Sheikh Yahya Ahmed Abdulrahman Al-Naggar (above) is the president of the Social Guidance Foundation, a key partner in engaging religious leaders as "champions" of reproductive health and family planning in Yemen.

Muslim Religious Leaders as Partners in Fostering Positive Reproductive Health and Family Planning Behaviors in Yemen: *A Best Practice*

The paper shows how the Extending Service Delivery (ESD) Project partnered with the Basic Health Services (BHS) Project in Yemen to engage Muslim religious leaders as champions of reproductive health and family planning, and partners in fostering social change and development.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

PROBLEM ADDRESSED

Yemen is in the poorest economic quintile [1] and has the lowest gender gap ranking in the world. [2] The country has high infant and maternal mortality rates linked to the low status of women, poverty and a lack of access to and use of quality education and health services. This leads to a large unmet need for family planning among a young and fast-growing population. Since more than 70% of the population lives dispersed across hard-to-reach rural areas, delivering reproductive health services is nearly impossible. [3]

Access to family planning is doubly stymied by a very timid population program, despite a strongly worded national population policy issued over 17 years ago, but with very little progress to date. Central to this lack of achievement is a traditional society that values fertility and believes in fate and divine designs rather than self-determination.

BACKGROUND

For most Yemenis, religious leaders, Imams or preachers are a primary source of guidance and advice. To maintain their moral authority, they strive to keep their behavior consistent with the teachings of Islam. In general, training most religious leaders does not prepare them to discuss certain subjects, including reproductive health and family planning. In the absence of correct information (scientifically or religiously based), many tend to rely on traditional and sometimes inaccurate explanations about these topics. However, when religious leaders are properly briefed and trained by respected religious scholars and trusted health professionals, they become powerful agents of social change and are able to shift their community's opinions in support of family planning and reproductive health. Using culturally sensitive messaging, such as "healthy timing and spacing of pregnancy" (HTSP), was especially integral to repositioning family planning to correspond with the Islamic faith in Yemen and to engage religious leaders as agents of social change.

YEMEN: KEY DEMOGRAPHIC INDICATORS [4]

POPULATION—**23,822,783**

MATERNAL MORTALITY—**351/100,000**

UNDER-FIVE MORTALITY—**82/1,000**

ILLITERACY AMONG WOMEN—**71%**

USE OF MODERN CONTRACEPTIVES, MARRIED WOMEN OF REPRODUCTIVE AGE—**10%**

Given that religious leaders are close to the people in their communities, and are sought to lead on secular issues, the government is increasingly relying on them to root out well-established harmful practices, such as tribal violence/revenge killings, intolerance, extremism and corrupt dealings. The government also depends on them to promote new policies and programs, such as governance, transparency, girls' education, raising the legal age

[1] Report No. 36527, *Republic of Yemen Country Assistance Evaluation*, www.worldbank.org/ieg/yemen/?intcmp=526846.
[2] *The Global Gender Gap Report 2008*, World Economic Forum, www.weforum.org/pdf/gendergap/report2008.pdf.
[3,4] *USAID Country Health Statistical Report*, Yemen, 2009.

of marriage, and increasing the uptake of reproductive health and family planning services.

LEADERS TO CHAMPIONS: A BEST PRACTICE APPROACH

ESD collaborated with BHS[5]— a USAID Associate Award funded through ESD and managed by Pathfinder International— to build the capacity of Yemeni religious leaders to address reproductive health and family planning in their communities and the socio-cultural factors that lead to high fertility.

Based on the successful work of CATALYST—ESD's predecessor project, which also worked with religious leaders in Egypt—ESD and BHS adapted the CATALYST model to the Yemeni context. For both CATALYST and ESD, a pre-requisite for changing norms, attitudes and behaviors toward reproductive health and family planning was to disseminate accurate scientific knowledge, as well as supportive and authenticated religious statements. This meant increasing the knowledge and communication skills of religious leaders and their respective governments, and turning them into reproductive health and family planning "champions." USAID's leadership and encouragement for creativity and religious sensitivity when addressing these issues and spreading these messages was essential to implementing this approach.

ESD's objectives included:

- Developing and institutionalizing a standardized training curricula for religious leaders within appropriate training institutes;
- Enabling religious leaders to develop messages and community education programs that disseminate accurate reproductive health and family planning information within a supportive religious framework;
- Enabling religious leaders to play an active role in improving health services within their communities through management and leadership training and community mobilization; and
- Institutionalizing ESD's approach to working with religious leaders by assisting religious organizations, local universities, and/or the outreach programs of the Ministry of Public Health and Population (MoPHP) and the Ministry of Religious Affairs.

COMPONENTS OF THE APPROACH

Start Up. Beginning in September 2006, 18 male and 15 female religious leaders from BHS governorates participated in a training of trainers course (TOT). The MoPHP and the Ministry of Endowment and Guidance selected these religious leaders, and the initial training helped ESD to develop a generic facilitator guide—*Mobilizing Muslim Religious Leaders for Reproductive Health and Family Planning at the Community Level: A Training Manual*. The manual focuses on Islam's position on reproductive health and family planning, and uses Islamic interpretations from Al-Alzhar Theology Center and Center for Islamic Law in Egypt. A central component of the training was the development of three-month action plans for religious leaders to use in their communities. The action plans included reproductive health and family planning messages delivered during Friday sermons and religious holidays; weekly outreach activities in religious leaders' districts; health campaigns; and discussions led during social events, such as wedding ceremonies.

Study Tour. The 33 trained religious leaders went on a study tour to Egypt, designed for learning about community leadership skills and how Muslim and Christian Egyptian religious leaders disseminated reproductive health and family planning messages in their respective communities. The religious leaders visited rural health clinics where their fellow religious leaders worked with service providers to address misconceptions about reproductive health and family planning.

Fatwas.[6] Many religious leaders expressed the need for a compilation of religious arguments and statements representing a variety of sects and Islamic schools, which they could quote when facing challenges from conservative community members and other religious colleagues with regard to Islam's position on certain aspects of reproductive health and family planning. Prominent religious leaders in Yemen worked together to compile relevant quotes from the Quran, Hadith, distinguished religious scholars, and several contributions from leading Yemeni scholars of Islamic sects that have a strong following in Yemen. This book of *fatwas* was distributed to all religious leaders participating in the community education activities. Other publications that balanced scientific information with religious arguments for family planning were also available for distribution to their audiences.

[5] BHS is operational in five governorates, including Amran, Al Jawf, Marib, Shabwa and Sa'adah and in Sana'a Capital, which are home to about 5.15 million people.

[6] A *fatwa* is a religious opinion on Islamic law issued by an Islamic scholar. In Sunni Islam, a *fatwa* is non-binding, whereas in Shi'a Islam it could be binding, depending on the status of the scholar.

Female Religious Leaders. Culturally, women are not allowed to preach and there are few female religious scholars who have limited power accorded to them by the establishment. Female religious outreach workers within the Ministry of Awqaf system are referred to as "religious educators" rather than leaders. Since most mosques do not reserve spaces for women, all female religious leaders are recognized as essential to giving other women access to religious leaders.

BHS worked closely with the Ministry of Awqaf to identify suitable teachers, midwives and female leaders trained to fulfill the role of religious educators. After being identified, these educators met directly with women in their homes, schools and social gatherings and established working relationships with their male counterparts, referring some of the difficult cases to them. Like other women, the female religious educators faced a major challenge: they needed the permission of their male guardians before being allowed to go outside of the house and were required to have a male escort at all times, even if only a child.

Roll-out and Follow Up. Starting in April 2007, religious leaders trained by BHS conducted cascade training in the project's five intervention areas, reaching 116 religious leaders (76 males, 40 females). In 2008, BHS provided refresher training to 37 male religious leaders. The trainings produced at least one religious leader champion in each of the governorates' districts. Because of rigid gender roles, there were few female educators, working solely in larger towns.

Quarterly follow-up meetings with religious leaders—attended by local representatives from the Ministry of Religious Affairs and Health Office—were held in each governorate to monitor progress and determine next steps. These meetings provided a forum for developing IEC materials, and included guest speakers to present on various health issues.

Linkages. In each of the five governorates, a senior religious leader was selected to be a member of the governorate-based Community Mobilization Group. As a coordinating and planning body, this group linked all the religious leaders to BHS activities through the senior leaders. The role of the religious leaders within these groups was to give the Islamic perspective and to address perceived religious barriers or misunderstandings about reproductive health and family planning.

BHS also established linkages between religious leaders, health service centers and health service providers. In this network, the local religious leader worked in the community to support mobile health team visits, which deliver health services to rural families. Religious leaders alerted their followers about the days when the mobile health clinic came to the community and encouraged them to seek health services. BHS also worked with the MoPHP and various development partners to create a national health education manual, which includes 42 health messages, and addressed social areas, such as rights of the child, girls' education and prevention of early marriage.

Some of the religious leader champions were also high-level officers in regional Religious Education Centers—large, faith-based organizations that teach religious affairs and train preachers. As a result, these centers began providing health services to the community. The governorate health office provided a basic staff (a midwife and health worker) and supplies to these centers, while BHS provided equipment and furniture. The mobile team included these organizations in its field visits, and religious leaders helped build bridges between the community, health facilities (public and private) and mobile medical teams to increase use of health services, and yo promote a better understanding within the community of the religious teachings and opinions that support positive health behaviors.

RESULTS AND OUTCOMES

With support from ESD and the Ministry of Public Health and Population, religious leaders began broadcasting reproductive health messages through two FM radio stations to reach an even larger audience, and BHS developed and distributed additional materials for the community: Family Planning Methods and Benefits of Breastfeeding, both from an Islamic perspective, and two additional brochures, Health and Social Consequences of Early Marriage and Standard Days Method.

Some Key Results and Outcomes Included:

- Thirty-three religious leaders from five governorates were trained as master trainers (18 males, 15 females) and participated in a study tour in Egypt to observe community-based programs in action.
- Cascade trainings by religious leader trainers in 2008 and 2009 reached another 153 religious leaders (113 male, 40 female) most of whom became engaged in weekly education activities incorporating reproductive health messages in their sermons and teachings.

Criteria for Selecting Religious Leaders

BHS selects religious leaders who:

—Possess credentials as religious preachers or educators (confirmed by Ministry of Awqaf)

— Provide sermons that do not reflect extremist views, or political bias (confirmed by community leaders)

—Commit to attend training, participate in program activities and take part in the planned program (based on assessment and preliminary meeting with participants)

- As of December 2009, religious leaders reached 644,413 people (515,320 male, 131,093 female) in five BHS governorates. Community meetings by inter-sectoral groups reached 110,287 in the same year, while newly trained community volunteers reached another 282,230 people, mostly women, within the first half of 2009.

*To investigate the impact of religious leaders' outreach activities, community level surveys are currently being conducted.

CHALLENGES AND LESSONS LEARNED

Because religious leaders are sought by their communities for advice on almost every aspect of daily life, including reproductive health issues, they need scientific and updated information, which prepares them to correct misconceptions, dispel rumors, and provide useful advice. Their credibility enhances the value of the information they provide and their approval or disapproval can make the difference between people adopting or rejecting an idea or a practice. Therefore, it is essential to:

1. **Provide a basic menu of reproductive health and family planning information to religious leaders.** This offers them a choice of issues they might feel comfortable addressing during Friday sermons, small group gatherings and home visits.

2. **Get support and "buy-in" from the government, and invite decision-making government representatives from key ministries to participate in the initial trainings and orientations.**

3. **Produce relevant *fatwas* to support the adoption of healthy reproductive health and family planning practices, and to overcome resistance from skeptics.** *Fatwas* should come from a very neutral and renowned source, or at least one with which the community identifies.

4. **Have Yemeni facilitators conduct trainings, and ensure that Yemeni religious leaders are involved in the design and implementation of the activity.**

5. **Train a "critical mass" of male and female religious leaders.** This was instrumental in creating a strong group that encouraged exchanges and mutual support. Having only a few religious leaders at the helm of this activity would not have allowed it to meet its true potential.

6. **Foster interpersonal exchanges between religious leaders through regular monitoring and follow-up, and provide a regular forum for questions, updates and new ideas.**

NEXT STEPS/SCALING-UP

Most religious leaders trained by BHS continue to be associated with the program, except for a few who transferred to other areas of the country. A remaining challenge, however, is training more female educators. As BHS continues to expand and roll out more trainings, it will include more women from within the health and education professions, and will continue to partner with NGOs like the Social Guidance Foundation, which is founded and directed by a religious leader "champion," and has been instrumental in getting religious leaders from various sects on board. Finally, BHS will continue to establish linkages between religious leaders and health facilities, and will provide a strong backing for moderate and progressive religious leaders to lead advocacy efforts and bring this successful interaction with the religious establishment to the next level.

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