <https://doi.org/10.1542/peds.2020-049651>