



Best Practices in Egypt: Mobilizing Religious Leaders



Religious Leaders showing the OBSI sign of 3-5 in Arabic

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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THE NEED

Muslim sheiks and Christian priests are trusted, respected leaders in Egypt, especially in rural, underserved areas of Upper Egypt. Women, men, and youth rely on them for guidance on many personal and family matters, including life-cycle and reproductive health and family planning (RH/FP) decision making. They share opinions about the acceptability and advisability of family planning, birth spacing, female genital mutilation, and other reproductive health and family planning topics, and help their followers make important life decisions through individual and premarital counseling, and through weekly sermons. Essentially, religious leaders play an active role in the dissemination of accurate information about RH/FP.

The fact that these leaders are men makes them especially influential with other men. According to TAHSEEN's research, men consult religious leaders on RH/FP issues especially when they are having marital issues. Furthermore, religious leaders have the potential to be powerful advocates for improved couple communication, to discourage men from engaging in gender-based violence as a means of asserting their dominance, and to model men's involvement in RH/FP decision making.

In the absence of RH/FP, religious leaders have a limited understanding of the nature and potential benefits of birth spacing; the positive role they can play to promote improved RH/FP; and the positive role men in general can play to protect family health. According to TAHSEEN's research, untrained religious leaders show the following characteristics:

- They either misunderstand the meaning of birth spacing (believing it to refer to the physical separation of husbands and wives, because the Arabic word for 'spacing' means 'separation') or they consider birth spacing to be unacceptable because it limits births and/or contradicts scriptural directives.
- They believe that their role in promoting birth spacing should be limited because they lack knowledge of what they consider to be a "female issue" and because couples, in-laws, and even the government are, in their perception, in favor of unlimited births.
- They believe that men should be involved in family planning decision-making not because they have a role to play in protecting their families' health but because they should direct all family decision-making and because they believe women are not capable of learning about family planning on their own.

Clearly, religious leaders have the potential to be an invaluable resource in support of improved reproductive health and family planning practices, but before this can occur, they must be mobilized and have a better understanding of reproductive health and family planning issues.

THE TAHSEEN SOLUTION

TAHSEEN began to involve Muslim and Christian leaders in January 2004; seeking their opinions; sharing up-to-date reproductive health and family planning information; and giving them the tools and skills they need to be confident health advocates in their communities. In doing so, TAHSEEN created a cadre of influential supporters who are not only knowledgeable about reproductive health and family planning but who routinely take the initiative to promote, encourage, and endorse healthier reproductive health and family planning behaviors.

Researched religious leader opinions. TAHSEEN began by identifying religious leaders in the governorate of Minia who had had some prior exposure to reproductive health and family planning issues through other programs. TAHSEEN held discussions with these leaders to learn about their prior experience and solicit suggestions on how to best involve other leaders in TAHSEEN's work.

Trained religious leaders. With the collaboration of medical professionals, TAHSEEN then held a three-day workshop with selected sheiks (Muslim religious leader) and priests to prepare them to become reproductive health and family planning advocates with their followers. The workshop introduced a variety of reproductive health and family planning topics, including from a physiological, psychological, and social perspective:

- Family planning methods, the potential benefits of birth spacing, and the ways men can become better involved in reproductive health and family planning decision making;
- The risks associated with early marriage, early childbearing, too closely spaced births, and the benefits of premarital counseling on these issues;
- Adolescent reproductive health/family planning needs, female genital cutting, and misconceptions regarding menstruation;
- The benefits of breastfeeding and of antenatal, postpartum, and postabortion care, including emergency care; and
- Sexually transmitted infections.

In addition, religious leaders learned skills with which to communicate the benefits and risks associated with various behaviors, in a manner consistent with their religious beliefs. With these skills, they could tailor activities to specific groups—for example, youth, men or newlywed couples. As part of training, clergy developed action plans for how they would bring TAHSEEN's messages to their communities.



Religious leaders at a community event

Follow-up. TAHSEEN then held six follow-up sessions with trained religious leaders (one session per month) to enable them to share their experiences as reproductive health and family planning advocates and to solve problems. These sessions had several benefits: they reinforced the work of trained leaders (through encouragement, peer recognition, exchange of information, and additional skill building); they expanded religious leaders' knowledge by introducing new topics (e.g., gender-based violence and men's involvement in health decision making); and they offered TAHSEEN a month-to-month picture of how the intervention was working, enabling TAHSEEN to involve religious leaders in additional TAHSEEN activities, to offer additional technical assistance as the need arose, and to document activities. TAHSEEN is also developing a booklet that uses sayings of the Prophet Mohammed to propose a new way of envisioning masculinity, one that relies on communication between husband and wife rather than violence as a way of resolving issues in the home. This booklet can be used by Muslim leaders, or any other group working with men

Expanded to involve female religious leaders. During their posttraining monthly meetings, some religious leaders suggested to TAHSEEN that their wives also receive this training, as they frequently advise women about reproductive health and family planning issues. In February 2005, TAHSEEN expanded its program with religious leaders to include 24 female religious leaders from Minia, including some activist wives of clergy. MOHP officials from Minia Governorate selected these women based on their leadership experience and their prior work with NGOs, including on health issues.

TAHSEEN then trained these female leaders, half of whom were Muslim and half Christian, using the same materials and process with which it trains men.

RESULTS

As a result of TAHSEEN's work, 123 Christian and Muslim clergy in Minia, 70 in Beni Suef in 2005, and 61 in Fayoum and 24 female religious leaders in Minia now take the initiative to educate the congregation about reproductive health and family planning topics. They use individual and family counseling, religious sermons, and public meetings to discuss birth spacing; the benefits of delayed marriage; continued girls' education; delayed childbearing; the risks of early pregnancy; the need for routine antenatal/postpartum care and to promptly recognize and respond to postpartum and postabortion emergencies; the negative impact of female genital cutting; and the benefits of men's involvement in RH/FP decision making.

In sharing their thoughts about recommended RH/FP behaviors, clergy have identified supportive verses from scripture. In discussing the acceptability and advisability of birth spacing, for example, a Muslim leader might cite a verse from the Koran that advises mothers to breastfeed their children for two years. This approach has been well received by clergy and congregants alike. TAHSEEN is building on this approach now by developing the booklet that uses the sayings of the Prophet Mohammed on the treatment of women.

Trained religious leaders share information and endorse optimal behaviors. They do this by:

- Conducting counseling sessions and addressing large audiences through weekly sermons. Involved clergy have always given sermons and conducted individual, couple, and family counseling with youth, parents, engaged and newly married couples. Now they are also able to knowledgeably counsel parishioners about reproductive health and family planning topics.
- Convening community meetings, including interfaith meetings attended by both Muslims and Christians. For example, in September 2004, one Muslim leader, the director of the educational department of Minia's religious authority and a member of the Minia Youth Committee, addressed an audience of men, explaining the potential benefits of birth spacing and the risks of poorly spaced pregnancies. He explained TAHSEEN's recommendation that couples wait three to five years between births and taught audience members the TAHSEEN three-to-five hand signal. A priest addressed men and women at a community session about postabortion care. He held an IUD in his hand to show the audience that the IUD was not as large as maybe they had imagined, because he knew that many people in Egypt believe the IUD to be very large and associated therefore with much bleeding and pain.

Religious leaders' support of TAHSEEN's activities reassures rural communities that the RH/FP information provided by TAHSEEN is consistent with their religious beliefs. In discussing these topics in public forums, religious leaders share critical information, demonstrate their endorsement of recommended behaviors, and help break the taboo

surrounding open discussion of these RH/FP issues.



Religious leaders have taken on expanded roles. The response to TAHSEEN’s work with Muslim and Christian clerics has been positive—both from involved clergy and from those whose lives they have touched. TAHSEEN has found ways to

involve them in almost all community mobilization and education activities. Trained religious leaders:

- Answer the audience’s questions at TAHSEEN puppet shows. TAHSEEN produces puppet shows that introduce RH/FP topics such as birth spacing, early marriage, girls’ education, and couple communication. Both a Muslim sheik and a Christian priest sit with a health professional and another community expert at a podium on the platform where the puppet show is staged. After every puppet show, they are available to answer the audience’s questions. A puppet starts the question-and-answer session by addressing one of the panel members (“Is it true, Father Macarius that birth spacing is good for babies’ health?”). In this way, religious leaders not only contribute to information dissemination, but also immediately endorse the puppet show’s messages.
- Answer the audience’s questions at TAHSEEN seminars. When TAHSEEN convenes a public meeting to educate communities about RH/FP topics, it usually ensures that religious leaders participate. For example, when TAHSEEN, the Ministry of Agriculture, and the Ministry of Health and Population held a seminar for approximately 400 women and youth in Minia, they made sure that the expert panel included not just health experts, political leaders, and communication specialists but religious leaders as well. Then, if audience members chose to take advantage of the mobile clinics that were available in their village following the seminar, they did so knowing that their clergy endorsed their choices.
- Participate prominently in the official openings of renovated clinics.
- Participate in Youth Committees and Clinic Boards. A priest member of Minia’s Youth Committee, for example, wrote a play that focused on positive, healthy RH/FP messages, such as the importance of girls’ education, delaying marriage and childbearing, and a girl’s right to select her spouse and pursue her dreams. The play was performed by high school and university students in his church, who also composed music and poetry to accompany the performance. The production was so well received that several additional performances were offered not just in the church but at other venues in Minia.

- Assist newly trained university peer educators. Religious leaders meet with newly trained university peer educators to give them information that might help them answer questions relating to religion asked by their peers.

Religious leader knowledge has improved. According to focus group discussions held by TAHSEEN with both trained and untrained male religious leaders, clergy trained by TAHSEEN have stronger RH/FP knowledge and a more empowered attitude about the role they can play to improve community health:

Results of Focus Group Discussions with Trained and Untrained Religious Leaders

Topic	Trained Religious Leaders	Untrained Religious Leaders
Meaning of birth spacing	Clearly understood the meaning of birth spacing and can articulate the importance of birth spacing and the risks of poorly spaced pregnancies.	Not clear about the meaning of birth spacing and believe birth spacing is against their religion.
Religious leaders' role promoting family health	More likely to believe that they should play a role in educating their followers about healthier practices, and in modeling those practices.	Believe reproductive health and family planning is an issue for women and that couples, extended families, and the government do not desire birth spacing.
Men's role protecting family health	More likely to support men's positive involvement in family planning and reproductive health and family planning decision making	Support traditional gender roles whereby men make the decisions because women are unable to learn about family planning on their own.
Knowledge of scriptural support for birth spacing	Can cite verses from scripture to support birth spacing.	Are only aware of verses from scripture, which they believe discredit birth spacing.
Ability to solve problems about community education	Can identify solutions to barriers that hinder dissemination of birth spacing information.	Can only identify barriers to disseminating birth spacing information.

Changes in religious leader knowledge is also confirmed by pre- and posttests taken by all involved clergy as part of training. Selected results for both male and female leaders follow:

	Pretest	Posttest	Chi-square	P-value
Prevalence of anemia among adolescents	27%	87%	59.45	<.001
Effect of FGC on sexual desire	46%	94%	43.21	<.001
Optimal age of first pregnancy	18%	96%	99.24	<.001
Optimal birth spacing interval	6%	97%	131.43	<.001
Nature of eclampsia	37%	99%	69.52	<.001
Location of uterus	49%	96%	43.74	<.001
Location of sperm production	53%	96%	38.70	<.001

Table 2: Change in Knowledge Among Female Religious Leaders (n=29)

	Pretest	Posttest
Effect of FGC on sexual desire	50%	92%
Optimal age of first pregnancy	13%	96%
Knowledge of OBSI (3-5years)	13%	100%
Nature of eclampsia (not food poisoning)	46%	96%
Term of efficacy of an IUD	50%	100%
Location of uterus (not the locus of intercourse)	88%	100%
Need for new condom for each intercourse	67%	100%

Religious leaders are transferring reproductive health and family planning knowledge to their parishioners. Focus group discussions held with men before they attended a seminar taught by a sheik, priest, and doctor revealed much confusion about the term “birth spacing,” as well as limited understanding of how they might, as men, act to protect their families’ health. After the seminar, men in focus group discussions were much clearer about birth spacing and also much more likely to envision a role for themselves as protectors of their families’ health. They said that it was important for them to hear the doctor and their religious leader offering the same advice and reported that the discussions of female genital mutilation, birth spacing, and contraceptive methods were especially illuminating.

TAHSEEN also surveyed 240 men from eight Minia villages before and after they attended such a seminar to determine any changes in knowledge and attitudes as a result of the seminar. Some findings follow:

Table 3: Knowledge Increase among Men Attending Seminar with Religious Leaders (n=240)

Knowledge	Pretest	Posttest	Chi-square	P-value
The optimal birth spacing interval	56%	96%	11.38	<.001
Risks to mother of short birth interval	87%	93%	.016	Not statistically significant
Risks to child of short birth interval	88%	93%	.090	Not statistically significant

Social workers conducted follow-up visits with the wives of men who had attended a seminar co-led by a sheik, priest, and physician in order to learn whether the men had shared information from the seminar with their wives. They learned that 22 of 26 men had shared information with their wives; one had shared information with his mother but not his wife; and three had not shared information with anyone.

Conclusion

TAHSEEN recognized the importance of working with religious leaders, as they are natural public leaders and prominent disseminators of information in their community. Gaining recognition from religious leaders supported TAHSEEN program activities and reassured the community that the RH/FP information provided by TAHSEEN complies with their religious beliefs.

