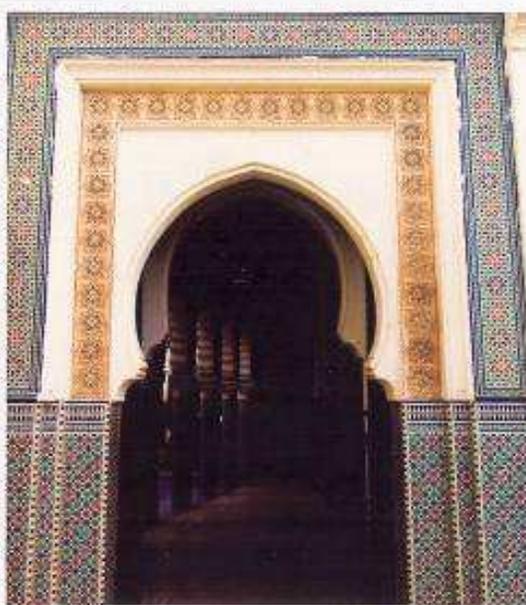
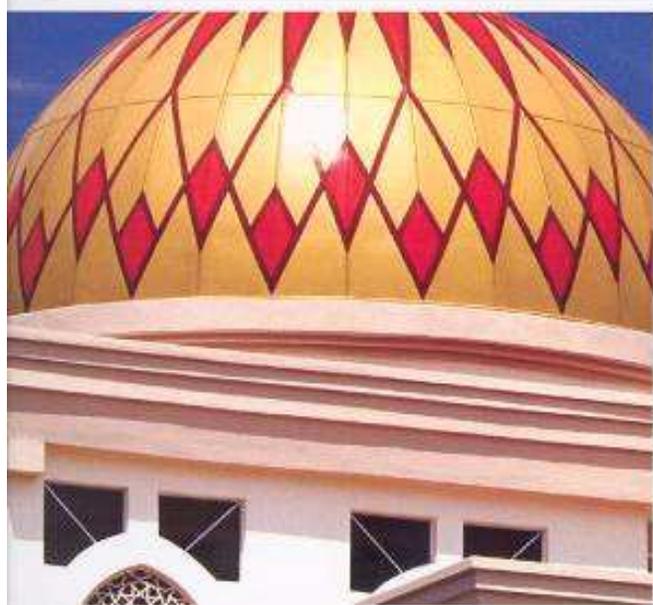


MOBILIZING MUSLIM RELIGIOUS  
LEADERS FOR REPRODUCTIVE HEALTH  
AND FAMILY PLANNING AT THE  
COMMUNITY LEVEL:



A TRAINING MANUAL



**USAID**  
FROM THE AMERICAN PEOPLE



# Mobilizing Muslim Religious Leaders for Reproductive Health and Family Planning at the Community Level:

A Training Manual



## Acknowledgements

*Mobilizing Muslim Religious Leaders for Reproductive Health and Family Planning at the Community Level: A Training Manual* is the product of several individuals at Extending Service Delivery (ESD) project. ESD would like to thank the key authors of this manual including Jennifer Mason, Leah Sawalha Freij, Pauline Muhuhu, Cate Lane, and Elsa Berhane. Jennifer Mason drafted the first version of this manual based on Pathfinder's training manual *Training Islamiyya School Teachers in Reproductive Health*. Leah Freij mainstreamed gender into the manual and synthesized the various Islamic interpretations related to reproductive health/family planning and gender relations. Cate Lane developed the youth and leadership sections. Pauline Muhuhu consolidated the final draft of this manuscript into its existing form. Elsa Berhane oversaw the entire process including the write up of the overview and introduction, updating the various versions of the manual, coordinating all contributions and responding to USAID's recommendations.

This manuscript would not have been possible without the help of Tayseer Abdel-Razig who ensured that Islamic interpretations were accurate, provide the team with most appropriate *ahadiths* (sayings of the Prophet) and Qur'anic verses. ESD also recognizes the role of Cathy Solter and Mustafa Kudrati for their reviews of the early drafts.

This manual originated from a training course developed in Arabic by Nasser Mahmoud El Kholy for religious leaders in Egypt under the CATALYST project and in Yemen under Basic Health Services Project.

ESD also recognizes the resources listed below that the authors used as references for the Islamic interpretations in this training guide, and the verses from the Qur'an and the *Hadith*.

Abdi, M. 2007. *A Religious Oriented Approach to Addressing FGM/C among the Somali Community of Wajir, Kenya*. Population Council: Washington DC.

Anwar, Z., Datin, M. and Shuib, R. 2003. *Family Planning in Islam*. Kuala Lumpur: Sisters in Islam.

Noriani, N., Baldishah, N., and Kaprawi, N. 2004. *Hadith on Women in Marriage*. Selangor, Malaysia: Sisters in Islam.

Omran, A. 1992. *Family Planning In the Legacy of Islam*. London & New York: Routledge.

Roudi-Fahimi, F. 2004. *Islam and Family Planning*. MENA Population Brief. Population Reference Bureau: Washington, DC.

Sisters in Islam (1991). *Letter to the Editor*.

*The Holy Qur'an*. 1991. Translated by Maulana Muhammad Ali.

*The Koran*. 1974. Translated by Anonymous and N. J. Dawood.

*The Meaning of the Glorious Koran*. 1997. Translated by Mohammed Marmaduke Pickthall.

Wadud, A. 1992. *Qur'an and Woman: Rereading the Sacred Text from a Woman's Perspective*. Oxford and New York: Oxford University Press.

Wadud, A. 2006. *Inside the Gender Jihad: Women's Reform in Islam*. Oxford: Oneworld.

## Table of Contents

---

<b>Abbreviations and Acronyms</b> .....	6
<b>Introduction and Overview</b> .....	7
<b>Training Preparation</b> .....	9
<b>SESSIONS:</b>	
Session 1: Welcome and Overview .....	11
Session 2: Reproductive Health/Family Planning and Islam .....	14
Session 3: Relationship between Men and Women in Islam.....	19
Session 4: Prevention of Violence against Women and Men’s Role .....	25
Session 5: Safe Motherhood—Definition .....	29
Session 6A: Safe Motherhood—Promoting Safe Pregnancy and Childbirth (in countries where FGC IS NOT practiced).....	33
Session 6B: Safe Motherhood—Promoting Safe Pregnancy and Childbirth (in countries where FGC IS practiced).....	42
Session 7: Safe Motherhood—Healthy Timing and Spacing of Pregnancy (HTSP) .....	47
Session 8: Safe Motherhood—Breast Feeding .....	51
Session 9: Islam and Child Spacing .....	55
Session 10: HTSP and Child Spacing for Maternal and Child Health and Survival .....	60
Session 11: Introduction to Youth Development .....	66
Session 12: Sexually Transmitted Infections and HIV/AIDS .....	71
Session 13: Leadership Skills .....	80
Session 14: Community Mobilization .....	82
Session 15: Development and Presentation of Action Plans .....	84
Session 16: Workshop Evaluation and Closure.....	86
<b>ANNEXES:</b>	
Annex 1: Background Readings for Selected Sessions	
Annex 2: Pre and Post – training Knowledge Test for Participants	
Annex 3: Participant Feedback Form on Individual Session	
Annex 4: Action Plan Record for RL Activities (Personal Reporting Form)	
Annex 5: End of Course Evaluation	
Annex 6: Pre and Post-test Answer Guide	
<b>PARTICIPANT HANDOUTS:</b>	
1. Violence against Women Throughout the Life Cycle	
2. Four Types of Violence against Women	
3. Islam and Safe Motherhood	
4. Case Study on Safe Motherhood	
5. Immediate and Long-term Complications of Female Genital Cutting	
6. Complications during Pregnancy and Delivery	
7. Benefits of Child Spacing	
8. Islam in Support of Family Planning and Child Spacing	
9. Child Spacing/Family Planning Methods	
10. Rumors and Misconceptions about Child Spacing/Family Planning Methods	
11. Possible Symptoms of Sexually Transmitted Infections	
12. Principles of Leadership	
13. The Process of Great Leadership	
14. How to Foster Good Human Relations	

## Abbreviations and Acronyms

---

AIDS	Acquired Immune Deficiency Syndrome
FGC/M	Female Genital Cutting/Mutilation
HIV	Human Immunodeficiency Virus
HTSP	Healthy Timing and Spacing of Pregnancy
LAM	Lactational Amenorrhea Method
MCH/RH/FP	Maternal and Child Health/Reproductive Health/Family Planning
MRLs	Muslim Religious Leaders
PBUH	Peace Be Upon Him
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
RLs	Religious Leaders
SAW	<i>Salla Allahu alaihi wa sallam</i>
STIs	Sexually Transmitted Infections
SWT	<i>Allah Subhana wa ta'aala</i>
VAW	Violence against Women
UNICEF	United National International Children Educational Fund

## **Introduction and Overview**

---

Welcome to *Mobilizing Muslim Religious Leaders for Reproductive Health and Family Planning at the Community level Training*. This 5-day training curriculum (the length of training might change based on the final schedule) is designed to equip Muslim Religious Leaders (MRLs) with the necessary information and skills to better understand, accept, and support the provision of maternal and child health, reproductive health and family planning (MCH/RH/FP) information and services at the community level.

This training manual presents concepts of MCH/RH/FP, youth, and gender as consistent with and supported by the teachings of Islam.

The Manual is designed to engage participants in the learning process by including discussion sessions, case studies, role play, and demonstration and return demonstration.

### ***Why Train Religious Leaders on RH/FP?***

In recent years, there has been a growing recognition that religious leaders (RLs) and communities of faith play an important role in shaping health-seeking behavior. Religious leaders are often arbiters of morality and ethics, defining what is prescribed or proscribed by a faith. This is particularly relevant with respect to maternal and child health, reproductive health, and family planning as they are at the juncture where science, religion, culture, and morality intersect. Consequently, maternal and child health, reproductive health, and family planning information and practices that are supported by religious leaders and religious institutions are more likely to be accepted by the community. It is therefore imperative that religious leaders have accurate and appropriate information and skills to help their followers make informed choices on matters related to their health and well-being. The RLs' activity in the Extending Service Delivery (ESD) project is based on the recognition of the critical role that religious leaders play in the community in promoting positive MCH/RH/FP behavior.

### **Training Goal**

- To build the capacity and leadership of MRLs in MCH/RH/FP and gender to support couples and community members in making informed decisions on reproductive health issues such as safe motherhood, child spacing, sexually transmitted infections including HIV/AIDS, and to discourage harmful behaviors, especially gender-based violence.

### **Training Objectives**

At the end of the training, participants will be able to:

- define RH/FP and describe its components: Safe motherhood including child survival and management of complications of unsafe abortion/miscarriage; birth or child spacing (family planning); prevention and management of reproductive tract infections, including sexually transmitted infections and HIV/AIDS; and the prevention of gender-based violence, including the discouragement of harmful traditional practices;
- dispel myths and misconceptions about RH/FP;
- identify gender constraints to RH/FP including MCH;
- describe the Islamic perspectives on RH/FP information and services;

- identify ways in which religious leaders can help mobilize the community around MCH/RH/FP; and
- develop action plans in support of MCH/RH/FP information and services in their communities.

### Training Design

This training manual is compiled from training curricula developed for MRLs and piloted in Yemen and Kenya by the ESD project and in Nigeria by Pathfinder International.

The training manual consists of 16 sessions. The facilitator is asked to refer to Session 6A if female genital cutting (FGC) is not practiced. However, if FGC is a common practice, the facilitator is requested to follow Session 6B, and is asked to adjust his/her time schedule as this session is longer in duration than Session 6A.

### Evaluation

**I. Pre- and post-test:** To measure participants' knowledge gain as a result of the training, a pre- and post-training knowledge test is administered at the beginning and at the end of the training, using the *Pre- and Post-training Knowledge Test for Participants* instrument included as annex #2.

**II. Session Evaluation:** This is a daily activity where participants provide feedback to the trainer(s) on each session. The trainer(s) use the feedback to gauge the participants' learning and need for adjustment where necessary. See annex #3: *Participant Feedback Form on Individual Session*.

**III. Final Evaluation:** This is an assessment of the overall training including the content and training environment. See annex #5: *End of Course Evaluation*.

**IV. Impact Evaluation:** This is a measurement conducted 1-2 years after the initial training to observe larger impact of the training (e.g., changes in service delivery, contraceptive prevalence rate, etc.). This is part of the larger program evaluation and is linked to baseline.

## Training Preparation

---

### How to Use the Manual

The Training Manual is designed to facilitate training for religious leaders on MCH/RH/FP. It is a reference tool for the trainer and describes basic concepts on MCH/RH/FP using participatory and interactive learning processes so that MRLs are better equipped to discuss sensitive matters with their congregation during sermons, community gatherings, and individual counseling sessions. The manual consists of 16 sessions. The teaching methods proposed in this guide are intended to be participatory. Suggested time lines, session contents, teaching and learning activities, and resources are included.

Extensive notes are provided for selected sessions for further reading and background information. Facilitator(s) should read these materials to become more knowledgeable and comfortable with the information presented. See annex #1: *Background Readings for Selected Sessions*.

All of the Qur'anic messages and Islamic information presented in this manual is referenced (citations at the end of the document) so that the trainer can research the information him/herself and share the sources with the participants. The Islamic interpretations are based on scholarly work, mainly that of Professor of Abdel Rahim Omran, which is approved by Al-Azhar University. We encourage the trainer to use all the interpretations provided; however, it is up to the trainer to use what s/he deems appropriate.

Here are important points to keep in mind as you prepare and deliver the training:

- ✓ Ensure that the size of the training group is not too large to handle.
- ✓ Make sure that the venue for the training can comfortably accommodate all trainees.
- ✓ Read training sessions before hand. Prepare necessary overheads, flip charts and handouts before next day session. Ensure markers, pens, masking tape, chalk and other needed equipment is adequate and functional.
- ✓ Plan for “guest” trainers and co-facilitators for the training, especially people who have technical expertise in the areas of Safe Motherhood, Child Spacing/Family Planning, STIs and HIV/AIDS, and Gender.
- ✓ Adapt the training as you progress based on feedback from the participants or lessons that you have learned from implementing.
- ✓ Remember that the focus of the training is to help religious leaders see their role in helping to mobilize the community around MCH/RH/FP. The trainees are NOT expected to become MCH/RH/FP experts or to become health educators from the training.
- ✓ Check the “Question Box” at the end of each day and provide a response at the next day.

## **Do's and Don'ts of Training<sup>1</sup>**

The following “do's and don'ts” should ALWAYS be kept in mind by the trainer during any learning session.

### **DO'S**

- **Do** prepare in advance
- **Do** maintain good eye contact
- **Do** involve participants
- **Do** use visual aids
- **Do** speak clearly
- **Do** speak loudly enough
- **Do** encourage questions
- **Do** recap at the end of each session
- **Do** bridge one topic to the next
- **Do** encourage participation
- **Do** write clearly and boldly
- **Do** summarize
- **Do** use logical sequencing of topics
- **Do** use good time management
- **Do** K.I.S. (Keep It Simple)
- **Do** give feedback
- **Do** position visuals so everyone can see them
- **Do** avoid distracting mannerisms and distraction in the room
- **Do** be aware of the participants' body language
- **Do** keep the group focused on the task
- **Do** provide clear instructions
- **Do** check to see if your instructions are understood
- **Do** evaluate as you go
- **Do** be patient

### **DON'TS**

- **Don't** talk to the flip chart
- **Don't** block the visual aids
- **Don't** stand in one-spot move around the room
- **Don't** ignore the participants' comments and feedback (verbal and non-verbal)
- **Don't** read from the curriculum
- **Don't** shout at the participants

---

<sup>1</sup> Adopted from Pathfinder International Training

## Session 1: Welcome and Overview

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Become familiar with the trainer (s) and other participants
- Describe the training goals
- Describe the training objectives
- Describe the training schedule
- Generate their own expectations for the training
- Comprehend the training ground rules and housekeeping information



**Time:** 1.5 hours



### Training Materials:

- Flipcharts, markers and masking tape
- Pencils/pens
- Overhead transparencies or overhead projector and PowerPoint presentations
- Copies of the pre - training knowledge test

---

### Activity 1: Introductions and Icebreaker [30 Minutes]

Welcome participants to the workshop by introducing yourself to the participants and briefly presenting the purpose of the workshop. Perform the following icebreaker or any other icebreaker you know that will quickly introduce and warm up the group.

Icebreaker: Split the group into pairs. Each pair will have 30 seconds to identify five things that they have in common. At the end of the 30 seconds, combine the pairs into groups of four and give the group a minute to find something all four participants have in common. Finally, each group will introduce each other and present the list of things they have in common.

### Activity 2: Pre-training Knowledge Test [30 Minutes]

Explain the rationale for the pre-/post-tests and the workshop evaluations. State that these tools help determine how well the training has been conducted, the learning that has taken place, and how the training can be improved.

Administer the pre-test questionnaire (Annex #2) to each participant. Explain to participants that this questionnaire will help the trainer(s) gain better understanding of participants' MCH/RH/FP knowledge, attitudes, and practices. Allow **30 minutes** to complete the questionnaires. Inform the participants that they do not need to put their names on the sheet if they do not want to.

Tell the participants that you will share with them the results of their pre-/post-tests before the workshop is over.

**Activity 3: Training Goal, Objectives and Schedule [10 minutes]**

Post the training goal, objectives and schedule on a flipchart, overhead transparency or PowerPoint slides and review them with participants.

Explain that the training utilizes the teachings of Islam and messages from the Qur'an to support MCH/RH/FP practices for the purposes of improving family health and well-being.

Emphasize that the teachings and messages are included in order to assist religious leaders in understanding an Islamic perspective of MCH/RH/FP topics and to provide them with useful information for informing and educating their communities about MCH/RH/FP.

Briefly review the training schedule and answer any questions participants may have.

**Activity 4: Participants' Training Expectations [10 minutes]**

After reviewing the training goals, objectives, and schedule, tell participants that you would like them to share their own expectations of the training. Ask questions such as:

- What would you like to get out of this training?
- Is there anything missing from the training agenda that you would like to add?
- Was there anything in the training schedule that was not clear?

Post the answers/expectations where everyone can see them. Periodically review them to ensure coverage.

Inform participants that at the end of day you will conduct a brief evaluation on the sessions being discussed (see Annex #3: *Participant Feedback Form on Individual Session*).

**Activity 5: Setting Ground Rules [5 minutes]**

Explain to participants that in order to have an enjoyable and productive training environment, certain 'ground rules' have to be observed. Solicit ideas from them, which may include:

- Participants will keep to the training schedule—coming on time to the sessions.
- Participants will respect each others' opinion and contributions.
- Participants will listen attentively to each other and to the trainer(s).
- Participants will actively participate in discussions and activities.

Post the rules on the flipchart and leave the flipchart posted for the entire training period for reference.

**Activity 6: Housekeeping [5 minutes]**

Explain to participants the policies and regulations regarding accommodations, per diem, and other relevant issues.



**Note to the Facilitator**

Acknowledge that participants may have many questions that the training may not be able to cover or address in the time available. As the facilitator, you are prepared to help people find answers to their questions, whether through directly answering them or referring them to appropriate sources of information.

Inform participants that a “**question box**” will be available to them. Participants can write down questions or issues of concern to them that they were not comfortable asking in a particular session.

If you do use a “**question box**”, be sure to check the box at the end of each day and provide a response at the next day.

## Session 2: Reproductive Health/Family Planning and Islam

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Define RH/FP
- Describe the components of RH/FP
- Discuss RH/FP from an Islamic perspective
- Provide examples on how religious leaders can promote RH/FP within their communities



**Time:** 2.00 hours



### Preparation:

Write the following on a flipchart:

- 'List of RH/FP Components'
- The objectives of the group activity "RH/FP and Our Community"
- The three points that each group should discuss during that activity

---

### Activity 1: Mini Lecture and Discussion on RH/FP Definition [20 minutes]

- Ask the participants what they have heard about RH/FP and what it means.
- List participants' responses on flip chart paper.



**This will be the start of identifying and correcting the myths and misconceptions that the participants might have about RH/FP.**

Once they have shared all of their ideas, post the Cairo Conference definition on the wall. Ask the participants to give their reactions to the Cairo Conference definition.

List the participants' reactions that differ from the definition and explain that you will discuss their differences as the training proceeds.

Explain the 1994 International Meeting held in Cairo where experts around the world wrote a definition of reproductive health. Highlight the conference agreements that:

***“Reproductive Health is a state of complete physical, mental, and social well-being—and not merely the absence of disease or infirmity—in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if and when and how often to do so”.***<sup>2</sup>

---

<sup>2</sup> ICPD, 1994.

This means that:

RH is concerned with more than family planning and child spacing. It is about maintaining optimal health in all issues related to women's and men's reproductive organs. This means ensuring that the reproductive organs are healthy throughout the individual's life cycle, i.e., making sure that they develop and function properly, and addressing medical problems in a timely manner. When examining RH issues in one's community it is important to look at local practices that promote and interfere with the optimal development and functions of RH.

RH also concerns how the function and development of reproductive organs affects the life style and daily activities of each individual. It is important to remember that many factors influence an individual's RH, e.g., their socio-economic status, level of education, family and social obligations and stresses related to that, etc.

- It is an individual's choice whether to have a relationship or not
- It is an individual's choice whether to have children or not, when to have children, and how many children they want

### **Activity 2: Discuss the Components of Comprehensive RH/FP programs [15 minutes]**

Ask the participants what they think is included in RH and list their answers. When they have finished answering, show them the prepared list of RH Components.

Discuss each component briefly comparing the components with their list for similarities

#### **The Components of RH/FP**

- Safe motherhood, including child survival and management of complications of unsafe abortion/miscarriage
- Family planning including timing, spacing and limiting of births
- Prevention and management of reproductive tract infections, including sexually transmitted infections and HIV/AIDS
- Prevention of gender-based violence, including the discouragement of harmful traditional practices

### **Activity 3: Mini-lecture–The Position of Islam on RH/FP [20 minutes]**

#### ***I. Addressing RH/FP through the teachings of Islam***

Inform participants that because Islam is a complete way of life that specifies procedures for everything a Muslim does, it is very important that we address RH/FP within the values, beliefs, and directives of Islam. Islamic communities, just like all communities in the world, are faced with many RH/FP related challenges, such as the illness and death of women during childbirth, health problems associated with pregnancies that are too early in life or too close together, violence against women, and sexually transmitted infections, including HIV/AIDS.

The Prophet, (PBUH) has said that, “*Wisdom is the lost sheep of the believer; he should grab it wherever he sees it.*” This is interpreted by all Muslim scholars to mean that as long as benefits can clearly be seen to accrue from a project and harm is non-existent, the project should be accepted. The training is designed to help religious leaders learn important information about RH/FP and understand Islam’s position on these issues, especially child spacing, and marital relations.

Remind participants that the ultimate goal of the training is to help them as religious leaders address misconceptions related to Islam’s position on RH/FP. With better understanding of RH/FP they can help to improve the lives of people in their communities.

## ***II. The Role of Religious Leaders in RH/FP***

Stress the point that *iman* (faith) should motivate all actions in a Muslim’s life, with the consciousness that Muslims live only to serve. As stated by Allah (SWT) in the Holy Qur’an, “*Say: Lord! My worship and my sacrifice and my living and my dying are all for Allah, Lord of the World*” and “*There is no deity except (God).*” This should be applied to all that Muslims do.

Remind participants that as religious leaders, they can use their God-given knowledge to help women and children in communities to the best of their abilities.

As stated by Allah (SWT) in the Holy Qur’an “*O my people! Give full measure and full weight in justice and wrong not people in respect of their goods. And do not commit evil in the earth causing corruption.*”

## **Discussion**

Invite participants to ask questions or discuss their thoughts.

Conclude this mini lecture by saying that this training will show them how they can improve the health of their communities by ensuring that community members have adequate access to information on and services for reproductive health/family planning, which will help prevent the unnecessary deaths and suffering of women, and children. As religious leaders they can make a difference in the health of the community, even through the smallest action.

## **Activity 4: Small Group Activity—RH/FP and Our Community [Total 20 minutes]**

Inform participants that the objective of this activity is to:

- Identify RH/FP problems that exist within the community
- Identify how religious leaders can be involved in solving the RH/FP problems

## **Brainstorm [20 minutes]**

Begin by referring back to the previous discussion of RH/FP and the components of RH/FP programs.

Let the participants know that they will learn more about RH/FP throughout the training and that this activity does not require that they be “experts” on RH/FP. Rather, the activity is designed to get them thinking about RH/FP issues in the community and how they can be involved in its promotion.

Using the posted definition of RH/FP from the earlier section, ask participants to brainstorm some of their experiences or observations related to the quality of RH/FP in their communities.



- ✓ List their experiences or observations on a flip chart.

Allow the group to brainstorm for 10 minutes or so, but keep the discussion moving to prevent side talk.

Suggest additional observations as needed to obtain a complete list of RH/FP issues and concerns in the community.

Next, have the group prioritize four of the problems raised during the brainstorming as major concerns for their community. This can be done by the facilitator noting which issues were brought up most frequently or by participants voting on which issues are most important.

### **Small Group Discussions [20 minutes]**

Divide the participants into four groups and assign each group one problem that they identified for discussion.

On a flip chart write down the following three points that each group should discuss:

- What are some traditional beliefs about this issue?
- What does Islam say about this issue?
- What actions can religious leaders take to address this issue in the community?

Allow 15 minutes for group discussion. Ask each group to select a spokesperson who will present their problem to the plenary while focusing on how Islam addresses the issue and actions that religious leaders can take to change the situation.

### **Plenary Report Outs [15 minutes]**

Request the smaller groups to reconvene. Ask each spokesperson to present their findings to the plenary. Once all the groups have presented ask participants if they have any comments or questions.

**Wrap-up and Summary [5 minutes]**

Wrap up the session by summarizing the major areas of similarity and agreement from each of the groups, especially with regards to Islamic interpretations of problems and solutions.

Reiterate that religious leaders are well-positioned to help promote improved RH/FP in the community through their understanding of Islam's teachings on health.



**Key Session Message(s)**

The role of religious leaders is to provide accurate knowledge and clarify misconceptions around RH/FP to enable community members to make informed decisions.

## Session 3: Relationship between Men and Women in Islam

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Outline the seven characteristics that are the bedrock of male-female relations in Islam
- Describe the difference between sex and gender and recognize gender stereotypes
- Provide examples of the gender roles and norms within their Muslim community



**Time:** 2:15 hours



### Preparation:

- Prepare a copy of the definitions “sex” and “gender” and the “Creating Gender Lifelines” chart.

---

### Mini-lecture: Introduction to Relationships between Men and Women in Islam [15 minutes]

Start the session by telling participants that in the sight of Allah, Muslim women and men are equal participants in all aspect of Islamic life. According to Islam, in the creation of human beings, the male and the female make up the pair. This means that men and women are equally necessary as an essential condition of their creation. Neither one precedes the other. Neither one has priority or superiority over the other. The Qur'an recognizes biological differences between women and men, and treats women and men as individuals in their own rights. In Islam women and men are seen as equal human beings. The Qur'an states: “*And of everything we have created pairs*” (Sura al-Dhariyat, 51:49).

Islam recognizes that men and women complement one another. They are partners, and they are made equal. According to the Prophet's *hadith*, “*Men and women are equal halves.*” (Authenticated by Ahmad and Abu Dawoud.)

The Qur'an describes Muslim women and men as each other's “*garments*” (Sura al-Baqarah, 2: 187) and each other's “*awliyya*” or protecting friends and guardians (Sura al-Taubah 9:71).<sup>3</sup>

Stress that Islam promotes the following characteristics as fundamental principles in daily practices of Muslim women and men:

- Peace – *silm* and *salam*
- Justice and equality – ‘*adalah* and *musawah*
- Freedom – *hurriyah*
- Moderation – *tawasut*
- Tolerance – *tasamuh*

---

<sup>3</sup> Sisters of Islam, (1991), “Islam and Women's Rights”, January 12, 1991.

- Balance – *tawazun*
- Consultation – *shura*

Conclude by saying that these principles guide the relations between men and women.

**Brainstorm Exercise [Total 25 minutes]**

**Difference between Gender and Sex**

Ask the participants to describe in one or two words what comes to their mind when they hear the word “male” and “female. Write down their responses on a flip chart. Allow five minutes for this activity.

Share with them the definition of sex and gender and provide them with examples to ensure that they understand the difference.

**Definition of “Sex”**

Refers to the physiological attributes that identify a person as male or female:

- Type of reproductive organs (penis, testicles, vagina, womb, breasts)
- Type of predominant hormones circulating in the body (estrogen, testosterone)
- Ability to produce sperm or ova (eggs)
- Ability to give birth and breastfeed

A person’s sex is the biological differences between males and females (reproductive organs, hormones etc); does not change, and remains the same across cultures and societies. Example: Only women can bear children. This an element of a person’s sex because bearing children is a biological function that only women possess.

**Definition of “Gender”**

Refers to widely shared ideas and expectation (norms) about how men and women should behave in society.

Gender can be understood as what it means to be a man or a woman in a particular society at a given time. It includes ideas about proper feminine and masculine behavior—how men and women should behave in various situations, including how they dress, talk, and interact with others (same and different sex) within and outside the home. The way men and women are expected to behave—their roles and responsibilities—is learned from family, friends, religious and cultural institutions, schools, the workplace, and the media.

In summary, gender is learned and changes over time. It reflects and influences the different roles, social status, economic and political power women and men have in society.

Example: In many societies, but not all, men are expected to work and earn a salary to provide food, clothing and shelter for their family, while women are expected to stay at home and raise children.

Draw two columns on the flip chart. In the first column write the heading “Sex”, and in the second column write the heading “Gender”. Go back to the list that was generated during the brainstorm and ask participants under which column they would list each word.

Remind the participants that gender is learned from childhood. Culture, society, religion, and family define men’s and women’s roles. A person’s gender influences the assets, resources and opportunities available to them. In general, men have a wider range of resources, assets and opportunities while women have less.

**Specific Learning Objective:**

The objective of this activity is to identify the different roles that the community imposes on female and male members of the community.

---

**Activity 1: Group Activity (1): [10 minutes]**

**Understanding Gender Roles and Norms within Muslim Society**

*Creating Gender Lifelines<sup>4</sup>*

Create a copy of the chart depicted below for the participants to see.

Ask the participants to identify which group is more likely to engage in each of the activities. Mark the appropriate group(s) with an X for each category.

	<i>Men</i>	<i>Boys</i>	<i>Women</i>	<i>Girls</i>
<b>Domestic Activities</b>				
<b>Work Outside of the Home</b>				
<b>Income Earning</b>				
<b>Education</b>				
<b>Marriage/Divorce Decision Making</b>				
<b>Health Care Decision Making</b>				
<b>Sexual Activity Decision Making</b>				

---

<sup>4</sup> From Raising Voices *Rethinking Domestic Violence: A Training Process for Community Activists* pp 22-25, 30-31

**Discussion [10 minutes]**

Ask the participants to explain why certain groups primarily perform the activities while other groups do not. Examine whether the roles delegated to men, women, boys and girls are gender or sex related.

Reflect upon how men and women and boys and girls are expected to behave, are treated, and the importance and value placed on the individual within their community.

Discuss whether men and women and boys and girls can exchange their roles/activities within the community. Ask the participants to explain characteristics (physical/emotional/intellectual/spiritual) of men/boys and women/girls that determine which gender should perform each role/activity. Discuss why there is a difference in the way we socialize girls and boys. Analyze this from the perspective of Islam and the local culture and traditions.

Emphasize the point that we teach girls to behave in a different way compared to boys.

Stress that how we expect women and men to behave is socially determined and that society places a higher value on the activities that men do. Explain that because of cultural expectations, girls and boys are raised to behave differently, their opportunities in life differ, and the resources and assets that they have at their disposal differ. This in turn affects their quality of life.

Conclude by saying that part of our work is to create awareness in our community that these different expectations and roles are unfair and impose unjust restrictions on women and girls. They arbitrarily assign women and girls a lower status compared to boys and men and limit their options.

**Group Activity (2): Men and Women's Contributions [Total 50 minutes]**

**Round 1:**

Tell participants that the objective of this activity is to analyze the work women and men do for the family and community and the value of their work.

Inform the participants that they will have two rounds of the game; one for women's work and one for men's work. In the first round each participant will identify at least one activity that a woman does each day. In the second round each participant will identify at least one activity that a man does each day.

Begin the game by saying the sentence, "When I get up in the morning, I begin by fetching water."

The person on your right has to repeat your sentence and then add another thing that a woman does. So, for example, the next person may say, "When I get up in the morning, I begin by fetching water and cooking breakfast for the whole family."

Continue within the group, the third person will repeat the first and second contribution and continue by adding another task. The game can include what women do outside their home as well, such as sell my goods at the market, take a bus to work, etc.

Continue until all participants have had a turn and list all chores/duties that the participants identify on the flipchart paper.

**Round 2:**

Then conduct the second round of the game, identifying and listing work that men perform each day.

Discuss how life would change if women and men stopped doing all the work they do.

On a flipchart, write what contributions women and men make to the family, the community, and the country.

Ask participants to list the physical/emotional/intellectual/spiritual characteristics that women and men possess in order to do their daily work.

Compare these characteristics to those identified for female and male roles/activities in **Creating Gender Lifelines** activity.

**Discussion**

Ask the group to discuss the difference in status and importance that the community places on the work that women and men do. Explain that the general lack of status and importance given to women's work contributes to a decreased value of women within the community. Often a person's value is equated to their importance and status, which is linked to the work that they do. One example of this may be that childcare is considered to be a woman's job. This may mean that childcare is not highly valued and that men will not engage in it. This attitude limits men's abilities to be involved in the lives of their children and also helps to limit the social importance of the work that women do.

Ask the participants to reflect on the activity in light of the Islamic perspective of men and women's roles and functions. Are there differences in how the religion and culture view these issues?

**Conclude** this activity by stressing the point that in Islam husbands and wives have responsibilities, rights and duties to one another. The three main conjugal rights include:

- Sexual rights whereby both husband and wife are satisfied and honored
- Economic rights whereby the wife is entitled to control her income and inheritance and the husband is expected to provide for the family
- Both are responsible to ensure the well-being of their family

**Group Activity (3): Discussion of the Role of Women in Early Islam [15 minutes]**

Ask the participants to give examples of prominent women in early Islam who led an active life in the Muslim community. Allow 15-20 minutes for this activity.

Examples may include:

- Khadija, the first wife of the Prophet, was a successful trader who helped the poor, freed slaves and spread the message of Islam.
- After Khadija's death, the Prophet married Aisha Siddiqa, a formidable young woman who led a Muslim army into battle and taught multitudes of Muslim men and women Islam. She mediated disputes among the Companions and acted like a mufti, issuing fatwa during the rule of the Caliphs Abu Bakr, Umar and Othman.
- Al-Shifa bint Abdullha assumed the role of the chief inspector of the Madina market. She was appointed by the Prophet.
- *Umm Waraqa bint Nauhal* was an imam appointed by the Prophet.
- At the battle of *Uhud*, women were on the battlefield not only as nurses, but also as fighters.<sup>5</sup>

### **Conclusion [5 minutes]**

Conclude this activity by saying that there is nothing in the Qur'an or in the *Hadith* that prevents women from working outside the home. In fact the Qur'an extols the leadership of *Bilqis*, the Queen of Sheba for her capacity to fulfill the requirements of the office, for her political skills, the purity of her faith and her independent judgment (*Sura an-Naml*, 27: 23-44).

There is no Qur'anic injunction that prohibits a woman from undertaking a task in the public realm, especially if she is qualified and the one best suited for the job. The *Hadith* and recorded stories on the life of the Prophet Muhammad (SWT) is replete of women leaders, jurists and scholars, and women who participated fully in public life.

The life of the Prophet shows that he himself assisted his wives in housework, although he was also the head of state as well as the Messenger of God.<sup>6</sup>

It is known that the Prophet was not a dictator within his family. There are reports in *Bukhari* about the Prophet's wives arguing with him.

### **Wrap-Up and Summary [5 minutes]**

Congratulate the participants on mastering the difference between sex and gender. Sex has to do with whether a person is born male or female, whereas gender has to do with how boys are raised to act as men and girls are raised to behave as women.

In Islam women and men have complementary roles to ensure the unity of the family, which is the bedrock of society. The fact that women can bear children is a wonderful thing, and should not be used against them to limit their involvement in other areas of life. Restricting women's role to childcare and household denies them their full role in society which is against Islam. The fact that men cannot bear children should not be used against them to limit them from being involved in childcare and domestic duties.

---

<sup>5</sup> Sisters in Islam (1991). *Letters to the Editor*.

<sup>6</sup> SIS. *Hadith on Women in Marriage*. P. 23; 18.

## Session 4: Prevention of Violence against Women and Men's Role

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Define the term Violence against Women (VAW)
- Explain the four types of Violence against Women and explore how these relate to their lives
- Clarify misconceptions on the position of Islam and domestic violence



**Time:** 2.00 hours



### Training Materials

- Flip Charts
- “Facts and Figures on VAW” chart
- “The Life Cycle of VAW” handout
- “Four Types of VAW” handout



### Preparation

- On a flipchart, prepare the following:
  - Facts and figures on VAW
  - The four types of VAW
  - Definition of VAW
- Make adequate copies of the two handouts: “The Life Cycle of VAW” and “Four Types of Violence against Women.”

---

### Activity 1: Mini-lecture—The Widespread Prevalence of Violence against Women (VAW) [15 minutes]

Tell participants that the purpose of this session is to understand what is violence against women, how it adversely affects the health and well-being of women and their families, and the role that RLs play in ending VAW.

Mention that around the world countless number of women and girls and men and boys are victims and perpetrators of violence. However, the violence that women and girls experience differs from that of men and boys. The majority of men and boys experience violence outside the home, where as the majority of women and girls are more likely to be experience violence inside the home, a space that is considered to be a safe haven. Research indicates that women tend to be abused (beaten or even killed) by someone known to them, often a family member such as their husbands.

Use the handout #1(VAW throughout the Life Cycle) and/or the flipchart charts to support your statements.

State that:

- VAW is found in every segment of society all over the world.
- Women are subjected to violence in a wide range of settings, including the family, the community, state custody, and armed conflict and its aftermath.
- The cycle of violence permeates every stage of a woman's life cycle, from before birth to old age.
- VAW is a major cause of death and disability for women 16 to 44 years of age.
- Domestic violence is the most common form of violence against women worldwide, without regional exception.

**Exercise 1: Brainstorm –The Life Cycle of VAW [15 minutes]**

Ask participants to give examples of violence that can occur at different points of the life cycle for girls and women.

On a flip chart draw a table with six columns with the title “Six Stages of Life Cycle”.

Ask participants to provide examples of violence that occur during the prenatal phase, infancy, childhood, adolescent, reproductive, and old age in their own community and globally. Write down their examples under the appropriate column.

Allow 15 minutes for this activity. The examples can include the following:

Refer to hand out on VAW and from the list generated explain that VAW can be divided into four main types.

- Physical violence
- Sexual violence
- Emotional, mental, or economic violence
- Harmful traditional practices

**Exercise 2: [15 minutes]**

Distribute handout #2: “Four types of VAW”.

Ask participants to provide at least four examples of each type of violence and write response of a flip chart. Allow 15 minutes for this portion of the activity.

Display the prepared flipchart (see four types of VAW) and explain.

Distribute table one - Four Types of VAW to participants.

**Activity 2: Small Group--VAW Problem Tree Analysis [25 Minutes]**

Tell the participants that in order for them to play an effective role in promoting peace and harmony within the family and prevent the unjust treatment of women in society, it is necessary to understand the contributing factors that lead to VAW.

Draw a simple tree on a flip chart page or chalkboard. Use the top 2/3 of the page to draw the trunk and five main branches. Show the roots of the tree reaching down in several directions.

Label the trunk of the tree as VAW and branches with the following categories of VAW listed below:

- Physical violence
- Sexual violence
- Emotional violence
- Economic violence

The bottom 1/3 of the paper is for the roots of the tree.

Divide the plenary into six small groups consisting of 5-7 members. Distribute a blank sheet of flip chart paper to each group.

Give the groups the following instructions:

- Ask participants to draw a simple tree as the one on the flip chart.
- Suggest to the group that the problem of VAW is like a tree, and that the causes of the problems are like the roots reaching deep into the ground.
- Ask them to view the problem of VAW from perspective of a young uneducated newlywed woman.
- Ask participants to think of things that may be at the cause of the problem of VAW. Ask them to note their ideas on the roots of the tree.
- Once you have completed the roots, tell them to identify the effects of the problem that are noted in the branches of the tree. Tell them to ask the question: "What consequences does this violence have on the newlywed woman and on society?"
- Let them know that a problem can have several different consequences and each direct consequence or effect may have several indirect effects.
- Choose a spokesperson for the group to present the diagram to the plenary.
- Allow 20 minutes for this activity.

### **Plenary [10 minutes]**

After the time is up, ask each group to present their diagram to the plenary. After each group has reported out facilitate a brief discussion by asking the following questions:

- Why do you think women are the main victims/survivors of violence? Make sure that the participants link the discussion to women's roles in society, their decision making power, and cultural norms regarding femininity and masculinity.
- Was this task easy or difficult? Why?
- Were there any surprises?

**Activity 3: Small Group Discussions—Role of Religious Leaders in Promoting Marital Harmony and Preventing VAW [30 Minutes]**

**Marital Harmony**

Break participants into six groups and give them the following instruction:

- In Sura an-Nisa' (4:34) the Qur'an states that men are *qawwamuna 'ala an-nisa'*.
- What does the term *qawwamuna* mean to you?
- Under what conditions is a husband justified to control his wife's behavior and to discipline her?
- Choose a recorder and have that person write the group's view
- Choose a presenter to report your group's finding
- You have 30 minutes for this activity

**Plenary [5 minutes]**

After time is up, ask the group to report-out. Facilitate a brief discussion by asking the following:

What are the various interpretations of *qawwamuna*?

**Closure [5 minutes]**

Remind the participants that the Qur'an never orders a woman to obey her husband. It never states that obedience to their husbands is a characteristic of 'better women' (66:5), nor is it a prerequisite for women to enter the community of Islam. The interpretation that a husband can discipline his wife into obedience by striking her contradicts the essence of the Qur'an and the established practices of the Prophet.

As for the term *'idribuhuna*; mention that it is usually translated as 'beat them with a single strike'. However, if one were to consult an Arabic dictionary, one would find a long list of meanings ascribed to this word.

**Wrap-Up for the Day [5 minutes]**

Highlight what has been covered and relate it to the specific learning objective. Remind participants of the 'Daily Box' for questions and that this will be opened the following day.

## Session 5: Safe Motherhood—Definition

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Describe the elements of safe motherhood;
- Identify available services in the community that facilitate safe motherhood;
- Explain how Islam supports the promotion of safe motherhood.



**Time:** 1.5 hours



### Training Materials

- Poster #1: Number of women who die each year, each day and each hour
- Poster #2: Facts about pregnancy and childbirth
- Poster #3: Factors that contribute to ill health of mothers and infants
- Handout #3: Islam and Safe Motherhood



### Preparation

- Prepare three flipcharts with the following messages:
    - Poster #1: Number of women who die each year, each day and each hour
    - Poster #2: Facts about pregnancy and Child Birth
    - Poster #3: Factors that contribute to ill health of mothers and infants
  - Make copies of handout #3: Islam and Safe Motherhood
- 

### Activity 1: Plenary--Overview of Safe Motherhood [15 minutes]

Mention that in the previous discussion on RH/FP and the community the problems of safe delivery and care for pregnant women were mentioned. Explain that the next few sessions will focus on Safe Motherhood.

Safe Motherhood is a worldwide initiative to reduce the number of deaths and illnesses among women and children associated with pregnancy and childbirth. Every woman needs good health, good food and the love and support of her family and community, especially during pregnancy. Many women feel very healthy during pregnancy and do not have difficult births and most babies are born healthy. However, in some cases pregnancy can be one of the most serious dangers that a woman can face in her life.

**Display poster #1:** Number of women who die each year, each day and each hour

- UNICEF reports that 585,000 women die each year from pregnancy-related causes—which equals 1,600 women dying every day, 66 women dying every hour or 1 death per minute.

✓ **When appropriate, provide local estimates for the data listed in posters #1.**



**Display poster #2:** Facts about pregnancy and Child Birth

We know that:

- Complications of pregnancy and childbirth are the leading causes of disability and death among women aged 15 – 49. Every woman is at risk, because during pregnancy any woman can experience life threatening and unexpected complications that require immediate medical attention.
- Good quality health services for mothers and infants that are readily available and if readily used before, during and after childbirth can reduce the amount of death and illness.
- Safe motherhood strategies must be comprehensive to ensure not only good quality health services but also must address the social, economic and cultural barriers that prevent women from using these services.

**Activity 2: Group Discussion on Safe Motherhood [10 minutes]**

Ask participants to consider some health, cultural, social and economic factors that contribute to the health problems that can result in the deaths and illness of mothers and infants. When participants have generated the list, compare it with the list on **Poster #3**.

**Display poster #3:** Factors that contribute to ill health of mothers and infants

- Mother's age less than 18
- Mother's age is over 40
- Short pregnancy intervals (less than 24 months from the last live birth to the onset of the next pregnancy )
- More than four children
- Malnutrition of mother
- Delivery without a skilled health care provider
- Delays in seeking help when there are complications
- Cultural practices that restrict women from seeking health care
- Poor community support for women's access to health care
- Inadequate services

Let participants know that pregnancy-related complications will be discussed in greater detail in a later session.

**Mini-Lecture: Components of Safe Motherhood [30 minutes]**

Safe Motherhood is made up of four major components:

- Antenatal care (care while pregnant)
- Clean and safe delivery
- Postpartum care (care after delivery)
- Postabortion care (care for women who have a miscarriage or abortion)

***Antenatal Care***

The objective of **antenatal care** is to provide check-ups to the woman and her baby in order to monitor the progress of the pregnancy and to prevent or manage complications. At least three antenatal visits are recommended, ideally with the first visit early in the pregnancy. Antenatal care includes:

- Prevention and management of STIs/HIV/AIDS
- Treatment of existing conditions (e.g., malaria, anemia, hookworm, diabetes)
- Nutrition
- Provision of nutritional supplements such as vitamins and iron tablets
- Recognition and treatment of complications of pregnancy

***Clean and Safe Delivery***

Even with the best possible antenatal screening, any delivery can become a complicated one requiring emergency intervention. Therefore the emphasis for **delivery care** must be on provision of skilled assistance. The most important aspects of delivery care are that

- The delivery be safe and clean
- The family understands that the majority of maternal deaths are due to a failure to get help in time for complicated deliveries, so it is important to deliver with a skilled assistant in a health facility
- The family has a birth plan

***Postpartum Care*** (caring for women after delivery)

- Initiate within 48 hours of birth
- Assess the health and well being of mother and child
- Support exclusive and on demand breast feeding including counseling on Lactational Amenorrhea (LAM)
- Discuss child spacing & family planning
- Encourage good nutrition and adequate rest

Explain that it is needed within the first 48 hours after birth to assess the general condition of the mother and her recovery after childbirth. This is the most critical period as women are at high risk of haemorrhaging. In addition, the health and well-being of the new-born should be assessed. Mothers need support to initiate breast feeding and encouraged to breastfeed exclusively. Many women are not aware of the value of the breast milk during the first three days after birth. This milk—called *colostrum*—is rich in nutritional value, offers the newborn immunity to illnesses, and helps the infant to have a bowel movement.

Stress the point that although early breast feeding tends to cause women to experience pain because of uterine contractions, they need to be encouraged to breast feed since the uterine contractions helps the mother's uterus to shrink back to its normal size and prevents her from haemorrhaging.

Another reason for initiating postpartum care is to explain to couples that the mother can become pregnant once she starts ovulating which will negatively impact her health and limit her supply of breast feeding.

Explain that LAM is an effective FP method given that the following three criteria are observed:

1. The woman's menstrual cycle has not resumed, **AND**
2. The baby is fully breastfed, **AND**
3. The baby is less than six months old.

Therefore, it is necessary for couples to discuss child spacing and family planning methods. In addition, couples need to understand that mothers need adequate rest and eat well balanced meals. This will ensure that mothers are able to establish and maintain an adequate supply of breast milk for their newborns. Mothers need to be encouraged to continue taking their prenatal vitamins, including their iron tablets.

Stress the point that couples need to understand that mothers should avoid exerting themselves by engaging in extensive house cleaning, especially lifting heavy as this may cause them to bleed heavily.

***Postabortion Care*** (caring for women after a miscarriage or abortion)

Finally point out those women who experience a miscarriage or an abortion need **post-abortion care** from a skilled provider in a health facility in order to avoid and treat possible complications and to help her make an informed decision about spacing the next pregnancy.

Point out that after a miscarriage or induced abortion, the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes.

### **Activity 3: Brainstorm Exercise—Religious Leaders and Safe Motherhood [5 minutes]**

**Ask participants to provide examples of:**

- Types of community level services that are available to couples promoting safe motherhood. List their responses on a flipchart or blackboard
- Missing services and actions that they can undertake to promote safe motherhood in their community, including individual activities by husbands within the home to promote the well being of both the mother and newborn

### **Mini-Lecture: Islam and Safe Motherhood [5 minutes]**

Remind participants that community ownership, male involvement and implementation of safe motherhood initiatives are in consonance with Islamic teachings, as supported by verses from the Qur'an:

Mention that even if a husband divorces his wife, he is still obliged to ensure antenatal care and skilled care during childbirth as supported by 'Aya 6-7 of *Sura at-Talaq*

Refer to Handout # 3: Islam and Safe Motherhood

**Activity 4: Group Discussion [20 Minutes]**

Share the following scenario with participants:

You live in a village where there are no nurse midwives. The nearest health clinic is about 30 kilometers away and has only one male doctor and one male nurse. A debate arises in the village between the elders whether Islam allows pregnant women, newly delivered women, or women who have had a miscarriage to seek care from a male physician.

Several influential figures in the community are of the opinion that it is not permissible for a woman to be examined by a male stranger.

Divide the participants in small groups of 5-7 and ask the groups how they would respond to this situation. [15 minutes]

Ask one group to share the group's responses while you write on a flipchart. Ask other groups to fill in if they have anything the other groups do not have. This compiles a group list. [5 Minutes]

**Wrap-up and Summary [5 minutes]**

Stress the point that Islam promotes safe motherhood.

Restate (or have participants restate) the four components of safe motherhood:

- Antenatal care (care while pregnant)
- Clean and safe delivery
- Post-partum care (care after delivery)
- Postabortion Care (care for women who have a miscarriage or abortion)

Conclude by reminding participants that as RLs they play an important in promoting safe motherhood in the community.

**Note to facilitator:**



Given the emphasis on modesty in Islam, there is reluctance on the part of pregnant women to be examined by a male doctor.

Women's husbands also prefer that their wives be examined by a female doctor. Islam does not prohibit pregnant women or women who have recently delivered to seek care from a male physician in a situation where there is a shortage of qualified female doctors or where any delay in seeking medical care would endanger the life of the mother or baby.

In the case of post abortion services, management of cases of complications resulting from abortion or miscarriage is *halal* (permissible) if it is to safeguard the life of the mother. This is supported by Qur'an 22:78

*“He (Almighty Allah) has chosen you (the Muslims) to convey this message of Islam to mankind and has not laid upon you in religion any hardship.”*

While the Qur'an does not explicitly address abortion, there is general agreement in Islam that abortion is only permitted for the most serious reasons such as saving a mother's life.



### **Key Messages**

- √ Islam promotes safe motherhood.

## **Session 6A: Safe Motherhood—Promoting Safe Pregnancy and Childbirth (in countries where Female Genital Cutting [FGC] IS NOT practiced)**

---

*Note: Some of the activities may need to be altered or deleted to reflect the prevailing cultural traditional practices within the community. If the country you are training in where FGC is practiced, please use Session 6B Guide.*

### **Specific Learning Objectives:**

By the end of this session, participants will be able to:

- List potential complications related to pregnancy and childbirth
- Explain risks related to adolescent pregnancy
- Discuss the position of Islam on harmful traditional practices such as early marriage
- Provide examples of men's positive role in promoting safe motherhood
- Identify strategies to ensure safe pregnancy and delivery



**Time:** 2.25 hour



### **Training Materials**

- The 'Safe Motherhood' case study
- List of questions for case study on flipchart: "Three delays in seeking medical care related to complications during pregnancy and delivery"



### **Preparation**

- Make copies of the 'Safe Motherhood' case study
  - List questions for case study on flipchart: list three delays in seeking medical care related to complications during pregnancy and delivery
- 

### **Activity 1: Plenary Discussion--Introduce Safe Motherhood/Safe Pregnancy and Delivery [15 minutes]**

Link this session with the previous one by explaining to participants that you will further explore how best to promote safe motherhood by considering cultural and traditional practices, common pregnancy complications, the importance of good pregnancy and childbirth care, and how men can be better involved.

Ask participants to name some of the common problems related to pregnancy and childbirth that they see in their communities. Possible answers may include:

- Anemia
- Heavy bleeding (hemorrhage)
- Persistent headaches, swelling in hands and feet that does not go away during the day

- Vision problems, such as blinking lights or blurry vision
- Early labor
- Prolonged labor
- Tears in perineal area (the area between the opening of the vagina and rectum)
- Fistula (a hole between the mother's vagina and bladder, or between the vagina and rectum or both, causing continuous and uncontrollable leakage of urine or feces or both)
- Fever – chills and shivers
- Uncontrollable convulsions (seizures)

Ask participants to identify women who are more likely to suffer from pregnancy and childbirth related complications.

Ensure that the following are mentioned:

- Adolescent mothers under the age of 18
- Mothers who are older than 40 years of age
- Women who have had more than 4 children
- Women who have had frequent pregnancies (short pregnancy intervals, less than 2 years apart)
- Women who are very short or small
- Women who are very heavy (overweight)
- Women who have health conditions such as diabetes, high blood pressure, malnutrition, or anemia
- Women who have had problems during any previous pregnancy or delivery

At the end of the activity state that it is essential that women who are at risk for any complications visit a health facility for their antenatal, delivery and postpartum care.

**Mini lecture: Adolescent Pregnancy [25 minutes]**

***Complications during Pregnancy and Childbirth***

Explain that although adolescent girls might start to menstruate when they are young and their bodies may appear mature; they are not ready to bear children. The reason has to do with the fact that a girls' pelvic area is not developed fully to allow passage of the baby. This means that the baby has difficulty coming out of the womb because the birth canal is not wide enough, and both mother and infant are at increased risk of complications.

Stress that when mothers experience prolonged labor they are more likely to tire easily and will not have the energy to deliver. The babies are also stressed. When babies get stuck in the birth canal (also known as obstructed labor), they develop problems. Some babies' heartbeats become abnormally slow and others may develop very fast heartbeats.

In either case the situation is dangerous to the baby.

To prevent these complications it is best for a girl to wait until she is over the age of 18 to get married and bear children.

Compared to pregnant women in their 20s, pregnant adolescent mothers have a higher risk of dying or having serious medical complications.

Common pregnancy related complications, include abnormally high blood pressure (known as pre-eclampsia), premature delivery and fistulas. Pre-eclampsia is a very dangerous condition where a mother's blood pressure becomes abnormally high. She develops persistent headaches; swelling in hands and feet that does not go away during the day; vision problems, such as blinking lights or blurry vision; and pain in the upper right abdomen. If left untreated she may develop seizures (uncontrollable convulsions), become unconscious, and die.

When mothers go into early labor their babies are more likely to be born prematurely. Studies indicate that babies born to teenage mothers are 2 to 6 times more likely to have low birth weight than those born to mothers age 20 or older.<sup>7</sup>

Due to prolonged and obstructed labor, many teenage and young mothers develop fistulas. Pressure from the baby produces a tear in the wall that separates the mother's bladder and vagina. This fistula results in uncontrolled leaking of urine from the vagina. The babies are born dead.



### **Notes to the Trainer**

**Fistulas** occur when labor is prolonged and obstructed. Usually, the mother's birth canal (pelvis) is not wide or developed enough for the head of the baby to pass through. The baby's head often gets stuck in the pelvis. The constant pressure of the baby's head in the birth canal causes the blood supply to get cut off, causing the cells in that area to die. As a result, a hole is formed between the bladder and the vagina or between the rectum and the vagina. The infant is often stillborn. The woman has no control in the passage of urine or feces or both.

### **Activity 2: Group Discussion--Islam, Early Marriage and Adolescent Pregnancy [15 minutes]**

Ask participants what in their opinion is the position of Islam on adolescent marriage?

Allow 15 minutes for answers.

---

<sup>7</sup> For further information refer to [www.nlm.nih.gov/medlineplus/ency/article/001500.htm](http://www.nlm.nih.gov/medlineplus/ency/article/001500.htm)



### Notes to the Trainer

In Islam there is no fixed age of marriage. However, Islam mandates that a young girl must be physically mature when she marries. Girls reach biological maturity at the age of 18, hence marrying her off prior to that is incompatible with Islam. In some texts of “*fiqh*” (e.g. *al-Ajali’s al-Sarar’ir Fil-Fiqh* and *Hilli’s Shar’i’ al-Islam*) there is mention that if marriage occurs at a young age, and “if intercourse results in tears in the vagina and urethral wall leading to permanent incontinence, the husband is held responsible (*damin*, as in malpractice). They term this condition “*ifda*”. In modern medicine, this is what is called vesico-vaginal fistula.” Fistula is common for many girls who are forced into early marriage. From this message it can be inferred that Islam does not condone early marriage.

Source: Omran (1992, 18).

### **Activity 3: Group Discussion--Safe Motherhood and Traditional Practices** **[10 minutes]**

Ask participants to explore some of the local cultural or traditional practices in the community that are related to pregnancy and delivery - particularly ones that impact the women identified as having greater risk for pregnancy and labor complications.

Some traditional practices may include, but are not limited to:

- Hiding of pregnancy (being secretive)
- Food taboos
- Use of herbal preparations during pregnancy and deliver (as ointments, herbal drinks, or suppositories)
- Not allowing women to eat or drink during labor (causing mothers to become dehydrated and depleted of energy)
- Hiding of labor pains (not informing family members that she is in labor) or laboring and delivering alone
- Delivering without a qualified birth attendant
- Forced removal of baby if difficulty arises during delivery
- Forced removal of retained placenta if it fails to expel naturally
- Not having access to health care after delivery



### Notes to the Trainer

Examples of traditional practices may be:

- Traditional birth attendants massaging the vaginal walls of women in labor with mustard oil to ease delivery.
- Family members or birth attendants preparing herbal powders or sticks for insertion into the vagina or rectum.
- Elders and traditional birth attendants treat heavy bleeding after delivery as beneficial, since they believe that menstrual blood is impure.

- Delays in seeking appropriate care since they believe that certain symptoms (such as fever) are not only normal but desirable or believing that heavy vaginal bleeding and foul-smelling vaginal discharge occur from weakness caused by the rigors of labor and delivery and should therefore be endured.

*Source: Population Briefs January 2005, Vol. 11, No. 1*

### **Group Discussion [10 Minutes]**

Ask the group to share their views as to why these traditional practices are done.

Point out that these traditional practices are often implemented with good intentions to protect the health of the mother or baby, but in many cases they may do the opposite.

Point out the ones on their list that could be harmful and give reasons.

Refer back to the list generated earlier of common complications of pregnancy and childbirth in Activity (1) and remind participants that many of these complications can be addressed BEFORE they become harmful and/or life threatening through the use of antenatal, delivery and postpartum services that are available in the community to address these problems and complications.

Refer to the list of available services in the community generated during Session 5, Activity (3), and ask participants if there are any services that should be added that will help facilitate safe pregnancy and childbirth for women.

### **Activity 4: Mini lecture--Role of Men in Promoting Safe Motherhood [10 minutes]**

Even though women are the ones who become pregnant, carry and deliver the baby, men play a very important role in ensuring safe motherhood. The effectiveness of safe motherhood programs in the health sector depend heavily on the participation and support of households and communities, which include men. Men are the fathers, partners, brothers, uncles, in-laws of the women and the children that they give birth to, and the death of a woman or a child is devastating for men, too.

It is important to involve men, because in most communities, they are usually in positions of power. They are the main decision makers concerning health issues in the family and they have control over resources. Most men care about the health and well being of their family members and strive to do what they can to ensure that their family remains healthy. Unfortunately, most men have limited knowledge regarding pregnancy and childbirth and postpartum care since these matters are perceived to belong exclusively to women's domain. Consequently, they are hindered in making appropriate and timely decisions with their partners and taking action when the health or life of a mother or baby may be at risk. For this reason, it is important to educate men on RH/FP so that they can promote practices of safe motherhood.

**Group Exercise—Constructive Engagement of Men in Safe Motherhood  
[20 Minutes]**

Divide participants into 6 small groups. Ask them to answer the following questions:

- What kind of household activities do men in your community typically engage in when their wives are pregnant?
- What kind of household activities do men in your community typically engage in when their wives give birth and there are other young children to care for?
- As religious leaders in your community what can you say or do to encourage fathers to take an active role in parenting?

Inform them that they have 20 minutes for this activity; they will need to choose a recorder and have that person write the group's view, and choose a presenter to report their group's finding.

**Plenary Report Out [5 minutes]**

After time is up, ask the group to report-out. Congratulate the groups for coming up with innovative ideas in item C.

**Activity 6: Case Study on Safe Motherhood [20 minutes]**

Divide participants into small groups. Provide copies of the case study (handout #4) to each group and ask them to answer the following questions listed on the flipchart:

- Has something like this happened in your community?
- What factors do you think contributed to her problems?
- What could have been done better to protect Rahma's health?
- How could Rahma's husband have been more involved?
- As religious leaders, how can you prevent a situation like Rahma from taking place?

Inform them that they have 20 minutes for this activity; they will need to choose a recorder and have that person write the group's view, and choose a presenter to report their group's finding.

While the groups are discussing the case study draw four columns on a flipchart. Write "contributing factors" as the heading for column one; "protecting measures" as the heading for column two; "husband's involvement" for column three; and "role of religious leaders" for column four.

**Plenary Report Out [5 minutes]**

After the time is up, record the responses of the first group in the appropriate columns. To avoid repetition, ask subsequent groups should include additional information to what has already been reported.

### Conclusion [5 minutes]

Conclude this activity by telling the participants that the majority of preventable maternal deaths and injuries are attributed to delays in getting medical care during pregnancy and delivery. Refer to the prepared flipchart on “three delays in seeking medical care related to complications during pregnancy and delivery.”



### Prepared Flipchart

**First delay** is partly due to household constraints, i.e., mainly ignorance on the part of women's families and birth attendants (usually traditional midwives) that delays the decision to seek medical care.

**Second delay** occurs once the decision to seek medical care has been made, when precious time is lost in transporting women to hospitals due to the absence of telephones and regular ambulance services.

**Third delay** occurs at the hospital and is largely due to non availability of trained staff, lack of supplies and equipment, and poorly organized emergency services.

### Wrap-up and Summary [5 minutes]

Stress the importance of obtaining good antenatal and post-natal care as well as safe delivery services for all mothers, especially for higher risk mothers such as first time mothers who are younger than 18, mothers who have had more than 4 children in a close period of time, mothers who are over 40 years of age, women who are circumcised or who have had previously complications during labor and delivery.

Explain that ensuring girls' education is a means to delay adolescent marriage and prevent complications during pregnancy and delivery.

Reinforce the message that in Islam all harmful practices are forbidden. State that Allah (SWT) says he wants ease for us, not hardship.

Remind them of the three delays that contribute to maternal complications and death:

- Delay in recognizing symptoms
- Delay in seeking medical care
- Delay in receiving care by health care providers



### Key Messages

- ✓ Use of available health services, such as antenatal care, immunizations, attended deliveries, etc. will help reduce unwanted outcomes and problems and achieve safe pregnancy and childbirth.
- ✓ Ensuring education of girls is a way to delay early, risky childbearing.

## Session 6B: Safe Motherhood—Promoting Safe Pregnancy and Childbirth (in countries where Female Genital Cutting [FGC] IS practiced)

---

In countries where FGC is practiced, use this session instead of 6A.

### Specific Learning Objectives

By the end of this session, participants will be able to:

- List potential complications related to pregnancy and childbirth
- Explain risks related to adolescent pregnancy
- Discuss the position of Islam on harmful traditional practices: early marriage and female genital cutting
- Provide examples of men's positive role in promoting safe motherhood
- Identify strategies to ensure safe pregnancy and delivery



**Time:** 1.45 hours



### Training Materials

- A flipchart
- 'Safe Motherhood' case study
- List of questions for case study on flipchart
- List "Three delays in seeking medical care related to complications during pregnancy and delivery" on flipchart:
  - Delay in recognizing symptoms
  - Delay in seeking medical care
  - Delay in receiving care by health care providers



### Preparation

- On a flipchart write: "Immediate and long-term complications of FGC"
  - Make copies of the 'Safe Motherhood' case study; list questions for case study on flipchart;
  - Make a flipchart with "three delays in seeking medical care related to complications during pregnancy and delivery."
- 

### Activity 1: Introduce Safe Motherhood/Safe Pregnancy and Delivery [5 minutes]

Explain to participants that you will further explore how best to promote safe motherhood by considering cultural and traditional practices, common pregnancy complications, the importance of good pregnancy and childbirth care, and how men can be better involved.

**Group Discussion: Complications during Pregnancy and Childbirth [15 minutes]**

Ask participants to name some of the common problems related to pregnancy and childbirth that they see in their communities. Possible answers may include:

- Anemia
- Bleeding/Hemorrhage
- Persistent headaches, swelling in hands and feet that does not go away during the day
- Vision problems, such as blinking lights or blurry vision
- Early labor
- Prolonged labor
- Tears in perineal area (especially the area between the opening of the vagina and rectum)
- Fistula (a hole between the mother's vagina and bladder, or between the vagina and rectum or both, causing continuous and uncontrollable leakage of urine or feces or both)
- Fever – chills and shivers
- Uncontrollable convulsions (seizures)

Ask participants to identify women who are more likely to suffer from pregnancy and childbirth related complications.

Ensure that the following are mentioned:

- Adolescent mothers under the age of 18
- Mothers who are older than 40 years of age
- Women who have undergone female genital cutting (FGC)
- Women who have had more than 4 children
- Women who have had frequent pregnancies (short birth to pregnancy intervals with less than 2 years apart)
- Women who are very short or small
- Women who are very heavy (overweight)
- Women who have health conditions such as diabetes, high blood pressure, malnutrition, or anemia
- Women who have had problems during any previous pregnancy or delivery

At the end of the activity state that it is essential that women who are at risk for any complications be seen in a health facility for their antenatal, delivery and postpartum care.

**Activity 2: Mini lecture—Adolescent Pregnancy [5 minutes]**

Explain that although adolescent girls might start to menstruate when they are young and their bodies may appear mature; they are not ready to bear children. The reason has to do with the fact that a girl's pelvic area is not developed fully to allow passage of the baby.

This means that the baby has difficulty coming out of the womb because the birth canal is not wide enough, and both mother and infant are at increased risk of complications.

Stress that when mothers experience prolonged labor they are more likely to tire easily and will not have the energy to deliver. The babies are also stressed. When babies get stuck in the birth canal (also known as obstructed labor), they develop problems. Some babies' heartbeats become abnormally slow and others may develop very fast heartbeats. In either case the situation is dangerous to the baby.

To prevent these complications it is best for a girl to wait until she is over the age of 18 to get married and bear children.

**Activity 3: Plenary—Safe Motherhood and Traditional Practice of (FGC)<sup>8</sup>  
[5 minutes]**

*Describe FGC*

Inform participants that FGC constitutes all procedures, which involve partial or total removal of the external female genitalia, or any other injury to the female genital organs for non-medical reasons. All procedures are irreversible, with effects lasting a lifetime. Ask participants to list reasons FGC is practiced within their community. List their responses on a flipchart.

**Activity 4: Brainstorming [5 minutes]**

*Adverse Effects of FGC*

Ask participants to generate a list of immediate and long term complications. List responses on flipchart and compare with prepared flipchart: Immediate and long term complications. Refer participants to handout # 5: Immediate and long-term complication of FGC.

**Activity 5: Discussion [20 Minutes]**

*Islam's position on FGC*

Ask participants to share with you their thoughts on Islam's position on FGC. Allow 20 minutes for this activity.

List the responses on the flipchart.

Once this activity is completed, state that there is no single clear Islamic statement that permits such a practice. Remind them that many Islamic countries do not practice FGC, including Saudi Arabia.

---

<sup>8</sup> Refer to the notes at the end of this session for further information on an additional activity that sheds light on other traditional practices that adversely impact a mother's health.

**Activity 6: Small Group Exercise—Constructive Engagement of Men in Safe Motherhood [20 Minutes]**

Divide participants into 6 small groups. Ask them to answer the following questions:

- What kind of household activities do men in your community typically engage in when their wives are pregnant?
- What kind of household activities do men in your community typically engage in when their wives give birth and there are other young children to care for?
- As religious leaders in your community what can you say or do to encourage fathers to take an active role in parenting?

Inform them that they have 20 minutes for this activity; they will need to choose a recorder and have that person write the group's view, and choose a presenter to report their group's finding.

After time is up, ask the group to report-out. Congratulate the groups for coming up with innovative ideas.

**Activity 7: Case Study—Safe Motherhood<sup>9</sup> [20 Minutes]**

Inform them that they have 20 minutes for this activity

Divide participants into small groups. Distribute the Case Study (handout #4). Tell participants to choose a group leader, a recorder to write the group's view, and a presenter to report their group's finding.

After 20 minutes, ask participants to post their lists.

**Wrap-up and Summary [10 minutes]**

Tell participants that the majority of preventable maternal deaths and injuries are attributed to delays in getting medical care during obstetric complications. Refer to the prepared flipchart on “three delays in seeking medical care related to complications during pregnancy and delivery.”

Refer participants to handout #6: Complications during pregnancy and delivery.

Stress the importance of obtaining good antenatal and postpartum care as well as safe delivery services, especially for higher-risk mothers such as first-time mothers who are younger than 18, mothers who have had more than 4 children in a close period of time, mothers who are over 40 years of age, women who are circumcised or who have had previously complications during labor and delivery.

---

<sup>9</sup> Change the name of Abu to one that is culturally appropriate

Explain that ensuring girls' education is a means to delay adolescent marriage and prevent complications during pregnancy and delivery.

Reinforce the message that in Islam all harmful practices are forbidden. State that Allah (SWT) says he wants ease for us, not hardship.

Reiterate the three delays that contribute to maternal complications and death:

- Delay in recognizing symptoms
- Delay in seeking medical care
- Delay in receiving care by health care providers



### **Key Messages**

- ✓ Use of available health services, such as antenatal care, immunizations, attended deliveries, etc will help reduce unwanted outcomes and problems and achieve safe pregnancy and childbirth.
- ✓ FGC is not condoned by Islam.
- ✓ Ensuring education of girls is a way to delay early, risky childbearing.

## Session 7: Safe Motherhood—Healthy Timing and Spacing of Pregnancy (HTSP)

---

### Specific Learning Objectives:

By the end of this session, participants will be able to

- Describe how practicing healthy timing and spacing of pregnancy contributes to achieving the goals of safe motherhood



**Time:** 1.00 hour



### Training Materials

- A flipchart on Child Mortality and Stillbirth
- A flipchart with “Problems Related to Closely Spaced Pregnancies”
- A flipchart with “3 HTSP Messages”
- Handout # 7: Benefits of Child Spacing



### Preparation

- Prepare three flipcharts: “Child Mortality and Stillbirth, Problems Related to Closely Spaced Pregnancies and 3 Pregnancy Spacing Message”
  - Make copies of Handout # 7: Benefits of Child Spacing
- 

### Activity 1: Introduce Safe Motherhood and Healthy Timing and Spacing of Pregnancy

#### Plenary Discussion [15 Minutes]

Explain to participants that you will continue the discussion of Safe Motherhood by helping participants to understand how healthy timing and spacing of pregnancy (HTSP) can significantly help achieve the goals of safe motherhood.

#### *Safe Motherhood and Pregnancy Spacing*

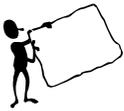
Refer back to the previous session where the health issues of early pregnancy were discussed in the case study of Abu, as well as Islam’s perspective on when it is safe to become pregnant.

Ask the participants to mention some of their observations on the life experiences of young women who become pregnant and deliver early. Since the health concerns will likely have been discussed in the previous session, encourage participants to also think about some of the social and economic results and consequences of early pregnancy.

Once participants have exhausted this topic, ask them to consider what happens to women who have closely spaced pregnancies and births (e.g., less than two years) from a health, social and economic perspective.

**Mini lecture: HTSP [20 minutes]**

Inform participants that there is very clear evidence from around the world that major health, social and economic problems result from women bearing children at too early an age and from pregnancies too closely spaced. Some of the problems include: **(Refer to prepared flipchart):**



**Flipchart “Problems Related to Closely Spaced Pregnancies”**

When pregnancy occurs less than 24 months from the last live birth:

- Newborns can be born too soon, too small, or with a low birth weight
- Infants and children may not grow well are more likely to die before the age of five

When pregnancy occurs less than six months from the last live birth

- Mothers may die in childbirth
- Newborns can be born too soon, too small, or with a low birth weight
- Infants and children may not grow well are more likely to die before the age of five

Stress that these problems are made even worse if the mother has an existing health problem, such as anemia, HIV, malnutrition, malaria, tuberculosis, diabetes or heart disease. To minimize these risks and problems and to achieve the healthiest possible pregnancy outcomes, women and men should practice healthy timing and spacing of pregnancies.



**Post Flipchart/Handout “3 HTSP Messages”**

<p><b>For couples who decide to space their next pregnancy after a live birth, the messages are:</b></p> <p>For the health of the mother and the baby, wait a minimum of 2 years, but not more than 5 years, before trying to become pregnant again.</p> <p>Use a family planning method of your choice during that time.</p>	<p><b>For couples who decide to have a child after a miscarriage or abortion, the messages are:</b></p> <p>For the health of the mother and the newborn, wait a minimum of six months before trying to become pregnant again.</p> <p>Use a family planning method of your choice for six months before trying to become pregnant again.</p>	<p><b>To protect the health of both the mother and the baby, the messages for adolescents are:</b></p> <p>For your health and your baby's, wait until you reach 18 years of age, before trying to become pregnant.</p> <p>Use a family planning method of your choice until you reach 18 years of age.</p>
---	---	--

**Activity 2: Group Activity—Benefits of Child Spacing [20 Minutes]**

To achieve this healthy timing and spacing of pregnancy, men and women should discuss the issue of child spacing and use an effective method. This will be discussed in more detail in a later session.

Invite the group to suggest some benefits. Ensure that the following are mentioned (see handout #7: Benefits of Child Spacing).

**HTSP Messages**

- Ask group to discuss what is traditionally done to help women delay and/or space pregnancies and record their responses. Point out again that one way to help girls delay the first pregnancy till the age of 18 is to ensure that girls stay in school.

Now break the large group into three smaller groups.

- Each group will develop an idea for sharing their HTSP message with the community
- After 20 minutes, each small group will present their ideas to the larger group for feedback and discussion.

In the large group, ask the group to identify the challenges to and opportunities for promoting healthy timing and spacing of pregnancy in their communities. Record their responses on flipchart paper or chalkboard. For every challenge or problem presented, ask group to suggest a solution.

**Wrap-Up and Summary [5 minutes]**

Point out that in Islam scholars have concluded that the consummation of marriage should be postponed until a wife is physiologically and psychologically mature, i.e., over the age of 18. This is noted in *Nailul Awtaar (Kitab An-nikah)* and *Fathul Bari*.

Islam stresses that decisions around child spacing must be made by both parents. This will be discussed at length in Session 9.



**Key Messages**

- √ Islam does not support premature consummation of marriage.
- √ Keeping girls in school is an effective way to delay the first pregnancy to age 18.

## Session 8: Safe Motherhood—Breast Feeding

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- State the requirements for exclusive breast feeding
- List the criteria of Lactational Amenorrhea Method (LAM)
- Correct misconceptions about breastfeeding



**Time:** 1:00hour



### Training Materials

- Flipcharts



### Preparation

- Prepare flipchart on requirements for exclusive breast feeding and criteria for LAM (when it is effective and when it is not effective).
- 

### Activity 1: Introduce Safe Motherhood and Breastfeeding [Total 20 Minutes]

#### Mini Lecture [10 minutes]

Explain to participants that you will continue the discussion of Safe Motherhood by helping participants to understand how exclusive breastfeeding can significantly help achieve the goals of safe motherhood.

#### *Exclusive Breastfeeding*

Start by saying that before the days of formulas mothers only breastfed their babies. Researchers have now come to realize the health benefits and the importance of only breastfeeding babies. That is not supplementing newborns with formulas, sugar water and herbal drinks. They are advocating that we go back to the old ways of feeding babies - exclusive breastfeeding.

#### Group Activity [10 minutes]

#### *Health Benefits of Breastfeeding*

Ask participants to give examples of health benefits of breast feeding to both mother and infant. Allow 10 minutes for this activity. Main benefits include:

- Is natural (ideal food for the healthy growth and development of infants)
- Is readily available (does not need any preparation such as sterilizing bottles and preparing formula)
- Is free
- Makes babies grow strong and healthy
- Provides protection against diseases

- Promotes relationship between mother and baby
- Improves maternal health
  - Helps uterus return to normal size (protects newly delivered mothers from bleeding heavily)
  - Helps mother to lose weight after pregnancy
  - Reduces risk for breast, uterine and ovarian cancers



### **Note to the trainer**

- Breast milk is the natural first food for babies, it provides all the energy and nutrients that the infant needs for the first 6 months of baby's life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one-third during the second year of life. Breast milk helps with the development of a newborn's brain, and protects the infant against different types of diseases.
- Breast feeding is encouraged in Islam.

### **Mini Lecture--continued [15 minutes]**

#### ***Distinction between how breastfeeding is currently practiced and exclusive breastfeeding***

State that exclusive breastfeeding is different than the way many women traditionally breastfeed their babies. **(Refer to prepared flipchart).**

Mention that Islam also promotes breastfeeding as a means of spacing pregnancies and births. This is sometimes called the Lactational Amenorrhea Method (LAM).

#### ***Lactational Amenorrhea Method (LAM)***

Lactation means "breastfeeding" and amenorrhea means "not menstruating." Women who exclusively breastfeed in the first six months after a birth and whose menstrual periods have not yet returned are usually protected from pregnancy during that six month period.

Refer to the flipchart on the criteria on LAM and state that to prevent pregnancy through breastfeeding a mother must:

1. Initiate breast feeding immediately after delivery
2. Breastfeed on demand (day & night) and without providing any supplements
3. Be less than six months postpartum
4. Did not start menstruating since delivery

Inform participants that the advantages to *LAM* include:

- No side effects
- No cost

- Does not affect the amount of breast milk produced
- Easy to use

Disadvantages include:

- Is not as effective as a modern method of spacing
- Requires commitment and cooperation from both mother and father and other family members
- Does not protect against sexually transmitted infections or HIV
- Does not provide protection against another pregnancy beyond six months

Point to the prepared flipchart and stress that:

**After six months of delivery LAM is no longer an effective method for preventing pregnancy.**

Stress that health clinics, well-baby clinics and postpartum health services are available to provide support and advice to mothers and their spouse on breastfeeding.

### **Small Group Activity 1: Promoting Exclusive Breastfeeding [20 minutes]**

Break the participants into four groups. Give them the following instructions:

- Create a skit where your only sister, the youngest of six, has just delivered her baby in the hospital. You are waiting in the hallway of the hospital with your father and sister's husband to find out if mother and baby are well, since your sister had a long and difficult labor. When you walk into your sister's room you hear the nurse telling your sister that she should give the baby some sugar water. Your sister is exhausted and seems willing to give her baby a bottle. Your brother in-law does not know much about breastfeeding and your mother does not object to the nurse's instructions. The nurse hands your sister the bottle. How would you handle the situation? What would you say and do?
- Choose from among you 4 volunteers. One of you will play the role of the brother – a RL who is taking this training course, the mother, the sister, and the brother-in-law.
- You have 20 minutes to prepare this skit.

### **Plenary Report Out**

When the time is up ask each group to present their skit to the entire group.

After the presentations, the participants will provide feedback to each other and comment on their approaches to supporting exclusive breastfeeding.

On a flipchart list all of the strategies and activities (positive behaviors) that the participants have identified as ways to support exclusive breastfeeding. Discuss those strategies and discuss how they may incorporate the experience they learned into the sermon the following Friday.

**Wrap-Up and Summary [5 minutes]**

Facilitator summarizes the main points about breastfeeding including its importance for the baby's nutrition as well as a way to help space births that is acceptable to Islam.

Remind participants that many resources exist in the community to help women breastfeed, including the local health clinics.

## Session 9: Islam and Child Spacing

---

### Specific Learning Objectives:

By the end of this session, participants will be able to

- Discuss Islamic perspectives on child spacing and use of child spacing/family planning methods.



**Time:** 1.15 hours



### Training Materials

- 3 Flipcharts: 1) *hadith* on *al-'azl*, 2) 10 Reasons Muslims Jurists Justify Contraception and 3) Situations for Child Spacing.
- Handout #8: Islam in support of family planning/child spacing



### Preparations

- Prepare 3 flip charts on 1) *hadith* on *al-'azl*; 2) 10 Reasons Muslims Jurists Justify Contraception, and 3) Situations for Child Spacing.
  - Make copies of handout #8: Islam in support of family planning/child spacing
- 

### Group Activity 1: Introduce Islam and Child Spacing [25 minutes]

Explain to participants that there is often a difference of opinion as to whether or not Islam supports child spacing and the use of family planning methods for child spacing.

#### *Does Islam Support Child Spacing/Family Planning?*

Ask participants whether Islam does or does not support child spacing and family planning? Encourage each participant to explain their understanding of Islam's position on this matter.

On a flip chart create two column "support" and "does not support". List their responses under the respective columns on the flip chart. Allow 20 minutes to exhaust possible responses.

Respond to participants by acknowledging what participants mentioned under the "support" column and state:

- There are no verses in the Qur'an that forbid family planning. "The silence of the Qur'an on the issue of family planning has been interpreted by many *ulama* to mean that the Qur'an does not prohibit it practice."
- There are 32 authenticated *Hadiths* concerning the practice of *al-'azl*. (withdrawal of penis before ejaculation) as a contraceptive measure used by Muslims at the time of the Prophet (SAW) and some of the Companions. This method was mentioned to the Prophet (SAW) at many occasions and he did not prohibit its practice.

Refer to the prepared flip chart with the *ahadith* on *al-'azl*.

One *hadith* states:

“We [the Companions of the Prophet] used to practice *al-'azl* during the time of the Prophet while the Qur'an was being revealed. This information reached the holy Prophet (PBUH), but eventually he indicated it to be lawful.”

Authenticated by *al-Bukhari, Muslim, Trimidhi, Ibn Maja* and *Ibn Hanbal*

Second *hadith* narrated by Imam *Ibn Maja*:

“Holy prophet has prohibited conducting *al-'azl* without the consent of wife.”

State that from this *hadith* it is clear that Prophet (PBUH) gave his consent to this practice and issued the verdict that it was lawful, provided that the wife permitted this. This *Hadith* is treated as the deciding evidence in this respect. It is clear that *al-'azl* was permitted by the holy prophet (PBUH) himself.

**(Refer to the prepared flip chart)** According to the former Mufti of Egypt and Grand Imam of *al-Azhar* University, *Sheikh Jadel Haq Ali Jadeh Haq*, issued a fatwa in 1979 and in 1980 in which he stated:

“A thorough review of the Qur'an reveals no text (*nuss*) prohibiting the prevention of pregnancy or diminution of the number of children, but there are several traditions of the Prophet that indicate its permissibility.”

*Sheikh Abdul Majid Salem*, the Grand Mufti of Egypt, concluded:

“According to Hanafi School of thought it has been proved through authentic evidence from the Holy Qur'an and Sunnah that use of birth control materials or practice of methods to withdraw spermatozoa or to create barriers for semen to prevent its mixing with ovum of woman, is legal and lawful.”

*Sheikh Mahmud Shaltut*, former rector of the *Al-'Azhar* University of Egypt, states in his famous book “*Al-Fatawa*”:

A woman, who is suffering from infectious diseases, has many children, is very poor, or has to work so hard that she is not healthy and receives no assistance from the society or the government, may pursue any method of birth control. Our sacred Islamic laws do not prohibit it.

In any situation where a woman's life is put at unusual risk by pregnancy, scholars have given their **fatwa** that a birth can be stopped or controlled.

**Group Activity 2: Justifications for Contraception in Islamic Jurisprudence [15 Minutes]**

- Ask participants to provide justifications for contraception according to leading Muslim
- List reasons on a flip chart
- Allow 15 minutes for this activity
- Compare list with prepared flipchart based on Dr. Omran's research<sup>10</sup>



**Flipchart: 10 Reasons Muslims Jurists Justify Contraception**

1. Avoid health risks to a suckling child from the “changed milk of a pregnant woman
2. To avoid health risks, mental and physical, to the mother from repeated pregnancies and pregnancies at short intervals or young age
3. To avoid pregnancy in an already sick wife
4. To avoid transmission of disease to the offspring from affected parents
5. To preserve a wife's beauty and physical fitness, for continued enjoyment of her husband and a happier marital life, and to keep the husband faithful
6. To avoid the economic hardships of caring for a large family which might compel parents to resort to illegal means to take care of many children; or exhaust themselves in earning a living
7. To allow for the education, proper upbringing and religious training of children which is more feasible with a small rather than a large family size
8. To avoid the danger of their children being converted from Islam in enemy territory
9. To avoid having children in times of religious decline
10. To provide separate sleeping arrangements for children, a practice that is more feasible with fewer children.

**Small Group Activity 3: Debate on Islam and Child Spacing [25 minutes]**

Divide the participants into three groups. Have the participants of Group 3 form a circle around Group 1 and 2. Present the following question to the Groups:

*Does Islam support the use of child spacing and the use of family planning methods for child spacing?*

- Group 1 will argue in favor of this question
- Group 2 will argue against this question
- Group 3 will judge the outcome

<sup>10</sup> Omran, A. 1992. *Family Planning In The Legacy of Islam*. London & New York: Routledge.; Omran; Roudi-Fahimi 2004. *Islam and Family Planning*. Population Reference Bureau; Anwar, Z., Datin, M., Shuib, R. 2003. *Islam and Family Planning*. Kuala Lumpur: Sisters in Islam

**Debate Instructions**

- Group 1 and 2 will have 10 minutes to discuss and plan their arguments, while Group Three will determine how they will judge the debate.
- Group 1 will have 5 minutes to present its argument in favor of Islam's support of child spacing and the use of family planning methods for child spacing.
- Group 2 will have 3 minutes to pose questions to Group 1 about its argument.
- Group 2 will have 5 minutes to present its argument that Islam does not support use of modern family planning methods for child spacing.
- Group 1 will have 3 minutes to pose questions to Group 2 about its argument.
- Group 1 will have 3 minutes to respond to Group 2 arguments.
- Group 2 will have 3 minutes to respond to Group 1 arguments.
- Group 3 will take 3 minutes to judge the outcome and declare the winner of the debate. The facilitator will assist Group 3 as needed.
- Once the winner of the debate has been declared, the facilitator should ask Group 3 for specific reasons why they chose the winner. If the participants chose Group 1 (in favor of modern family planning for child spacing) reinforce this positive perspective. If Group 2 is selected, remind them of the information presented and discussed during the previous activities.

The facilitator will act as moderator and timekeeper.

**Wrap-up and Summary [10 minutes]**

- There are no verses in the Qur'an that forbid family planning.
- Using child spacing/family planning methods is acceptable to most Islamic scholars, who suggest that it is a personal decision that should be made within individual families for the wellbeing of the family.
- Islam promotes two years of breastfeeding, which is a way of ensuring the health and wellbeing of infants and children and is also a means of child spacing.
- It is against Islam to make a general rule for all people or to promote a policy that everyone should have a certain number of children, so it should be up to the couple to decide the number of children they want for their family.
- Effective child spacing is advised anytime that a woman and her husband are **not** ready for a child.

Distribute handout #8: Islam in support of family planning/child spacing.

Building on all the previous sessions, some situations that may call for child spacing are: **(Refer the flipchart.)**



**Flipchart: Some Situations That May Call For Child Spacing**

- Young women under the age of 18
- Women who are breastfeeding
- Women who have recently delivered a child (less than 2 years from the last delivery)
- Women who have recently had a miscarriage (less than 6 months after a miscarriage)
- Women who have health problems
- Families that are not financially ready to care for a child
- Families that already have children to care for and must focus on their needs
- Families that are in a time of conflict or political/social instability



**Key Message:**

- ✓ Islam supports efforts to space children including the use of Family Planning/Child Spacing methods.

## Session 10: HTSP and Child Spacing for Maternal and Child Health and Survival

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Give examples of how to practice child spacing and **H**ealthy **T**iming and **S**pacings of **P**regnancy (HTSP)
- Cite Islam's position on the importance of couples communication on child spacing and HTSP
- List the types of temporary methods of family planning
- Distinguish between myths and facts on child spacing



**Time:** 2:00 hours



### Training Materials

- Flipcharts
- Handouts



### Preparation

- Prepare a flipchart on the “Ten Cardinal Rights of Children in Islam
  - Make copies of handout #9: Child Spacing/Family Planning Methods and handout #10: Rumors and Misconceptions about Child Spacing/Family Planning Methods
- 

### Activity 1: Introduce HTSP and Child Spacing [5 minutes]

Explain to participants that (as was discussed in previous sessions) one way to promote the health and survival of babies and children is through healthy timing and spacing of pregnancy (HTSP).

Family planning is a means to help women and men make joint decisions on how and when they want to have children, the kind of family life they want to have, and the type of birth spacing method they choose to use.

The term family planning only refers to the idea of taking action to plan a family—to consider all of the available information, health status, economic situation, social situation as well as individual and partner preferences—so that couples can make INFORMED decisions.

Present the following benefits of FP:

- Helps save women's and children's lives and preserves their health by preventing untimely and unwanted pregnancies

- Reduces women's exposure to the health risks of childbirth and abortion
- Gives women, who are usually the primary caregivers, more time to care for their children and themselves
- Allows couple to have more time to nurture their relationship and devote time to their children
- Assists parents to have the means to raise their children

## **Activity 2: Islam's Position on Child Spacing and Family Life**

### **Mini Lecture: [5 Minutes]**

Before talking about family planning, we will examine parent's responsibilities towards their children in accordance to Islam.

According to the teachings of Prophet Muhammad (PBUH) marriage in Islam is a grave responsibility and not something to be entered into lightly. Marriage must be carefully planned since couples are expected to raise their children as pious Muslims, who are healthy, educated, useful and well-behaved citizens.

If a couple is unable to meet these expectations because of inadequate resources they should postpone their marriage until they are able to fulfill them. This is addressed in *Sura al-Nour* (24:33):

*“Let those who find not the wherewithal for marriage, keep themselves chaste, until Allah gives them means out of His grace.”*

In Islam, parents are responsible for the social, cultural and moral training of their children, as well as for the physical and health care. Muslim children have rights and parents have obligations to their children. This means that parents need to adjust their procreation patterns to meet their religious obligations in raising their children correctly.

### **Group Activity [10 minutes]**

#### ***Islam Children Have 10 Cardinal Rights***

Ask participants to list the rights that children are entitled to under Islam on the flip chart. Allow 10 minutes for this activity

Compare the list generated with the prepared flipchart on “Ten Cardinal Rights of Children in Islam.”<sup>11</sup>

---

<sup>11</sup>For further information see Omran; Roudi-Fahimi 2004.



### Flipchart: Ten Cardinal Rights of Children in Islam

- The right to genetic purity
- The right to life
- The right to legitimacy and good name
- The right to breast feeding, shelter, maintenance and support, including health care and nutrition
- The right to separate sleeping arrangements for children
- The right to future security
- The right to religious training and good upbringing
- The right to education, and training in sports and self-defense
- The right to equitable treatment regardless of gender or other factors
- The right that all funds used in their support come only from legitimate sources.

State that based on this list, Muslim parents have serious obligations towards their family and children. Child spacing is a positive tool that can be used by parents to ensure that they have the means to fulfill all of their obligations to their children. By planning births, couples are able to make sure that they have the financial and emotional resources needed to give their children the 10 Cardinal Rights and to help them develop healthier. Child spacing helps the family to improve the situation for children and the family *before* children are born.

### Activity 3: Mini Lecture--Marital Relations in Islam [10 minutes]

To promote the idea of couple communication around issues of child spacing it is necessary to re-visit Islam's vision on marital relations. Remind participants that marriage in Islam is not based on servitude but on compassion and co-operation. It is based on:

- Tranquility and comfort - *sakan*
- Love and friendship - *mawadda*
- Mercy - *rahma*
- Responsibility - *masu'uleyya*
- Mutual consent and consultation - *shura*

These qualities promote harmonious marital relations. One of the frequently quoted verses to describe the purposes of family life is:

*“And one of [Allah's] signs is that He has created for you mates from yourselves that you may dwell in tranquility with them, and has ordained between you Love and Mercy.” Sura al-Roum (30:21)*

Islam confirms that each partner in a marriage treats the other with respect and dignity by asking each partner to be understanding, empathetic, merciful, loving, and tender toward the other.

The messages presented in the Qur'an indicate that Muslims should not take their husband or wife for granted. They should always extend loving care and mercy to one another. Given that marriage is half of faith (*din*) it requires that partners listen, hear, respect, honor, love and care one another. This message is also confirmed in another verse:

*“It is He who created you from a single soul (nafs) and there from did make his mate that he might dwell in tranquility with her.” Sura al-A'raf (7: 189)*

Based on the teachings of the Prophet (PBUH) and the messages in the Qur'an one can infer that the practice of child spacing/family planning is allowed and that both men and women should be involved in the discussion and decision making around family issues such as child spacing. Part of demonstrating respect for each other and protecting the dignity of spouses should include open communication about health and economic issues that affect the individual and family. When a couple communicates about their hopes, needs, limitations and concerns related to the family situation, including whether it is the right time to have a child—the couple will have a more harmonious and tranquil relationship.

**Small Group Activity: Role Play--Marital Relations [25 minutes]**

Divide participants into groups of eight members. Give them the following instructions:

- You live in a community where men are expected to be the sole decision-makers, especially in family matters. Men are pressured by their community to prove their virility by producing sons. Those who are unfortunate and don't have sons or not enough sons to keep the family name are seen as unmanly.
- Given this background, prepare a brief sermon to enlighten your community about the importance of couple communication in matters of child spacing.
- You have 15 minutes to prepare a three minute sermon. A representative from your group will deliver the message to the plenary.

Once the entire representatives have read out their group's sermon ask the plenary if they have any additions or suggestions. Congratulate them on the great work that they did.

**Activity 4: Child Spacing/ Family Planning Methods in Community [10 minutes]**

Ask participants to share with the group child spacing/family planning methods they have heard about in the community. Ask them:

- What are community members' thoughts about these methods?
- How do they think these methods work?
- How effective are these methods perceived to be by community members?

On a flipchart create three columns. In column one write the title type of methods, in column two write beliefs and attitudes, and in column three write effectiveness.

As each participant states the method being used, write them down in column one. In column two list their community's beliefs and attitudes, and in column three distinguish whether the method is most effective (ME), somewhat effective (SE), or not effective (NE) in preventing pregnancy.

Once the list has been generated, inform participants that you will review it after the mini-lecture is completed.



**Note to the facilitator**

- What are the community's thoughts? The intention is to find out what are their beliefs and attitudes toward each particular method.
- How do they think these methods work? The intention is to find out if these methods are being using it correctly.
- How effective are they? The intention is to find out what they think and feel are the pros and cons of each method based on their experience or what they heard, including possible health complications. Would they continue using it? Would they switch to another method?)

**Mini-lecture: Child Spacing/Family Planning Methods [5 minutes]**

Hand out to each participant a copy of handout # 9: Child Spacing/Family Planning Methods and handout #10: Rumors and Misconceptions about Child Spacing/Family Planning Methods.

Remind participants that there no verses in the Qur'an that forbid family planning/child spacing. Traditionally the predominant methods of child spacing have included breastfeeding, *al'azl* (or withdrawal) and abstinence.

Explain that there are two main categories of birth spacing methods: Temporary and permanent methods.

- Temporary methods are meant to delay or space out pregnancies.
- Permanent methods basically involve surgical procedures that prevent couples from having children. These procedures are considered non-reversible.

The focus will be on temporary methods that are sanctioned within Islam. Methods introduced will start from those that are the east effective to those that are the most effective.

**Activity 5: Small Group Activity—Child Spacing –Rumors and Myths [40 minutes]**

Ask the participants to go back to the list that was generated at the beginning of the session. Ask them if all of the beliefs that people have about child spacing/family planning methods are true.

Explain that some of their beliefs are “myths” and “rumors.”

Ask the participants to explain why the community accepts these myths and rumors as truths. Allow 15 minutes for this activity.

Next, divide the participants into small groups. Ask each group to choose one myth or rumor from the list of beliefs and attitudes that has been generated. Inform them that they will need to choose a representative for their group.

As prominent religious leaders, each group will need to develop a response to dispel the myths or rumors based on what they just learned. Their message will also need to make sure that the community understands the benefits of child spacing.

**Plenary [5 minutes]**

Once the time is over, ask each group to share responses to the plenary.

**Wrap-up and Summary [5 minutes]**

Conclude this activity by facilitating a brief discussion with the plenary.

- What additions would you make to your colleagues' responses?
- How did you feel while you were developing the messages?
- Based on your colleagues' responses would you make any changes to your messages?
- How would you promote child spacing within your community?

Summarize the main points of the discussion and emphasize that family planning methods **do not cause infertility**. Importantly, these methods can help families achieve healthy timing and spacing of pregnancy or child spacing, and improve the health of women, children, families and communities.



**Key Messages**

- √ There are a number of ways to achieve effective HTSP and Child Spacing.
- √ Child spacing/family planning methods are safe for men and women to use.

## Session 11: Introduction to Youth Development

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Understand the importance of providing health information and support to young men and women in order to help them prevent the practice of unhealthy behaviors.
- Identify ways to support the specific needs to young men and women.



**Time:** 1.5 Hours



### Training Materials

- Flipcharts



### Preparation

- Write the following terms on 4 different flipcharts: Competence, Coping Skills, Self-esteem, and Self-efficacy.
  - Prepare “AGREE” and “DISAGREE” signs
- 

### Activity 1: Introduction to Youth Development [5 minutes]

Young people are an important asset in our communities, and as adults we are responsible for helping them make a safe and healthy transition to adulthood. Sometimes we treat young people only as problem-makers or even deviants and we focus only on their risky behaviors. It is our responsibility to help protect young people and help them to prevent unhealthy behaviors that have negative health, social and economic outcomes for them, their families and communities

An important aspect of reducing young people's risk for unhealthy behaviors such as early marriage, unprotected sexual intercourse and lack of utilization of health care services is to provide them with adequate information and let them know that there are adults who they can turn to for help and advice.

### Group Activity 1: [15 minutes]

#### Word Association

Write the word “youth” on a flipchart or on the chalkboard.

Ask participants when they see or hear the word youth, what is the first thought that comes to mind? Write down their responses.



#### Notes to Facilitator

Make sure that participants give examples of male and female youth.

If emphasis is only on young men, then ask participants “what are your thoughts about *female* youth.”

Look at the list of words that have been generated to describe youth.

You may begin to see a pattern emerge in that the majority of the words used to describe youth are negative.

Count up the number of negative words and compare that number to the number of words that describe youth in a positive way.

Ask the group why youth are so often perceived in a negative way.

- a) How does the media portray youth in general, and in particular what stereotypes do they perpetuate of male and female youth?
- b) How are youth treated in the community? Is there a difference in how male and female youth are treated? Why do you think that is the case?
- c) What might happen to youth if we have such low opinions and low expectations of them? Give examples as to what might happen to male and female youth.



### **Notes to Facilitator**

Youth is a critical stage of identity formation. The role of RLs is to facilitate the development of youth into responsible and mature adults. This may require RLs to help youth challenge some myths and misconceptions related to what male and female youth can do and be in their society.

### **Activity 2: Mini-Lecture and Discussion [30 minutes]**

#### **Youth**

Resilience is the ability to overcome negative effects of exposure to risk, to cope successfully with challenges, and avoid negative outcomes. Young people face risks every day, but there are also factors in their lives that protect them. These strengths may be internal or external or both. Many young people in our communities do well.

Initiate a discussion about the situation of young people in the community by asking the following questions:

- What can we learn from them that will help other young people who may not be doing so well?
- What are some of the risks that young people deal with every day? What are some of the outcomes that may result from these risks?
- What are some of the things in young people’s lives (“protective factors”) that help them deal with problems and risks?

State that adolescents’ **internal** strengths or assets are things like “competence” “coping skills” “self-esteem” and “self-efficacy.”

Write these terms down on a flipchart paper and ask participants what they understand these terms to mean.

As needed, provide the following definitions:

- **Competence** - The quality of being adequately or well qualified physically and intellectually; the ability to perform some task
- **Coping skills**-The methods a person uses to deal with stressful situations. These may help a person face a situation, take action, and be flexible and persistent in solving problems
- **Self-esteem**- Pride in oneself; self-respect
- **Self-efficacy**- The belief that one has the power to execute a course of action to manage a situation

Help participants distinguish the difference between self-esteem and self-efficacy. Self esteem relates to a person's sense of self-worth, whereas self efficacy relates to a person's perception of their ability to reach a goal.

### ***External Strengths***

External strengths or assets for young people are things like parental support, adult mentoring and community organizations that promote positive youth development. Families and communities are extremely important influences on the knowledge, attitudes and behaviors of adolescents. Young people need adults in their lives who have high expectations of them, believe in them and ensure they have the resources to achieve their full potential. Youth need caring relationships with adults who are interested in, listen to and talk to them. And finally they need opportunities for meaningful participation in their communities so that they can learn how to be responsible and feel that they have contributed to making their communities better places to live.

Ask participants to identify sources of support for young people, such as Youth Friendly Services where they can refer them as needed. Sources of support can be institutions, clinics, organizations or even individuals.

Ask participants if male youth and female youth have similar resource. If they don't, ask participants the actions that they can they take to expand services.

Remind participants that religious leaders are very influential in the lives of youth and that youth look up to them as a source of support.

Conclude by asking the participants to commit to being sources of support for youth in the community.

### **Group Discussion: Religious Leaders and Adolescents [20 minutes]**

Islam welcomes the idea of fighting the spread of HIV/AIDS and unwanted pregnancy and strongly advocates for abstinence before marriage and faithfulness among married partners. Although early marriage is seen as a very good means of preventing promiscuity and sex outside of marriage, there are health dangers for women who become pregnant under the age of 18, as discussed in previous sessions.

In Islam it is *haram* (forbidden) to promote sex outside of marriage, but it is permissible within Islam to talk about the prevention and management of STIs and HIV. (This has been discussed in previous sessions.)

When working with adolescents to promote positive behaviors, we must also consider what is going on in their homes and communities, and think about how we can support and strengthen the internal and external strengths that were just discussed. For example, abstinence from sexual activity until marriage is an important behavior that we wish to promote.

Ask the group to discuss this issue and list all of their responses on flipchart paper.

Once this task is completed facilitate a discussion by asking participants:

As religious leaders what are some things that you can do to help young people abstain from sexual activity? What would you do in the case of young men and in the case of young women?



### **Notes to Facilitator**

- Help the participants identify positive activities that religious leaders can engage in to support the community's youth.
- Remind them that the situation for youth in the community is often challenging because young people do not have many activities to occupy their time (i.e. limited access to education, work or traditional social activities).

Conclude this activity by congratulating them on their ideas and stress the point that a lack of information, support from family and the community at large, as well as lack of productive activities for young people often results in them engaging in and adopting negative health and social behaviors, such as premarital sex, delinquency, drug use etc.

### **Activity 3: Values Clarification [15 minutes]**

Post two signs around the training room- AGREE and DISAGREE

Inform the participants that you will read a statement and that they will “vote with their feet” by moving to the sign that most reflects their opinion on the statement.

After reading a statement and participants have taken their positions, process the activity by asking participants their reasons for “voting” as they did.

Encourage respectful dialogue between the participants on their opinions.



### **Notes to Facilitator**

You can read the statements that are presented here, or you can develop your own statements based on the discussions of the workshop. The statements must be provocative enough to elicit an opinion from the participants.

**Statement # 1**

Religious Leaders and/or teachers should *only* discuss the importance of abstinence before marriage when talking with young people.

**Statement #2**

Discussing condoms with adolescents will only encourage them to try them.

**Statement #3**

Sexuality education is the responsibility of the parent.

**Wrap-up and Summary [5 minutes]**

Wrap up this discussion by pointing out that our cultural and religious values influence what we teach. It is important to understand our own values as well as the values of our communities.

During adolescence, young people are establishing their own sets of values and discussions of their values can help them clarify their beliefs and behaviors so that they can make healthy choices and decisions.

Mention that as adults, we want to help young people avoid risks and lead healthy lives. We want young people to live up to high expectations and achieve success. While it is important to acknowledge that young people face risks and may engage in risky behaviors that may lead to unwanted outcomes, we must also build on a foundation of positive strengths and assets to ensure lasting change.

If we want youth to practice safe and healthy behaviors, we have to provide them with practical opportunities to practice the skills that will help them make the right choices and decisions. However, we can't do it alone and we need the support and participation of many people in the community, including religious leaders who influence the lives of young people.



**Key Messages:**

- ✓ Youth are an important and positive element of communities.
- ✓ Education, especially for girls, is an important investment in youth.
- ✓ Youth need sources of support in the community from caring adults who listen to their concerns.

## Session 12: Sexually Transmitted Infections and HIV/AIDS

---

### Specific Learning Objectives:

By the end of this session, participants will be able to

- List risky behaviors that increase vulnerability to sexually transmitted infections (STIs), including HIV
- Explain the importance of practicing safer sex
- Dispel myths related to HIV
- Develop messages to promote and support positive sexual behavior in their community



**Time:** 2.5 hours



### Training Materials

- Index cards (1 for each participant)
- 4 flipcharts
- 2 signs
- Handout#11: Possible Symptoms of Sexually Transmitted Infections



### Preparations

- Index cards for activity (1) on STIs and HIV: Prepare according to the instructions that are given in 'Notes to Facilitator'.
  - Prepare the followings:
    - flipchart #1: Behaviors Increasing Individuals Risk to STIs
    - flipchart #2: Possible Symptoms of STIs
    - flipchart #3: Health Problems Related to Untreated STIs
    - flipchart #4: Ways HIV is transmitted
  - Prepare "AGREE" and "DISAGREE" signs.
  - Make copies of handout#11: Possible Symptoms of Sexually Transmitted Infections
- 

### Activity 1: Introduction to STIs and HIV/AIDS<sup>12</sup> [5 minutes]

Sexually transmitted infections, including HIV, is mainly acquired through unprotected sexual intercourse. People from all backgrounds can get an STI; men and women, young and old. Other possible modes of transmitting STIs can be through the use of contaminated needles among drug users and when an infected mother is delivering or breastfeeding newborn. The consequences of untreated STIs include pain, disability, infertility, certain types of cancers and other complications. In general women tend to have more serious complications than men.

Ask participants what they know about sexually transmitted infections, including local names for infections and record their responses on the flipchart.

---

<sup>12</sup> This section is adapted from FHI. 2006. Bringing Program H to Tanzania: Adapted Manual for Field-Testing, p. 57-58



### **Notes to Facilitator**

Before the session, prepare index cards equal to the number of participants in the group and mark them in the following way:

- Write an “H” and “Follow all of my instructions” on **one** card
- Write a “C” and “Follow all of my instructions” on **three** cards.
- Write “Do not participate in the activity and do not follow my instructions until we sit down again” on **three** cards.
- On the remaining cards, simply write “Follow all of my instructions.”

At the beginning of the activity, do not tell the participants the topics to be discussed.

### **Group Activity 1: [total 60 Minutes]**

#### **Exercise [20 minutes]**

Distribute the cards randomly to the participants. Ask them to read the instructions on the card they have received and not to share those instructions with other participants. Tell them that they should follow the instructions written on their card.

Ask the participants to stand up and choose three people to sign the back of their card (preferably not someone right next to them). When everyone has collected their three signatures, ask them to sit down.

Ask the person that has the card marked with an “H” to stand.

Ask everyone who has their cards signed by this person, or has signed that person’s card, to stand up.

Then, ask everyone who has the signature of these persons to stand up.

Continue like this until everyone is standing up, except those who received the “Do not participate” card.

Tell the participants that giving or receiving a signature represented having sexual intercourse with that person. Ask them to imagine that the person who has the card marked with an “H” is infected with HIV or some other STI and that he had sexual intercourse without protection with the three persons who signed his card. Remind them that they are pretending and that the participants are not, in fact, infected.

Ask the group to imagine that the persons who did not take part in the activity, those that received the “Do not participate” card, are persons that abstained from sex, that is, they did not have sexual intercourse with anyone.

Finish the activity by explaining to the participants that those who have the cards marked with a “C” used a condom and, for this reason, they are at a lower risk of infection. These participants can also sit down.

**Group Discussion [40 minutes]**

Use the following questions to facilitate a discussion about the exercise.

- How did person “H” feel? What was his reaction when he found out he was “infected” with HIV?
- How did the other participants feel toward person “H?”
- How did those who did not participate in the activity, i.e., those who abstained, feel at the start of the exercise? Did this feeling change during the course of the activity? What did the rest of the group feel toward those who did not participate?
- Is it easy or difficult to not participate in an activity where everybody takes part? Why?
- How did those who “used a condom” feel?
- How else could a sexually active individual protect himself and his partner from an STI or HIV? Explore the meaning of “being faithful” with participants.
- What were the feelings of those that discovered that they might have been infected with HIV? How did they feel about having signed the card of someone “infected” by an STI or HIV?
- What are other ways that HIV is transmitted between persons?
- What was the most important thing that you learned today? How will this help you to advise people to protect themselves and their partners from STIs and HIV in the future?

Remind participants that in real life even when people are knowledgeable about the importance of being faithful, and monogamous, individuals still engage in premarital or multiple sexual relations without using condoms.

The purpose of this activity is to show how STIs and HIV are rapidly transmitted in the community when people do not practice healthy behaviors and how they can be prevented.

**Mini-lecture on STIs [30 minutes]**

Inform participants that the most common STIs include gonorrhea, syphilis, chlamydia, herpes, genital warts, and HIV/AIDS. (HIV/AIDS will be discussed in detail later in the session.) All of these infections are primarily spread through sexual intercourse.

All persons who are sexually active outside a mutually monogamous relationship may be at risk for an STI. People who have been raped, sodomized or sexually assaulted (including children) are also at risk for an STI.

Behaviours that may put a person at greater risk for getting an STI are: **(Refer to prepared flipchart.)**



**Flipchart #1: Behaviors Increasing Individuals Risk to STIs**

**Behaviors Increasing Individuals Risk to STIs**

- Having unprotected sexual intercourse, sexual contact with an infected person.
- Taking alcohol and drugs, which may impair a person's decision making abilities.
- Having many sexual partners. The more partners a person has, the more likely it is that one of the partners will have an STI.

People who are infected with an STI may experience the following symptoms: **(Refer to prepared flipchart.)**

**Flipchart #2: Possible Symptoms of STIs**

**Possible Symptoms of STIs**

- Genital itching
- Pus or increased discharge from the vagina or penis
- Bleeding that is not normal menstrual bleeding
- Sores/wounds near sexual organs
- Painful sexual penetration (pain during sex)
- Foul/bad smell from genitals
- Pain while passing urine
- Pain in lower abdomen (stomach) just above the sex organs

Refer participants to handout #11: Possible Symptoms of Sexually Transmitted Infections and review the information together.

Symptoms that men may experience include: pain or burning with urination, or a discharge from the penis. In some cases, there may be bumps or sores. The sores may be painful or painless, depending on the type of infection. The majority of men experience symptoms of STIs.

Women may experience abnormal vaginal discharge with burning or itching. The discharge may have a bad odor or an abnormal color. They may also experience sores or bumps on the genitals, but sores or bumps may not be visible, because they may be inside the vagina. The majority of women, unfortunately, do not have symptoms of STIs.

Most STIs, such as gonorrhea, syphilis and Chlamydia can be cured with antibiotics.  
**Herbal preparations do not work.**

Some STIs, such as genital warts, herpes and AIDS are caused by a virus, and so cannot be cured with antibiotics.

Drugs are given to minimize the severity of their symptoms. Left untreated, STIs can cause illness, infertility and in some cases, even death. Untreated STIs can also cause problems for newborns, as mothers can pass these infections to their babies during pregnancy and delivery. Some health problems that can result from untreated STIs are:  
**(Refer to prepared flip chart #3)**



**Flipchart #3: Health Problems Related to Untreated STIs**

- | <b>Health Problems Related to Untreated STIs</b> |
|--|
| • Infertility (failure to have children)         |
| • Mental illness                                 |
| • Miscarriage                                    |
| • Infants that are blind or deformed             |
| • Lifetime pain and sexual discomfort            |
| • Cancer   |
| • Nervous system damage                          |
| • Urinary system damage                          |

If someone is infected with an STI, they **MUST** seek medical treatment and finish taking the medicine(s) prescribed. Many people, especially youth, will seek treatment from an herbalist or will self-medicate with drugs that they purchase from a chemist or get from a friend. Many times the drug is the wrong drug, or they do not obtain enough of a dose of the antibiotic to effectively kill the germs.

During treatment, people should abstain from sex or use a condom until their doctor has advised them that they have been cured. His or her partner(s) must also be treated. Apart from abstinence, condoms are the most effective way of preventing STIs. Condoms should be used every time with every partner. You can't tell by looking at a person if s/he is infected with an STI, unless you actually see bumps, sores or discharge.

## Session 12: Sexually Transmitted Infections and HIV/AIDS (cont.)

---

### Activity 2: Mini lecture on HIV and AIDS [10 minutes]

HIV/AIDS is a major health problem with economic and development repercussions. It affects the most productive members of society; mainly people aged 15-49. Young people, especially young women, are particularly at risk for HIV/AIDS because of their biological make-up (large surface area of mucosal cells lining their vagina), and their inferior status.

HIV stands for Human Immune Deficiency virus. The virus weakens the body and makes it unable to fight against illnesses and disease. HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). AIDS is a collection of diseases that come about as a result of the virus weakening the body's immune system.

People cannot tell from looking at someone if they have HIV, as some infected people can live with HIV for a long period before developing symptoms. It can take up to 10 years for an infected person with the virus to develop AIDS. The point here is that a person can be infected with HIV and still feel and look healthy. As a result of this long period of no symptoms, people may be unaware that they are infected with HIV and may go on to infect others with the virus.

Examples of behaviors that put people at greater risk for getting HIV include:

- Failure to use condoms
- Having many sexual partners
- Receiving blood transfusions
- Exposure to the blood of infected person through sharing of needles or razors
- Drug addicts who share needles when using intravenous drugs

There is no cure for HIV. It is a disease that leads to death. There are treatment and health support options available for people with HIV; that help to lessen the symptoms of AIDS and help people to live longer. Support for people with HIV and their families and partners can often be obtained through the HIV Voluntary Counseling and Testing Centers (VCT) or health facilities, including Anti-Retroviral Therapy (ART) for people living with HIV.

### Group activity: Transmission of HIV [15 minutes]

Ask participants to give examples how HIV is transmitted.

List answers on the prepared flipchart and acknowledge the correct answers. Their answers should include:

- Failure to use condoms
- Having many sexual partners
- Receiving blood transfusions
- Exposure to the blood of infected person through sharing of needles or razors
- Drug addicts who share needles when using intravenous drugs

**(Refer to flipchart #4)**

**Flipchart #4: How HIV is Transmitted**



HIV is transmitted by:

- Having unprotected penetrative vaginal and/or anal intercourse with someone who is infected. This is the most common method of transmission in Sub-Saharan Africa.
- From mother to the baby during delivery or through breastfeeding
- Through blood transfusions carried out by a health facility that does not test blood donors for HIV
- By sharing contaminated sharp/cutting instruments such as syringes, razors, knives, hooks, needles, circumcision or haircutting tools
- By sharing drug equipment that comes into contact with blood
- Body fluids that include:
  - Blood
  - Semen
  - Vaginal fluids
  - Breast milk

**Stress that HIV is NOT transmitted by**

- Touching or hugging a person with HIV
- Shaking hands or having someone with HIV cough or sneeze on them
- Using the same plates, latrines, or clothes as someone with HIV
- Mosquito bites

Conclude by saying that Islam has the best answer for the prevention of STIs and HIV as it promotes sexual morality through abstinence, and faithfulness within marriage. Islam has taken the practical step of asking believers to lower their gaze at the opposite sex and fear Allah as contained in the Qur'an (24:30-31):

*“Say to the believing men that they should lower their gaze and guard their modesty: That will make for greater purity for them: and Allah is well acquainted with all that they do.”*

**Group Activity 2: STIs and HIV -Values Clarification [30 minutes]**

Post two signs around the training room: AGREE and DISAGREE.

Ask participants to stand up and walk to the center of the room.

Inform the participants that you will read a statement and that they will “vote with their feet” by moving to the sign that most reflects their opinion on the statement.

Participants need to choose a position, irrespective of how they feel. They cannot stand in the middle of the room.

After you read each statement and participants have taken their positions, ask a sample of participants from each group to mention their reasons for “voting” as they did.

**Statement # 1**

People with HIV are a danger to the community.

**Statement #2**

People with HIV should not be allowed to have sex.

**Statement #3**

Women with HIV should not be allowed to bear children.

**Statement #4**

If youth get HIV, it is punishment for their bad behavior.

**Statement # 5**

Polygamous men who are HIV+ do not need to inform their wives of their status.

**Points for discussion:**

- Use the ensuing discussion to correct any myths or misinformation about how HIV is transmitted, as well as discuss judgmental or stigmatizing attitudes towards people living with HIV, especially women and youth who may have little or no power over how they are infected.
- Ask the group to identify community-based services provided by the government and NGOs for STIs and HIV and discuss whether people utilize those services.
- Ask participants, in their capacity as RL, how they can promote positive behaviors to prevent STIs, including HIV, since there invariably be some individuals who engage in unprotected sex with multiple partners.



**Notes to Facilitator**

Encourage respectful dialogue between the participants on their opinions. You can read the statements that are presented here, or you can develop your own statements based on the discussions of the workshop. The statements must be provocative enough to elicit an opinion from the participants.

**Wrap-up and Summary [5 minutes]**

Summarize the discussion on HIV and STIs, focusing on the importance of prevention and the availability of treatment options. Emphasize that young people, especially young women are particularly at risk for HIV and STIs and reiterate the importance of not just telling young people to abstain from sexual activity, but helping them develop the skills to protect themselves. We must also change punitive community norms that “blame the victim” for their illness.



**Key Messages**

- ✓ HIV and STIs are a serious health problem, but there are treatment options available.
- ✓ People with HIV have a right to be treated with dignity and respect.
- ✓ People who with HIV are often those who did not have the power to protect themselves from infection.

## Session 13: Leadership Skills

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- To strengthen religious leaders' understanding of how their status as influential community leaders can promote good health in the community.



**Time:** 1:00 hour



### Training Materials

- Flipcharts
- Session handouts 12, 13, and 14



### Preparation

- Make copies of handouts 12, 13 and 14 for participants.
  - Prepare the definition of “leadership” on a flipchart.
- 

### Activity 1: Brainstorming [10 Minutes]

Introduce the session by acknowledging that religious leaders play very important roles in the day to day life of the community. It is important for the facilitators to ensure that this training addresses their needs and meets their expectations.

This session is a good opportunity to find out more about what religious leaders do and to help religious leaders understand how they can use their positions of influence to improve the health of their followers and communities by applying the new information and skills they will learn in the training.

Ask the participants “What is the role of the Religious Leader in the community? What are some of the things you do?”

List their responses. Ask if they have any additional remarks to make.

Next, ask participants: “What are the main health concerns in your community?”

List participants' responses. If they generate a long list of concerns and problems, ask them to prioritize four or five main health concerns and problems.

### Small Group Work [15 Minutes]

Break the participants into four or five groups (depending on how many health concerns you have generated).

Assign one health concern to each group. Have each group answer the following questions:

- What has been done to address this health concern in your community?
- As a religious leader, what have you done to address this concern?

- Do you think what you did was enough?
  - If yes, is there anything you would have done differently?
  - If no, what else do you think you could have done?
- What helped you to address the health concern?
- What prevented you from addressing it as much as you might have liked?

Give each group 10 minutes to come up with their responses, and then have each group report back to the larger group.

### **Activity 2: Mini-Lecture Leadership Practice and Development [10 minutes]**

This section is designed to give participants some background information on the notion of leadership.

None of us are born leaders. We are all born babies and develop leadership capacity as we grow. Leadership is about responsibility. We must accept our importance as leaders, and appreciate the greater importance of others over one's self, because leadership means we are responsible for those we lead.

Leadership is learned, studied and exercised. It is an art, not a science. There are no techniques, rules or commandments with which a true leader can be assured of success. There are *guidelines* that help us be better in step with the process and dynamics of one's community and there are *techniques* that facilitate the process.

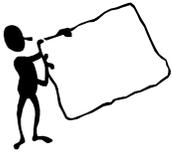
Either through position or personality, a leader has the power to change the world in which he lives. A leader does not accept the limitations of a given situation, but instead seeks to transform constraints into new realities and opportunities. If you have the desire and willpower, you can become an effective leader. Good leaders develop through a never ending process of self-study, education, training, and experience.

To inspire your followers, there are certain issues that you know and learn to do. These do not come naturally, but are acquired through continual work and study. Good leaders are continually working and studying to improve their leadership skills.

#### ***Definition of Leadership***

Present the prepared definition of leadership and compare this definition to the earlier definition that the participants generated of the role of the Religious Leader. Note areas of similarity and difference.

As a religious leader, you have the authority to accomplish certain tasks and objectives in community, but this power does not make you a leader...it simply makes you the boss. Leadership differs in that it makes the followers want achieve high goals. It is not just telling people what to do.



## Flipchart “Definition of Leadership”

Leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. Leaders carry out this process by applying their leadership attributes, such as beliefs, values, ethics, character, knowledge, and skills.

### **Activity 2: Mini-Lecture-continued** **Theories of Leadership [20 minutes]**

- There are three basic theories that explain how people become leaders.
- Some personality traits may lead people naturally into leadership roles. This is the **Trait Theory**.
- A crisis or important event may cause a person to rise to the occasion, which brings out extraordinary leadership qualities in an ordinary person. This is the **Great Events Theory**.
- People can choose to become leaders and learn leadership skills. This is the **Transformational Leadership Theory**

The Transformational Leadership Theory is the most widely accepted theory of leadership today and is, in part, one of the reasons why we are doing this training.

When a member of your community is deciding if s/he respects you as a leader, s/he does not think about your attributes as a leader. Rather s/he observes what you do so that s/he can know who you really are. S/he uses this observation to tell if you are an honorable and trusted leader or a self-serving person who misuses authority for personal gain. Self-serving leaders are not as effective because the community only *obeys* them, but does not *follow* them.

The basis of good leadership is honorable character and selfless service to your community. In the eyes of the community, your leadership is everything you do that affects the well being of community members.

Respected leaders concentrate on:

- What they are (such as beliefs and character)
- What they know and understand (such as the Quran, teaching, and human nature)
- What they do (such as motivating and providing direction).

Ask participants: “What makes a person want to follow a leader?” List their responses.

Remind the participants that people want to be guided by those they respect and who have a clear sense of direction. To gain respect, leaders must be ethical and have a strong vision of the future.

Write the following on a flip chart:

**Trust**

**Confidence**

**Communication**

Point out that trust and confidence in a leader are the most reliable predictors of community satisfaction with their leader. Also stress that effective communication is key to winning a community's trust and confidence.

Distribute handout # 12 'Principles of Leadership' to participants and review it with them.

Explain the following points:

- **A true leader is also a follower.** Mention that different people require different styles of leadership. For example, a young person requires more guidance than an older person. A person who lacks motivation requires a different approach than one with a high degree of motivation. Stress the point that as a leader you must know your people! The fundamental starting point for a leader is to have a good understanding of the nature of his or her followers, such needs, emotions, and motivation.
- **Good communication is essential to a good leader.** You lead through a two-way communication, what you say and how you act. For instance, if your verbal message is in agreement with your actions, then you gain their trust. What and how you communicate either builds or harms the relationship between you and your community

**Act according to the context of the situation.** All people and communities are different. What you do in one situation will not always work in another. As a leader, you must use your judgment to decide the best course of action and the leadership style needed for each situation

**What do leaders have in common?**

Mention that successful leaders share five traits in common.

Distribute handout #13: The Process of Great Leadership.

**How to foster good human relations**

Distribute handout #14 'How to Foster Good Human Relations' and read it loud.

**Wrap-up and Summary [5 minutes]**

Summarize the key points addressed in the session regarding leadership. Point out again that religious leaders have the capacity to positively influence the health and wellbeing of their followers and community through their status as well as access to information, such as the information provided in this workshop. Answer any questions that participants might have.

## Session 14: Community Mobilization

---

### Specific Learning Objectives

By the end of this session, participants will be able to:

- To enumerate the contributing factors leading to RH/FP problems in their community members
- List possible strategies to mobilize their community to address these problems



**Time:** 1:00 hour



### Preparation

- On a flipchart, list the four RH issues/problems identified on the first day of the training.
- 

### Activity 1: --Introduce Community Mobilization on RH/FP [total 50 minutes]

Refer back to the four RH/FP issues/problems identified on the first day of the training. Now that the participants have more information on RH/FP and have acquired knowledge of what they can do as religious leaders to improve RH/FP in the community, they can address some of the problems that they identified on the first day of training. Let the participants know that the best way to avoid health problems is to prevent them from happening. To prevent the problem, they must be able to identify the root cause(s) and strategies to prevent these problems.

Divide participants into four groups. Inform each group to choose one of the RH/FP problems to work on (make sure that each group works on a different problem). The groups will have 20 minutes to work on their presentation. They will need to present on the following:

#### Group Planning

##### *Problem Identification*

- Ask the participants to identify the main causes of the RH/FP problem
- Inform them they must examine the cultural and religious attitudes, including gender norms that contribute to the problem
- Explain the health, social and economic consequences associated with the RH/FP problem (reflect on prevailing cultural and religious attitudes, including gender norms that lead to RH/FP problem,)
- Are the causes and consequences the same for men/boys and women/girls? In what way?
- Are the causes and consequences the same for educated versus less educated persons? In what way?
- Can the community address the particular RH/FP problem? If they can address it, explain **how** it can be done and **who** should be involved?
- What community resources, talents, skills and abilities can be used to address the causes? How can religious leaders as well as the women and men be involved?

- What are some ways that the effects of the problem can be minimized (if the problem cannot be completely eradicated)?

**Plenary report**

- Ask each group to choose a spokesperson for the group to present their findings to the plenary
- Each group has 7 minutes to share their work with the other groups
- Participants will provide feedback to each other

Lead the plenary in discussing how their RH/FP problems and solutions are interlinked.

**Wrap-up and Summary [10 minutes]**

Wrap up the session by addressing the major points from the discussion as well as suggested solutions. Congratulate the participants on their good work and strong interest in RH/FP for the community and remind them that they are able to take action on solving the RH/FP problems. Remind them that prevention is the best solution to RH/FP problems.



**Key Message:**

- ✓ Efforts to improve RH/FP must consider causes as well as consequences.

## Session 15: Development and Presentation of Action Plans

---

### Specific Learning Objectives:

By the end of this session, participants will be able to:

- Identify opportunities for integrating RH/FP information and concepts into existing activities within their community.



**Time:** 1:00 hour



### Training Materials

- “Questions to Assist in Designing Action Plans” flipchart.



### Preparation

- Prepare “Questions to Assist in Designing Action Plans” flipchart.
  - Make copies of Action Plan Record of RL Activities (annex #4)
- 

### Activity 1: Action Planning-- Introduction to Action Planning [10 Minutes]

Introduce the activity by stating that the workshop has provided participants with new information and some new skills, and as we return to our communities, we have to consider how best to share our new findings with others.

### Small Group Activity [20 Minutes]

Give the following instructions;

- Ask participants to break into small groups
- Inform them that the purpose of this activity is for them to generate ideas to minimize RH/FP problems in their community by developing an action plan that lists the activities that they can implement on individual and group levels.
- Ask each group to identify at least three activities that they are interested in pursuing in their action plan for each level.

To assist them in developing their action plans, each group is encouraged to ask the following questions. (Refer to the prepared flip chart: “Questions to Assist in Designing Action Plans”)

Each group needs to assign a representative who will record notes and report back to the larger group.

Inform the groups that they have 20 minutes for this activity.

**Plenary Report Out [30 minutes]**

After 20 minutes are over, inform the groups that each one has 5 minutes to present action plans.

After each group has presented ask the plenary if they have anything more to add.

Summarize the main points of the action plans and discuss the importance of carrying out the activities on their work plan.



**Flipchart “Questions to Assist in Designing Action Plans”**

- a) What do you want to achieve?
- b) Who is the target group? What type of activities will you engage in
- c) What is the message/information to be shared
- d) Who will be involved in reaching the target group? (who will perform the activity)
- e) How will the target audience be reached? (where, when, how often will you reach them)
- f) How will you determine if the activity has been successful?

## Session 16: Workshop Evaluation and Closure

---

### Specific Objectives:

- To assess knowledge gain through comparisons of pre- and post-test performance.
- To obtain participants' opinions on training content, training approaches, and training venue.
- To reach agreements on post-training next steps.



**Time:** 1:00 hour



### Preparation

- Make copies of the post-test (annex #2) and final evaluation (annex #5).
- 

### Post-test [20 Minutes]

#### Administer Post-Test

Distribute a copy of the post-test (same test taken at the beginning of the workshop) to each participant. If no names were used by participants on the pre-test, instruct participants that names are optional.

Give clear instructions as to how to complete the post-test questions. Allow 20 minutes to answer the questions.

Collect all the completed questionnaires from the participants. Refer to annex #6 for the Pre and post test answer guide.

### Workshop Evaluation [15 Minutes]

#### Option 1:

Distribute the workshop evaluation questionnaire; ask participants to complete the questionnaire on their own.

#### Option 2:

Ask evaluation questions in plenary and write down the responses on the flipchart.

### Wrap-up and Summary [15 Minutes]

Thank participants for their attendance and commitment. Ask them if they have any questions or final remarks.

If there are any next steps, present them (such as continued technical assistance, monitoring, data collection, etc.)

### Closure [10 Minutes]

Close the workshop in accordance with country protocols.