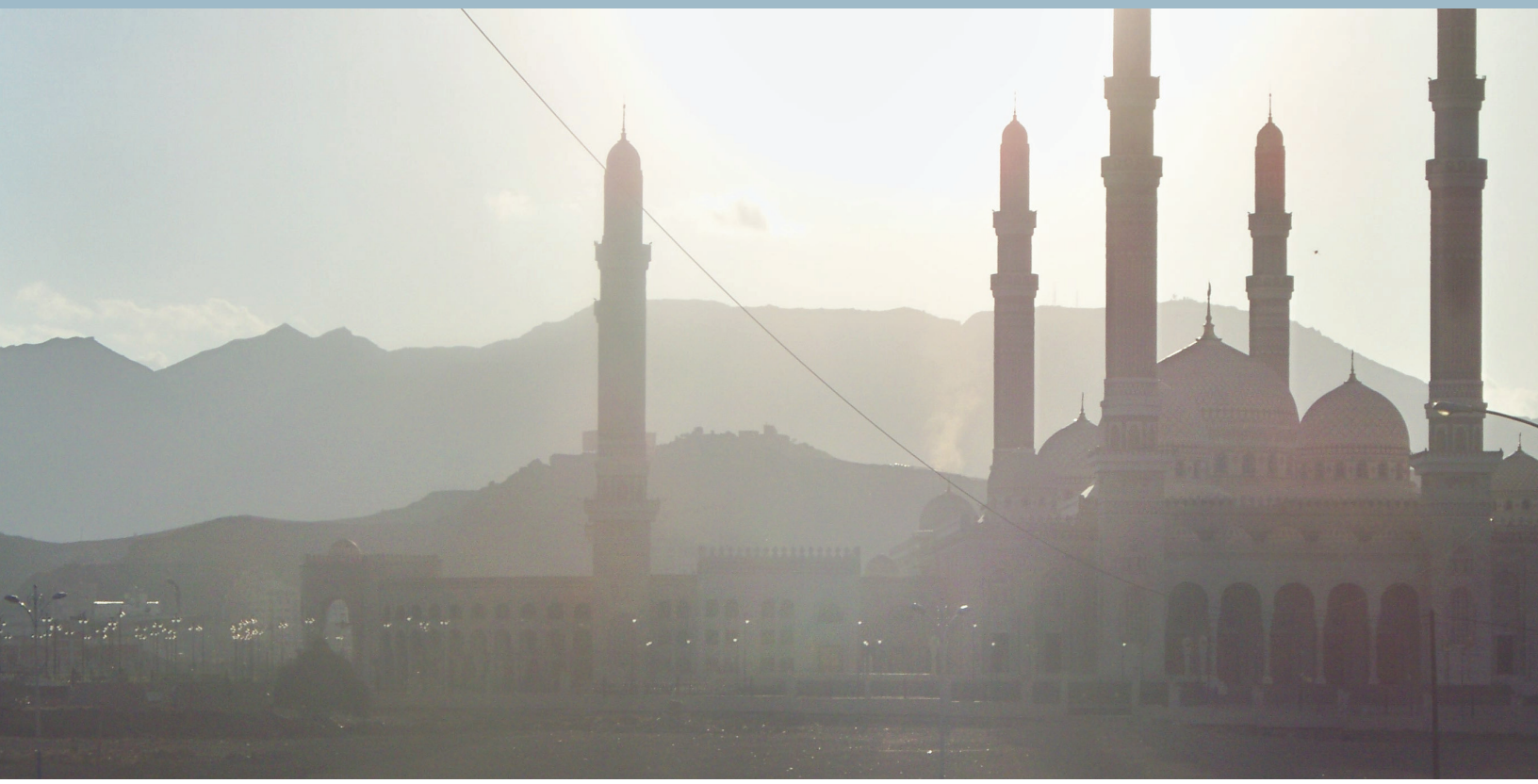
MOBILIZING MUSLIM RELIGIOUS LEADERS FOR REPRODUCTIVE HEALTH AND FAMILY PLANNING AT THE COMMUNITY LEVEL



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

A Training Manual

Acknowledgements

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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.*

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Table of Contents

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	*Salla Allahu alaihi wa sallam*
STIs	Sexually Transmitted Infections
SWT	*Allah Subhana wa ta'aala*
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 gage 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[1]

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

[1] 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 are 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

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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".***[2]

[2] 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).[3]

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*

[3] 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[4]

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.

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

[4] 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. [5]

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.[6]

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.

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[5] Sisters in Islam (1991). Letters to the Editor.
[6] 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

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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.[7]

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.

[7] For further information refer to 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 be come 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.

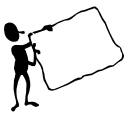
While the groups are discussing the case study draw four columns on a flipchart. Write "contributing factors" as the heading for column one; "protecting measures" as the heading for column two; "husband's involvement" for column three; and "role of religious leaders" for column four.

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)[8] [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.

[8] 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[9] [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.

[9] 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

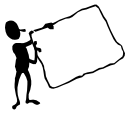
Refer back to the previous session where the health issues of early pregnancy were discussed in the case study of Abu, as well as Islam's perspective on when it is safe to become pregnant.

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"

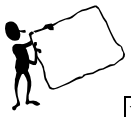
When pregnancy occurs less than 24 months from the last live birth:

- 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 my 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"

For couples who decide to space their next pregnancy after a live birth, the messages are:	For couples who decide to have a child after a miscarriage or abortion, the messages are:	To protect the health of both the mother and the baby, the messages for adolescents are:
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. Use a family planning method of your choice during that time.	For the health of the mother and the newborn, wait a minimum of six months before trying to become pregnant again. Use a family planning method of your choice for six months before trying to become pregnant again.	For your health and your baby's, wait until you reach 18 years of age, before trying to become pregnant. Use a family planning method of your choice until you reach 18 years of age.

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 consumption 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

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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:

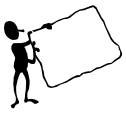
> "According to Hanafi School of thought it has been proved through authentic evidence from the Holy Qur'an and Sunnah that use of birth control materials or practice of methods to withdraw spermatozoa or to create barriers for semen to prevent its mixing with ovum of woman, is legal and lawful."

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[10]



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

[10] 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.

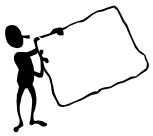
The facilitator will act as moderator and timekeeper.

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**pacing 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

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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*."

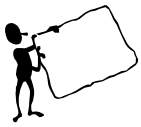
In Islam, parents are responsible for the social, cultural and moral training of their children, as well as for the physical and health care. Muslim children have rights and parents have obligations to their children. This means that parents need to adjust their procreation patterns to meet their religious 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." [11]

[11]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 on 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 15minutes for this activity.

Next, divide the participants into small groups. Ask each group to choose one myth or rumor form 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 where 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

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Activity 1: Introduction to STIs and HIV/AIDS[12] [5 minutes]

Sexually transmitted infections, including HIV, is mainly acquired through unprotected sexual intercourse. People form 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.

[12] 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.

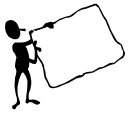
The purpose of this activity is to show how STIs and HIV are rapidly transmitted in the community when people do not practice healthy behaviors and how they can be prevented.

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.

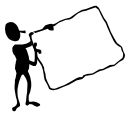
Symptoms that men may experience include: pain or burning with urination, or a discharge from the penis. In some cases, there may be bumps or sores. The sores may be painful or painless, depending on the type of infection. The majority of men experience symptoms of STIs.

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 care 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

Health Problems Related to Untreated STIs

- 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 heath facilities, including Anti-Retroviral Therapy (ART) for people living with HIV.

Group activity: Transmission of HIV [15 minutes]

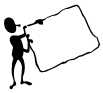
Ask participants to give examples how HIV is transmitted.

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.

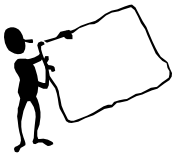
Leadership is learned, studied and exercised. It is an art, not a science. There are no techniques, rules or commandments with which a true leader can be assured of success. There are ***guidelines*** that help us be better in step with the process and dynamics of one's community and there are ***techniques***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

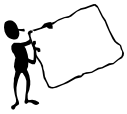
Inform the groups that they have 20 minutes for this activity.

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.

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

A Training Manual

Annexes

Session 3: Relationships between Men and Women in Islam

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. Those biological differences that do exist between them do not mean that women and men are of unequal value.

In the sight of Allah, Muslim women and men are equal participants in all aspect of Islamic life. The Sura al-Hujurat, 49:13 states that within the pairs in which humankind is created, "*the one to be most honored is the most righteous, be it man or woman"*. The Qur'an further 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).[1]

The symbolic term *garment* used in the verse *Sura al-Baqarah*, 2: 187 describes the relationship between husband and wife as one of partnership, comradeship and indispensability.

To insist that women are inferior to men is to deny the message of the Qur'an, which places no difference in value on the creation of woman and man. The Qur'an gives both women and men equal roles and responsibilities in spiritual life and in the Islamic struggle and equal rewards and punishments for their actions.[2] *"O Mankind. We created you form a male and a female, and made you into nations and tribes that you may know one another. Lo! The most favored of you are the most righteous." Al-Hujurat* (*Sura* 40:13)

Islam advocates that men and women are partners, they are made equal. The only difference in their worth is related to piety not social roles (i.e. gender).[3] According to the Prophet's *hadith*, "*Men and women are equal halves*." (Authenticated by Ahmad and Abu Dawoud.)

There is nothing in the Qur'an or in the *Hadith,* which 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). If a woman is qualified and the one best suited to fulfill a task, there is no Qur'anic injunction that prohibits her form any undertaking because of her sex. The *Hadith* and recorded stories on the life of the Prophet Muhammad (SAW) is full of women leaders, jurists and scholars, and women who participated fully in public life.

Khadija, the first wife of the Prophet, was a successful trader who helped the poor, freed slaves and spread the message of Islam. After her death, the Prophet (SAW) married *Aisha Siddiqa*, a formidable young woman who led a Muslim army into battle and taught multitudes of Muslim men and women from throughout the growing world in Islam.
Al-Shifa bint Abdullha was the chief inspector or the Medina market. *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. [4]

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[1] Sisters of Islam 1991. *Letter to the Editor.* "Islam and Women's Rights, 12 January 1991."
[2] Source: Sisters in Islam 1991. *Letter to the Editor*. "Islam and Women's Rights, 13 January 1991."
[3] Omran, A. 1992, *Family Planning in the Legacy of Islam*. London & New York: Routledge, pp. 43

The principle here is that those who are capable of providing wise and effective leadership should lead. If a woman is qualified and suited to fulfill a task, there is no Qur'anic injunction that prohibits her from any undertaking because of her sex.[5]

It is not the obligation of a wife to perform household work. Ideally there should be mutual cooperation in performing household tasks and looking after the children, especially in cases where both spouses work.

The *sirah* (life) of the Prophet show that he himself assisted his wives in housework, although he was also the head of state as well as the Messenger of God."[6] 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.

The Prophet recognized the culture of son preference so he stressed the value of daughters by saying *Do not hate having daughters, for they are the comforting dears* (Authenticated by *Ahmad* and *al-Tabarani*).

Islam's Position on Marital Relations

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*

Sura al-Rum (30:21) in the Qur'an describes the purposes of family life.

"*And 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."*

This *sura* establishes two principles that a husband and wife need to practice to ensure a harmonious marital relationship and will allow both to find tranquility (*sakan*) in one another. The principles are:

- *Mawaddah* – love, intimacy, passion, friendship and companionship
- *Rahmah* – mercy, understanding, reconciliation, tolerance and forgiveness.

There are three other *suras* in the Qur'an that promote harmonious marital relationships.

"*They are like garments unto you as you are like garment unto them." Sura al-Baqara* (2:187).

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[4] Sisters in Islam 1991. *Letter to the Editor.* "Women and Work in Islam, 17 March 1999."
[5] Sisters in Islam 1991. *Letter to the Editor.* "Islam and Women's Rights, 13 January 1999."
[6] Noriani, N., Baldishah, N., and Kaprawi, N. 2004. *Hadith on Women in Marriage.* Selangor, Malaysia: Sisters in Islam, pp. 23; 18.

The symbolic meaning of garment denotes a relationship of mutual support, mutual comfort and mutual protection between a husband and wife whereby each fits into the other as a garment fits the body.[7]

The two other *suras* that reinforce *Sura al-Baqara* include:

- *"Be you male or female, you are members, one of another."* Sura al-Imran (3: 195)
- "*The believers, men and women, are protectors, one of another*." Sura al-Tawba (9:71)

The Qur'an talks about women and men being each other's *awliyya*-protecting friends and guardians. This message stresses the concept of equality between women and men and that discrimination against women is not compatible with Islam.[8] Furthermore, the Qur'an emphasizes human dignity, justice and equality.

[7] Commentary by Abdulla Yusif Ai in Anwar, Z., Datin, M. and Shuib, R. 2003. *Family Planning in Islam*. Kuala Lampur: Sisters in Islam, pp. 16.
[8] See Anwar, Z.; Datin, M. and Shuib, R. 2003, 17

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

Violence against Women

Around the world countless number of women and girls and men and boys are victims 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.

Research by World Health Organization (WHO) indicates that globally:

- One in every three women has been beaten, coerced into sex, or otherwise abused in her lifetime[9]
- 30% to 60% of ever-partnered women have experienced physical or sexual violence, or both, by an intimate partner[10]
- 7% to 48% of girls and young women globally aged 10-24 years report their first sexual encounter as coerced[11]

Violence against women (VAW) is found in every segment of society — regardless of class, ethnicity, culture, country or whether the country is at peace or war. It includes rape, sexual mutilation, purposeful infection with HIV/AIDS and other sexually transmitted infections (STIs), forced impregnation, forced abortion, female genital mutilation/cutting (FGM/C), sexual harassment, trafficking, forced prostitution, dowry-related violence, acid attacks, domestic violence, and battering.

The cycle of violence permeates every stage of a woman's life cycle, from before birth to old age. It cuts across both the public and the private spheres. Women are subjected to violence in a wide range of settings, including the family, the community, state custody, and armed conflict and its aftermath. Below is a list which gives examples of the types of violence women face throughout their life cycle.

[9] Heise L., Ellsberg M., and Gottemoeller M. (1999). *Ending violence against women.* Population Reports, Johns Hopkins University School of Public Health, Center for Communications Programs L (11).
[10] García-Moreno, C., Jansen, Henrica A.F.M., Ellsberg, M., Heise, L. and Watts, C. (2005). *WHO Multi-Country Study on Women's Health and Domestic Violence against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses*. Geneva, Switzerland: World Health Organization.
[11] Krug E.G. et al. eds. (2002). *World Report on Violence and Health.* Geneva, Switzerland: World Health Organization.

VAW throughout the life cycle

Prenatal phase: Battering during pregnancy; coerced pregnancy; deprivation of food and liquids; sex selective abortion

Infancy: Female infanticide; emotional and physical neglect and abuse; differential access to food and medical care for girl infants

Childhood: Child marriage; genital mutilation/cutting; sexual abuse by family members and strangers; differential access to food, medical care and education; limited play time compared to male counterpart; child prostitution

Adolescence: Forced marriage; denied access to education; differential access to food and, medical care; sexual assault; incest; forced prostitution; trafficking in women; courtship violence; economically coerced sex; sexual abuse in the workplace

Reproductive age: Abuse of women by intimate partners; coerced sex; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities; legal discrimination

Old-age: Abuse and exploitation of widows

Violence against women is a major cause of death and disability for women 16 to 44 years of age. It is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined. It is estimated that:

- Globally, around 2 million girls are missing because they are aborted before birth.[12]
- In India it is estimated that about seven thousand fewer girls are born every day compared to the global average, largely because sex selected abortion (female fetuses are aborted after sex determination tests).[13]
- Worldwide, between 100 million and 140 million women have undergone some form of female genital cutting and suffer from its adverse health effects.[14]
- In Geneva, in a study of 1,200 randomly selected ninth-grade students, 20 per cent of girls revealed that they had experienced at least one incident of physical sexual abuse.[15]
- In Africa, schoolgirls face violence in their classrooms and on their way to school. For example, according to a national survey in South Africa, 32 per cent of reported child rapes were carried out by teachers.[16]

[12] Vlachovi, M., and Biason, L. 2005. *Women in an Insecure World: Violence against Women. Fact, Figures and Analysis.* Geneva: Geneva Centre for the Democratic Control of Armed Forces.
[13] Based on a report by UNICEF published in *Reuters.* Foeticide means 7,000 fewer girls a day in India. Tuesday, December 12, 2006.
[14] UNICEF 2005. *Female Genital Mutilation/Cutting: A Statistical Exploration*. Accessible at www.childinfo.org.
[15] Vlachovi, M., and Biason, L. 2005.
[16] The African Child Policy Forum 2006. *Born to High Risk: Violence against Girls in Africa*. Accessible at www.africanchildforum.org

- Worldwide, it is estimated that somewhere between 700,000 and 4 million women per year have been forced or sold into prostitution. Approximately, 120,000 to 500,000 of them were sold to pimps and brothels in Europe alone.[17]

VAW increases during conflicts and natural disasters. Rape has been used as a deliberate weapon of war to brutalize and dehumanize civilians.[18] For example:

- In Rwanda, between 250,000 and 500,000 women were raped during the 1994 genocide.
- Across Africa - from Uganda to Liberia to Angola - girls as young as 12 have been abducted during conflicts and forced to fight, work as servants or become sexual slaves for combatants.[19]

VAW has serious consequences for women's health and well-being, ranging from fatal outcomes, such as homicide, suicide and AIDS-related deaths, to non-fatal outcomes such as physical injuries, chronic pain syndrome, gastrointestinal disorders, unintended pregnancies, pregnancy complications, and sexually-transmitted infections (STIs). See table 1 below.[20]

Societal attitudes justifying VAW

VAW is justified by social and cultural norms as well as attitudes and beliefs by both men and women across many societies. Common attitudes include the following:

- The notion that men have the right to control wives' behavior and to discipline them
- The notion that there are just causes for violence
- Blaming the victim for the violence received

Myths and realities about VAW[21]

Myth—VAW happens only to poor and marginalized women.
Reality—Although some studies suggest that women who live in poverty are more likely to experience violence than women of higher status, the same studies show that VAW does happen among people of all socioeconomic, educational, and ethnic groups.

Myth—Men cannot help themselves. Violence is simply a part of their nature.
Reality—Male violence is not genetically based; it is perpetuated by a cultural model of masculinity that permits and even encourages men to be aggressive. Moreover, it is important to point out that men are generally able to refrain from violence in certain settings (such as the work place), while choosing to become violent in other places (such as the home).

[17] Vlachovi, M., and Biason, L. 2005.
[18] For further information refer to Rothschild, C., Reilly M., Nordstrom, S. 2006. *Strengthening Resistance: Confronting Violence against Women and HIV/AIDS.* New Brunswick, NJ. Center for Women's Global Leadership.
[19] "Shattered Lives: Sexual Violence during the Rwandan Genocide and Its Aftermath." Human Rights Watch/Africa. (1996). http://www.hrw.org/reports/1996/Rwanda.htm.
[20] Adapted from Velzboer, M., Ellsberg, M., Arcas, C., Garcia-Moreno, C. 2003. *Violence against Women: The Health Sector Responds.* Washington DC: PAHO.
[21] Adapted from POLICY Project. 2006. *Responding to Gender-Based Violence: A Focus on Policy Change. A Companion Guide*, pp. 22-23.

Myth—Women who experience gender-based violence provoke the abuse through their inappropriate behavior.
Reality—Within many societies, there is a widespread belief that women often deserve or provoke the violence they receive. For example, that disobedient wives deserve to be beaten by their husbands or that women who were raped were probably "asking for it" because of the way they dressed or acted. As community leaders/advocates/health providers/educators/police, it is extremely important to examine our own individual values and beliefs about gender roles. Blaming the victim can cause great harm to a survivor and reflects a failure to acknowledge gender-based violence as a violation of human rights.

Myth—Most women are abused by strangers. Women are safe when they are home.
Reality—Studies consistently show that most women who experience GBV are abused by people they know; often the perpetrators are those they trust and love.

Table 1- Health consequences of VAW

Fatal outcomes	**Nonfatal outcomes**		
Physical injuries and chronic conditions	*Sexual and reproductive health complications*		*Psychological and behavioral outcomes*
-Murder of females -Suicide -AIDS-related illnesses and death -Maternal death	-Fractures -Chest injuries -Permanent disability -Gastrointestinal disorders -Lacerations and abrasions -Eye and ear injuries -Burns -Gynecological disorders	-Sexually-transmitted infections, including HIV -Unwanted pregnancy -Pregnancy complications -Miscarriage / low birth weight -Sexual dysfunction -Unsafe abortion	-Depression and anxiety -Eating and sleep disorders -Drug and alcohol abuse -Poor self-esteem -Post-traumatic stress disorder -Self harm -Unsafe sexual behavior

Session 4: Prevention of Violence against Women and Men's Role *(continued)*

This section will examine the various interpretations and the different explanations of the term *qawwamuna 'ala -nisa'* and move on to discuss the term *nushuz* and '*idribuhuna.*

Explanation of the term *qawwamuna 'ala -nisa'*

"Men are *qawwamuna 'ala* women, [on the basis] of what Allah has *faddala* preferred] some of them over others, [and on the basis] of what they spend of their property [for the support of women]. So good women are *qanitat*, guarding in secret that which Allah has guarded. As for those women from whom you fear *nushuz*, admonish them, banish them to beds apart, and '*idribuhuna* [scourge] them. Then, if they obey you, seek not a way against them."

The manner in which this verse is interpreted directly affects how men and women resolve their marital discord. The four most common interpretations of this verse include the following:

1. *Men have authority over women* because Allah [God] has made the *one superior to the other*, and because they spend their wealth to maintain them. *Good* women are *obedient*. They guard their unseen parts because Allah has guarded them. As for those from whom you *fear disobedience, admonish them and send them to beds apart and beat them*. Then if they obey you, take no further action against them. (Dawood 1974)

2. *Men are the maintainers* of women because Allah has made *some of them to excel others* and because they spend out of their property; the *good women* are therefore *obedient*, guarding the unseen as Allah has guarded; and (as to) those on whose part you *fear desertion, admonish them, and leave them alone in the sleeping-places and beat them;* then if they obey you, do not seek a way against them*;* surely Allah is High, Great. (Shakir n.d.)

3. *Men are the protectors and maintainers of women*, because Allah has given *the one more (strength) than the other*, and because they support them from their means. Therefore the *righteous women* are *devoutly obedient*, and guard in (the husband's) absence what Allah would have them guard. As to those women on whose part *ye fear disloyalty and ill-conduct, admonish them (first), (Next), refuse to share their beds, (And last) beat them (lightly);* but if they return to obedience, seek not against them Means (of annoyance): For Allah is Most High, great (above you all). (Ali 1991)

4. *Men are in charge of women,* because Allah hath *made the one of them to excel the other,* and because they spend of their property (for the support of women). So *good women* are the *obedient*, guarding in secret that which Allah hath guarded. As for those from whom ye *fear rebellion, admonish them and banish them to beds apart, and scourge them.* Then if they obey you, seek not a way against them. Lo! Allah is ever High, Exalted, Great. (Pickthall 197-)

At this juncture the first section of this *sura* will be critically analyzed. According to Sayyid Qutb,[22] men and women are both from Allah's creation, and Allah never intends to oppress anyone from His creation. Sayyid Qutb explains that the notion of *qiwamah* is about men's responsibility to their immediate family and society at large. This verse is specific to the relationship between a husband and wife.

To ensure balance and justice in responsibilities between a husband and wife and given a women's role in childbearing, the verse implies that it is a husband's duty to provide for his wife (*qiwamah*) so that she is not burdened with additional responsibilities and is able to devote her attention to care for her children. In other words, a husband is expected to provide physical protection and material sustenance to his wife. This portion of the verse establishes an equitable and mutually dependent relationship between a husband and wife.

The term *fadalah* cannot be interpreted to mean that God prefers men over women. The verse does not read "they (masculine plural) are preferred over them (feminine plural)." Rather, the Qur'an uses the term *ba'd* (some) of them over *ba'd* (others)."[23] Therefore, to insist that men are preferred over women or men are superior to women is inconsistent with Islamic teachings.

As for the notion of *qanitat*, it is used here to describe 'good' women. Many people often falsely translate the word *qanitat* to mean 'obedient', and then assume the word to mean obedient to her husband. The Qur'an uses the word *qanitat* for both women (4:34, 33:34, 66:5, 66:12) and men (2:238, 3:17, 33:35). *Qanitat* is a descriptive term that depicts a characteristic or personality trait of believers towards Allah. There is a distinction between the word *qanitat*- i.e. men and women are subservient to Allah) - and *ta'a* – which is about mere obedience. The intended message in the term *qanitat* is that men and women are both subservient to Allah.[24] It is <u>not</u> about women being obedient to their husbands, since obedience is only to Allah.

<u>Explanation of the terms *nushuz* and '*idribuhuna*</u>

The most cited verse that justifies men's behavior in disciplining their wives is *Sura an-Nisa'* (4:34).

As for the second part of this verse that starts with:

> As for those women from whom you fear *nushuz*, admonish them, banish them to beds apart, and '*idribuhuna* [scourge] them. Then, if they obey you, seek not a way against them."

In the Qur'an the term *nushuz* is used for both women (*Sura an-Nisa'* 4:34) and men (4:128). Therefore, *nushuz* cannot actually be interpreted to mean a woman's disobedience to her husband, as is often assumed.

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[22] Quoted in Wadud, A. 1992. *Qur'an and Woman: Rereading the Sacred Test from a Woman's Perspective*. Oxford and New York: Oxford University Press, pp. 72. Wadud refers to the writing of Sayyid Qutb in Fi-Zilala al-Qur'an, 6 vols, Vol.11, p.650.
[23] Wadud 1992, 71.
[24] See Wadud 1992, 74.

Neither the Qur'an nor the traditions justify a husband beating his wife for merely disobeying his personal wishes. In fact, all the early Muslim authorities stress that the 'beating' – if resorted to at all – should be only be if the wife is guilty of gross immoral conduct. The beating should not cause pain since it is only meant to be symbolic – implying that a husband use a toothbrush or a handkerchief. There are some great Muslim scholars such as *Imam Shafi'i* who are of the opinion that beating a wife is just barely permissible, and should be avoided. [25]

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. The root of '*idribuhuna* is *daraba*. In the Qur'an, depending on the context, *daraba* can mean 'to travel', 'to strike', to set up', 'to give (examples)', 'to take away', 'to ignore', to condemn', 'to cover', or 'to explain'.

When encountering a word with multiple meanings, it is important to use common sense to identify the proper meaning according to the context and form within which it is being used. In the pre-Islamic period known as the Age of Ignorance (*Jahiliyah*), there were gross practices of physical and emotional abuse of females. Even if the usual translation of *daraba* as 'a single strike' is to be accepted, seen within this context, **the single strike would be a restriction on the pre-existing practice, and not a recommendation**. Later, as Muslim society in Madinah developed towards an ideal state, the final verse in the Qur'an on male-female relationship (Sura at-Tawbah 9:71) regards women and men as being each other's protecting friends and guardians ('*awliyya*) which emphasizes the cooperation between the two in living together as partners."[26]

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. "It involves the misreading of the Qur'an to support the lack of self constraint in some men."[27]

If the Qur'an meant that a husband could beat his wife, then we would have expected the Prophet to have applied this Qur'anic text in his life, and that he would have beaten his wives. However, this did not occur. For example, even when the Prophet suspected his wife *'Aisha* of marital infidelity, he did not beat her. Rather he exercised patience.[28]

Another example in the Qur'an is when the Prophet took a vow of one-month seclusion from his wives after they schemed against him over something he had done with which they were unpleased. "This seclusion can be viewed as a demonstration of the second solution recommended in verse 4:34 'remain in beds apart'." [29]

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[25] Peterson, T. and Anwar, Z. 2004. *Hadith on Women in Marriage*. Sisters in Islam, Kuala Lampur, pp. 29-31. The bolded type is the author's emphasis.
[26] Peterson, T. and Anwar, Z. 2004. *Hadith on Women in Marriage*. Sisters in Islam, Kuala Lampur, pp. 29-31. The bolded type is the author's emphasis.
[27] Wadud 1992, 77.
[28] For further information see Wadud, A. 2006. *Inside the Gender Jihad: Women's Reform in Islam.* Oxford: Oneworld, pp. 202.
[29] Wadud 2006, 202.

In summary, *Sura an-Nisa'* (4:34) is intended to settle marital discord and to promote marital harmony. The *sura* provides possible solutions to marital discord. First, it promotes a verbal solution between husband and wife (as in this verse) or between the husband and wife with the help of arbiters (as in 4:35, 128). Second, it stresses that if open discussion fails then the couple is encouraged to spend time apart by sleeping in separate beds. This is intended to be as a cooling off period to allow both the husband and wife time to reflect separately on the problem at hand. Given the prevalence of gender-based violence prior to Islam, this verse should be understood as "prohibiting unchecked violence against females." Therefore, this *sura* does not give husbands permission to beat their wives. Rather, it places a severe restriction on existing practices that inflict harm and injury to females.[30]

There are two frequent sayings from the Prophet that further reinforces Islam's position opposing VAW:

> "*Could anyone of you beat his wife as if she is a slave, and then lie with her in the evening?"* Bukhari and Muslim
>
> *"Never beat God's handmaidens"* Abu Dawid, Ibn Majah, Ahnad ibn Hanbal, Ibn Hibban and Hakim on authority of 'Abd Allah ibn 'Abbas

[30] Wadud 1992, 77.

Session 6B: Safe Motherhood-Prompting Safe Pregnancy and Childbirth (in countries where Female Genital Mutilation [FGC) IS practiced)

Islam and Female Genital Mutilation/Cutting

Islam considers it a grave sin to cause any physical mutilation to girls, or to change the form God has given them. [31] It is a fundamental message of Islam that all harmful practices are forbidden in accordance with the saying of Allah while specifying the role of the messenger (PBUH) as one who legalizes for them all that is beneficial and prohibit them from all that is harmful. There is nothing in the Qu'ran that can be used as evidence for female circumcision. Proponents of FGC often quote the verse, "…*and follow the religion of Abraham inclining towards truth.*…" (Qu'ran: 4: 125).

They claim that since Prophet Abraham (PBUH) was circumcised at the age of 80 years in obedience to Allah's command, then Muslims should follow suit as they are directed in the verse. This claim is countered by the fact that the practice of Abraham is evidence for male circumcision and not female.

Similarly, Allah (SWT) says He wants ease for us, not hardship and also warned in the Qu'ran 4:29 *"And do not kill yourselves nor kill one another."* This verse implies that Muslims should not engage in an act that is injurious to his/her life or that will lead to the termination of his/her life.

As far as the *Sunnah* is concerned most of the *ahadith* relied on are not authentic, therefore cannot be used as a basis to justify FGC. The few that are authentic are unrelated to FGC and hence cannot serve as evidence for the practice. The proponents rely on four *ahadith.* These *ahadith* are either unreliable (due to their weak status) and or unrelated to the subject of FGC therefore negating the link or basis of female circumcision in Islam. The four *ahadiths* are:

- The first is the Hadith of Um-Atiya *"O Umm `Attiyyah, take a little part and do not exaggerate; doing so will preserve the fairness of the woman's face and satisfy the husband"*. It is agreed that this *Hadith* is weak in its linkage (*sanaad).* The word '*ashimi* is vague and it is wrong to assume that '*ashimi'* means 'a small/a little cut'. The advice of the Prophet is from the word '*ashimi,* which is to massage with something soft like oil and does not denote a cut.

- The second *Hadith* is the one that says that circumcision is *sunnah for the men and an honor (makrumah) for the women*. This *Hadith* is not authentic. At best it can only be a view of some scholars. There is an apparent conflict within the wordings of the *Hadith*. The meaning of the word *makrumah* is not clear and it is wrong to assume that this word means a 'cut'. According to the sciences of *ahadith*, the Prophet does not use such vague words on such a sensitive matter. A weak *Hadith* can only be used in encouraging people to do good.

[31] This section is adapted from Abdi, M. 2007. *A Religious Oriented Approach to Addressing FGM/C among the Somali Community of Wajir, Kenya*. Population Council: Washington DC, pp. 8-9; 21-22

- The third is the *Hadith* of *'Aisha, "When the two circumcised organs meet, then it is obligatory to take a bath"*. This Hadith has no relevance to circumcision as in all books of *fiqh* (Islamic Jurisprudence), even though it appears under the chapter on *tahara* (cleanliness/purity). This Hadith is not promoting circumcision. Rather it is about encouraging Muslims to bathe after sexual intercourse. In the Arabic language the word that is used to denote male circumcision is *al-khitaan* (cut), and for women the word is *al-khifaad*. Therefore the Hadith '*when the two circumcised organs meet…*' cannot justify female circumcision since the term *al-khitaan* is used. Furthermore, there is consensus among Muslim scholars that if a circumcised man has sex with an uncircumcised woman, a bath is obligatory.

- The fourth is the Hadith of Abu Hureira who says: *"Five are among the natural things (fitra) to be done by Muslims"*. The five *fitra* include: *alkhitaan* (male circumcision), shaving of the pubic hair, trimming the moustache, cutting nails and plucking of the hair on the armpits. There is no doubt that the *Hadith* is authentic but it cannot be used as evidence for female cutting. Men and women are equal but each have different physiological make up and the application of the *fitra* depends on the sex to which it is applicable e.g. keeping the beard which is applicable to only the males, trimming of the moustache, for example, is done only by men. This means that some of these natural things apply only to men, while others are applicable to both. Besides the word used to refer to female circumcision is not *al-khitaan* but *al-khifaad* therefore, there is no mention of female circumcision in the *Hadith*. This is further supported by the practice of the Prophet himself. There is nothing from the Prophet's household to support female circumcision, whereas there is practical evidence of male circumcision (there is reported evidence of the circumcision of his grandsons).

There is no consensus ('*ijma*') on FGC among the four schools of thought. These schools hold different opinions based on their understanding and interpretation of the same *Hadith* irrespective of their authenticity or applicability.

- The *Hanafi* view it that circumcision is *sunnah* (optional) whereby those who observe it are rewarded while those who do not have not sinned.
- The *Maliki* hold that it is *wajib* (obligatory) for the men and *sunnah* (optional) for the women.
- The *Shafii claim* it is a *wajib* (obligatory) for both men and women.
- The *Hambali* have two opinions: it is *wajib* (obligatory) for both men and women; it is *wajib* (obligatory) for men and *makrumah* (honorable) for the women.

Qiyas (analogy) is not applicable because female circumcision cannot be compared with male circumcision. Whereas the male circumcision has strong basis in *shari'a* and therefore a religious requirement, female circumcision has no basis, and is not an Islamic practice. Besides there is a difference in what constitutes a cut for males and females. In males the cut is the removal of the foreskin, in females it is the removal of a functional organ. Furthermore, the removal of a functional organ is harmful and any act that causes harm contradicts Islamic principles.

Session 9: Islam and Child Spacing

Concept of Family Planning and Islam
Child spacing/family planning methods prevent the female egg from being fertilized by the male sperm. Therefore, the prevention of pregnancy is not a killing or an abortion of a fetus, since the semen (*nutfa*) from which a fetus is created, is not itself a human being. It is only after the sperm penetrates an ovum, and the process of fertilization takes place that a fetus is formed. 120 days after conception is the period where a fetus is considered to have a soul (*khalqan a'akhar*).

There is a distinction between infanticide and child spacing/family planning. "Prevention of pregnancy is the act of preventing the semen of a man from mingling with the ovum of the woman and this is not killing."[32,33] Infanticide is the killing of a child that is born alive by either killing the child, burying it alive or abandoning it.

If a human embryo is already formed in the womb, child spacing/family planning methods will not disrupt its growth.

Common Reasons Used to Oppose Child Spacing/Family Planning.

Some *ulama* use some verses in the Qur'an to imply indirectly the prohibition of contraception on the grounds that:

- FP is like infanticide (killing of children) or *wa'd* which is prohibited
- FP contradicts predestination (*qadr*) and reliance on Allah (*tawakkul*)
- FP denies the ability of Allah to provide for any number of children (*rizq*)
- FP is against the call for multitude (*kathrah*)

These *ulama* argue that preventing pregnancy is the same as practicing infanticide and use several Qur'anic verses to justify their claims including *Sura al-An'am* (6:140; 6:151), *Sura al_Isra'* (17:31), *Sura al-Mumtahina* (60:12), *Sura al-Takwir* (81: 8-9).

Examples of Possible Responses to Situations Were People Oppose the Concept of Child Spacing/Family Planning.

1. Reliance on God and God Will Provide

- "Islam does not encourage helplessness or idleness stemming from the belief that Allah will provide for human beings regardless of their own efforts. Such an attitude would prevent the *umma* from progress as well as benefiting from human and technological advances.

[32] Omran, A. 1992.

[33] This section is from Roudi-Fahimi, F. 2004. *Islam and Family Planning*. Population Reference Bureau; Anwar, Z., Datin, M., Shuib, R. 2003. *Islam and Family Planning*. Kuala Lumpur: Sisters in Islam

- To deepen rivers, to build dams and rebuilding walls to retain flood waters – none of these acts constitute a denial of Allah's will or reliance on Allah. *Sura al-Imaran*, 3: 159 states:

  "*And when you have made a decision, rely on Allah [for achieving your objective]*."

  This means one is expected to use one's wisdom to take the initiative to achieve one's objectives, and only after that to rely on Allah. Caliph Omar explained this verse to mean that, "Reliance on Allah means to plant the seed in the earth, then trust in Allah (SWT) [for a good crop]."

- In another *hadith* a man who came to pray in the mosque asked the Prophet whether to tie his camel or just put his trust in Allah (SWT), the Prophet replied: Hobble her and rely on Allah (SWT). Authenticated by *al-Tirmidhi.* In other words, the Muslim is supposed to take the initiative first, and thereafter rely on Allah.[34]

2. Idea of Islamic Multitude

- Some Muslims use the Hadith, "*Marry and multiply, for I shall make a display of you before other nations on the Day of Judgment.*" (Authenticated by *Ibn Mardawiyya).* This narration is considered weak by *al-Iraqi*. The term "multiply" has different interpretations. It could mean marry and procreate, have children, but not necessarily to many that this becomes a burden to the family. In fact, in Islam no one may be asked to carry a burden which is beyond their own capacity to handle (*Sura al Baqarah*).

- Islam does not encourage idleness and helplessness in the hope that Allah will provide for everything. It is felt that a misinterpretation of *tawkkul* and the idea of leaving things to be determined by Allah with no preparation for the future (i.e. lack of planning) will only contribute to the deterioration of Muslim communities.

Islam's Position on the Use of Child Spacing/Family Planning

A number of Qur'anic verses emphasize that God does not wish to burden believers. This implies that the well-being of children overrides concerns for a large family. The use of family planning can certainly contribute to the well-being of women, children, families and communities.

Common quotes cited encouraging child spacing are: "*Allah desires for you ease*", "*He desires no hardship for you*" *Sura al-Baqara* (2: 185). "*He has not laid upon you in religion any hardship.*" *Sura al-Hajj* (22: 78) "*Allah desires to lighten your burden, for man was created weak.*" *Sura an-Nisa'* (4:28). These verses stress the point that Islam is a religion of ease (*yusr*) and not hardship ('*usr*).

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."[35]

[34] Anwar, Z., Datin, M., Shuib, R. 2003, 7
[35] Anwar,Z., Datin, M., Shuib, R. 2003, 1

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."[36]

There are 32 authenticated Hadiths concerning the practice of *al-'azl* (withdrawal of penis) 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. 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.*" Authenticated by *al-Bukhari*, *Muslim*, *Trimidhi*, *Ibn Maja* and *Ibn Hanbal*

Another *Hadith* states that, "*We used to practice al-'azl during the time of the Prophet. The Prophet came to know about it, but did not forbid us [doing it]*."(Authenticated by *Muslim*.)

While some scholars believe withdrawal was only practiced on slave girls, others believe that if it is a freeborn woman, her consent is required. Thus, a wife's consent to practice withdrawal is also required.

"The fact that the Companions sanctioned and some actually practiced *al-azl* with the Prophet's knowledge and approval is considered by the majority of theologians as confirmation of the permissibility of *al-'azl*."[37] Therefore, by analogical reasoning (*qiyas*) the *ulama* have concluded that it can be considered an alternative method of contraception and can be allowed to prevent pregnancy.

Any form of modern contraception (the pill, IUD, condom, injectables, and natural methods such as the rhythm, controlling cervical mucus) is permissible as they do not permanently destroy the ability to procreate. In fact, modem methods are advocated since they are safe and effective and allow normal and complete sexual relations. Sterilization for men, however, is universally condemned, while sterilization for women is only allowed for saving the health and/or life of the woman.

[36] Ibid
[37] Anwar, Z., Datin, M., Shuib, R. 2003, 2

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

Islam's position on parental responsibilities towards children and the concept of child spacing

The Prophet (PBUH) is reported to have felt that having too many children without the means to take care of them creates hardship on families. The most grueling trial is to have plenty of children with no adequate means.

The Prophet (PBUH) warned against a woman getting pregnant in the period of breast feeding, calling it *al-ghayl, ghayla or gheyal*. (In Arabic this denotes a serious assault on a child.)

Asma' bint Zayd Ibn al-Sakan said that she heard the Prophet (PBUH) say "Do not kill your children unconsciously. For *al-ghayla* will have in the future the same effect as when a horseman is overtaken [by an opponent] and thrown off his horse." Authenticated by *Abu Dawoud*[38]

The Prophet is reported to have felt that having too many children without the means to take care of them is quite a trial. He said: "The most grueling trial is to have plenty of children with no adequate means." (Authenticated by *al-Hakim*, on the authority of *Abdullah Ibn Omar*).

Ibn Abbas, one the prominent advocates in the community of believers, also stressed the hardships related to having too many children. He said: "A multitude of children is one of the two poverties while a small number is one of the two cases of ease. (Authenticated by *Quda'ei in Musnad al-Shahab*).

"Of the two cases of poverty, one is that a large number of dependants can overburden the provider to the point of exhaustion; the other is that the lack of pecuniary means can result in the inability to provide adequately for one's family. The two cases of ease are first the availability of comfortable circumstances and the fact that a small number of children can be raised correctly and comfortably within those means. Although the quotation centers on material means, it implicitly suggests that spiritual, intellectual, literary and other needs can be more efficiently met where the family is smaller." [39]

There are a few Qur'anic verses that have been interpreted as recommending child spacing through breast feeding in order to discourage a mother from becoming pregnant during this important time. It will ensure that she is able to breast feed her child.[40] The verses include:

And mothers shall suckle their children two full years for those who wish to complete breast feeding	*Al –Baqara (Sura* 2:233)
And his weaning is in two years	*Luqman (Sura* 31:14)
His bearing and weaning is thirty months	*Al-Ahqaf (Sura* 46:15)

[38] Omran 1992, 129.
[39] Omran 1992, 106.
[40] Omran 1992, 96-97

Summary of Child Spacing/Family Planning Methods								
Type of Child Spacing/ Family Planning Methods	**Name of the Method**	**Effectiveness of the Method** [41]	**Who uses the Method?** [42]	**How does the Method work?**	**What are the possible benefits of the Method?**	**What are possible side effects of the Method?**	**Does the Methods protect against STIs/HIV?**	**Where can you get the Method?**
Withdrawal	Withdrawal	*	Husbands	Man withdraws penis from vagina before ejaculation. Sperm does not enter the vagina so pregnancy is prevented. However, some sperm may be released before ejaculation	-No need to purchase supplies -No cost for method -No need for medical support	None	No	Available at home
Fertility Awareness Based	Calendar	**	Wives	The fertile period (including ovulation) of a woman's menstrual cycle will be identified and the couple will use alternate child spacing method (abstinence or condoms) during the fertile times to	-No need to purchase supplies -No cost for method -No need for medical support	None	No	Available at home

[41] * = least effective ***** = most effective

[42] It is advisable that the **couple** discuss their child spacing intentions and the method that they choose to use, so that they are both in agreement on the issue however this category of the chart reflects upon the person who will implement the child spacing method.

Summary of Child Spacing/Family Planning Methods								
Type of Child Spacing/ Family Planning Methods	**Name of the Method**	**Effectiveness of the Method** [41]	**Who uses the Method?** [42]	**How does the Method work?**	**What are the possible benefits of the Method?**	**What are possible side effects of the Method?**	**Does the Methods protect against STIs/HIV?**	**Where can you get the Method?**
				prevent pregnancy				
Lactational Amennorhea (LAM)	LAM	***	Wives	Pregnancy is prevented by suppressing hormones that cause ovulation and pregnancy through exclusive breastfeeding. This method is only effective if all 3 criteria for LAM are met and only works for up to 6 months after delivery.	-Supports mother and child bonding -Supports breastfeeding (health benefits to mother and child)	None	No	Available at home
Abstinence	Abstinence	*****	Couple	The couple does not engage in any sexual activity that will involve penetration of the penis into the vagina or anus. Since no semen will be	-No need to purchase supplies -No cost for method -No need for medical support	None	Yes	Available at home

Summary of Child Spacing/Family Planning Methods								
Type of Child Spacing/ Family Planning Methods	**Name of the Method**	**Effectiveness of the Method [41]**	**Who uses the Method? [42]**	**How does the Method work?**	**What are the possible benefits of the Method?**	**What are possible side effects of the Method?**	**Does the Methods protect against STIs/HIV?**	**Where can you get the Method?**
				deposited in the vagina a pregnancy cannot take place	-No risk for contracting STIs or HIV from sex			
Barrier	Condoms	****	Husbands	Latex sheath that is placed over penis during sex. The condom will prevent sperm from entering the vagina if used correctly. A new condom must be used with each sexual act.	-Easy to obtain -Prevents pregnancy and STIs -Easy to use	-Rare allergic reactions to latex -May interrupt sexual activity -Increases duration of sexual pleasure, a bonus for wives	Yes	Health post, health workers, hospital, pharmacy, shops
Hormonal	Oral Contracep-tive	****	Wives	Hormones change the menstrual cycle so that ovulation does not take place and cervical mucous becomes thicker. Sperm is prevented from entering the uterus and since there is no egg, pregnancy is prevented. Pills	-Very effective at preventing pregnancy -Easy to use -Does not interfere with the act of sex -Easy to stop using -Helps prevent ovarian and	-Irregular menstrual bleeding/ spotting -Weight gain -Headaches -Nausea	No	Health post, health workers, hospital, pharmacy

Summary of Child Spacing/Family Planning Methods								
Type of Child Spacing/ Family Planning Methods	**Name of the Method**	**Effectiveness of the Method** [41]	**Who uses the Method?** [42]	**How does the Method work?**	**What are the possible benefits of the Method?**	**What are possible side effects of the Method?**	**Does the Methods protect against STIs/HIV?**	**Where can you get the Method?**
				must be taken EVERY day to be effective and a visit to a health provider is needed for first time users.	endometrial cancers			
	Injectables	****	Wives	Hormonal medicine changes the menstrual cycle so that ovulation does not take place and cervical mucous becomes thicker. Sperm is prevented from entering the uterus and since there is no egg, pregnancy is averted.. Injections must be taken every 3 months from a health provider.	-Very effective at preventing pregnancy -Easy to use -Does not interfere with the act of sexual intercourse -Does not affect breastfeeding	-Irregular menstrual bleeding/ spotting -No menstrual bleeding -Weight gain -Headaches -Nausea -May take 6 months to 1 year to become pregnant after use	No	Health post, health workers, hospital, pharmacy

Rumors and Misconceptions **Facts and Reality about Child Spacing/Family Planning Methods**	
RUMORS AND MISCONCEPTIONS	**FACTS AND REALITIES**
General Rumors	
• It is better to have your children closely spaced while you are young, because it is the time that a wife's body is strongest.	• Pregnancies with spacing of less than two years are not healthy for both mother and infant. • Mothers need time to recover from a previous pregnancy. They need to restore their depleted stores of iron and calcium, build their strength, and repair the wear and tear they experienced from the previous pregnancy.
• It is more convenient to complete the family fast and then opt for permanent methods of birth control.	• It is more important for the family to have a healthy mother and children, which is not possible if the births are very close.
Condoms	
• If a condom slips off during sexual intercourse, it might get lost inside a wife's body.	• If a condom slips off during sexual intercourse, it is impossible for the condom to get lost inside the woman's body. The health worker should explain the correct use of the condom.
Oral Contraceptive Pills	
• I only need to take the pill when I sleep (have sexual intercourse) with my husband. • Pills make you weak. • The pill is dangerous and causes cancer. • The pill causes abnormal or deformed babies and the tendency increases for the birth of twins or triplets. • The pill causes infertility or makes it more difficult for a woman to become pregnant once she stops using it.	• A wife must take her pills every day in order not to become pregnant. • Pills only protect against pregnancy if she takes them every day. • If she misses one pill, she should take two pills as soon as she remembers and continue to take the rest of the pills one a day until the pack is completed. • Sometimes women feel weak for other reasons, but since they are also taking the pill, so they may attribute the pill as a cause of their weakness. Pills do not make a woman weak. A doctor needs to be consulted in order to find out what may be causing the weakness.. • Studies show that the pill can protect women from some forms of cancer, such as those of the ovary, uterus, and breast. • There is NO medical evidence that the pill causes abnormal or deformed babies. • The pill has no effect on the tendency of multiple births. • Studies have clearly shown that the pill does not cause infertility or decrease a woman's chances of becoming pregnant once she stops taking it.

Injectables	
• A woman who uses injectables will never be able to get pregnant again. • Injectable contraceptives cause cancer. • A woman will not have enough breast milk if she uses the injectable while breastfeeding. • Injectables stops menstrual bleeding (amenorrhea) and that is bad for a woman's health. • Injectables cause abnormal or deformed babies. • Injectables cause irregular bleeding, resulting in anemia.	• Sometimes there is a delay of 6 to 9 months after the last injection for a woman's fertility to return to normal. A woman therefore needs to plan when to stop injections based on when she wants her next baby. • Research has clearly proven that injectables do not cause cancer. In fact, it has been shown to protect against ovarian cancer. • Studies show that the amount of breast milk does not decrease when breastfeeding women are using the injectable six weeks after birth. • Amenorrhea is an expected result of using the injectables as women do not ovulate. This kind of amenorrhea is not harmful. It helps prevent anemia and frees women from the discomfort and inconvenience of monthly bleeding. • There is no evidence that the injectables cause any abnormalities in newborns. Studies done on infants who were exposed to injectables while in the womb showed no increase in birth defects. It is worth noting that in past years, injectables were used in women to prevent miscarriage. • During the first 3 to 6 months of the use of injectables irregular bleeding may occur in the form of spotting or minimal bleeding. This usually stops within a few months of continuous use and rarely results in anemia.

Annex 2: Pre and Post - training Knowledge Test for Participants

Name: _____

Score: _____

Time: 30 minutes

Section I: Please CIRCLE your answer(s) for each question below

Session 2: Reproductive Health/Family Planning and Islam

Q1. Four of the five elements listed below are components of reproductive health. Please circle the FOUR components of reproductive health.

1. Safe Motherhood
2. Girls Education
3. Family Planning/Birth Spacing
4. Prevention and management of sexually transmitted diseases
5. Prevention of gender-based violence

Session 3: Relationship between Men and Women in Islam

Q2. The statements below refer either to a person's sex or gender. Please circle the ONE statement that refers to gender.

1. Women give birth to babies
2. Women can breastfeed
3. Girls should be gentle; boys should be tough
4. Men's voices change with puberty

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

Q3. Please list below FOUR types of violence against women.

1. Physical (e.g., slapping, hitting, pushing, punching, kicking, ripping off cloths, etc.)
2. Emotional (e.g., yelling, screaming, name-calling, shaming, mocking, isolation from friends and family, etc.)
3. Economic (e.g., withholding physical resources such as food, clothes, necessary medications, or shelter, preventing the spouse from having control over her income and property, etc.)
4. Sexual Abuse (e.g., touching a girl's/woman's sexual body parts against her will, beating a girl/woman to force her to have sex, using vulgar and abusive language to coerce her into having sex, refusing to use contraceptives or condoms, etc.)

Q4. Please circle below the one statement that is NOT considered a harmful traditional practice.

1. Child marriage
2. Dowry abuse

3. Widow inheritance
4. Female genital cutting/mutilation
5. Assisted delivery during childbirth

Session 5: Safe Motherhood—Definition

Q5. Four of the five elements listed below are components of Safe Motherhood. Please circle the FOUR components that are part of Safe Motherhood.

1. Care during pregnancy
2. Clean and safe delivery
3. Determining virginity
4. Care after delivery
5. Care for a woman who had a miscarriage or abortion

Session 6A & B: Safe Motherhood—Promoting Safe Pregnancy and Childbirth

Q6. There are many reasons why some women are at higher risk for health problems during pregnancy, labor or delivery. Please circle below the FOUR statements that describe health risks for pregnancy, labor or delivery.

1. Women who have had 4 children with less than 2 years between each birth
2. First time young mothers who are under the age of 18
3. Women who go for antenatal check-up
4. Women who have health conditions such as diabetes, high blood pressure, malnutrition, or anemia
5. Women who have had problems during any previous pregnancy or delivery

Session 7: Safe Motherhood—Healthy Timing and Spacing of Pregnancy

Q7. Below are messages on practicing healthy timing and spacing of pregnancy that you as a religious leader can deliver during your Friday sermon. Please circle below the ONE INCORRECT message.

1. After the birth of a baby, wait a minimum of 2 years, but not more than 5 years, before trying to become pregnant again.
2. Women who are over 40 years of age do not need family planning.
3. After a miscarriage or abortion, wait a minimum of six months before trying to become pregnant again.
4. If a young teenage girl is married, it is highly recommended that a couple choose and use a family planning method until she reaches 18 years of age.

Session 8: Safe Motherhood—Breastfeeding

Q8. There are many benefits to breastfeeding. Please circle below the FOUR statements that are considered benefits of breastfeeding.

1. Makes babies grow strong and healthy
2. Protects against sexually transmitted diseases
3. Promotes relationship between mother and baby
4. Reduces risk for breast and ovarian cancer
5. It is free

Session 9: Islam and Child Spacing

Q9. There are many justifications for child spacing/contraception in Islamic law. Please circle below the FOUR statements that show Islamic teachings and principles that support child spacing /contraception.

1. To avoid health risks, mental and physical, to the mother from repeated pregnancies and pregnancies at short intervals or too young age
2. To avoid having too many girls
3. 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
4. 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
5. 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

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

Q10. Below are statements about family planning. Please circle the FOUR statements below that describe outcomes of family planning.

1. Helps save women's and children's lives and preserves their health by preventing untimely and unwanted pregnancies
2. Reduces women's exposure to the health risks of childbirth and abortion
3. Causes infertility in couples
4. Allows couple to have more time to nurture their relationship and devote time to their children
5. Promotes promiscuity in young unmarried girls
6. Assists parents to have the means to raise their children

Section II: For the following section, indicate whether each of the following statements is TRUE or FALSE by circling the CORRECT response.

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

Q11. Condom is the only family planning method that both prevents pregnancy and sexually transmitted infections, including HIV, when used correctly and consistently.
TRUE FALSE

Session 11: Introduction to Youth Development

Q12. It is important for girls to complete their education before marriage.
TRUE FALSE

Session 12: STIs and HIV/AIDS

Q13. Sexually transmitted infections can be passed from one person to another through casual contact (shaking hands, drinking from the same glass, etc.)
TRUE FALSE

Q14. Untreated sexually transmitted infections can cause sterility in men and women.
TRUE FALSE

Session 13 and 14: Leadership Skills and Community Mobilization

Q15. People can choose to become leaders and learn leadership skills.
TRUE FALSE

Annex 3: Participant Feedback Form on Individual Session

Session(s) Covered Today_____
Reviewed_____ _____
Date_____

1. What did you especially <u>like</u> about the session(s) covered?

2. What did you <u>like least</u> about the session(s) covered?

3. How could the session(s) be improved?

4. Any other comments?

Please Rate the session(s) by marking an x on the scale below, with 1 being least positive and 5 being most positive.

1----------2----------3----------4----------5
Poor Excellent

Annex 4: Action Plan Record of RL Activities (Personal Reporting Form)

Name:
Camp / area:
Month(s) and Year Reported:
Brief Description of Your Action Plan:

1. Conducted Counseling Session:	**Date of counseling:**	**Name of persons counseled:**	
	1. **2.** **3.** **4.** **5.** **6.** **7.** **8.** **9.** **10.**	**1.** **2.** **3.** **4.** **5.** **6.** **7.** **8.** **9.** **10.**	
2. Friday Speeches:	**Date of Speech:**	**Topics Covered:**	
	1. **2.** **3.** **4.** **5.**	**1.** **2.** **3.** **4.** **5.**	
3. Community Education Events:	**Date of Event:**	**Type of Activity**	**Estimate # of Participants**
	1. **2.** **3.** **4.** **5.**	**1.** **2.** **3.** **4.** **5.**	**1.** **2.** **3.** **4.** **5.**
4. Meetings attended with Health Committee/ Local Council / other health related bodies:	**Date:**	**Type of Meeting Attended:**	
	1. **2.** **3.** **4.**	**1.** **2.** **3.** **4.**	

Please write what you feel has been the impact of the activities listed above on your community:

Annex 5: End of Course Evaluation

Course Title _____
Course Date(s) of _____

1. What did you especially like about this training course?

2. What did you like least about this training course?

3. How could this training course be improved?

4. In what ways, if any, will this course be useful in your role as a religious leader?

5. Any other comments?

Please rate the following aspects of this training course by marking an "X" on the scale below between 1 and 5, with 1 being poor and 5 being excellent.

Amount of time given to cover all subjects.

1----------2----------3----------4----------5
Poor Excellent

Helpfulness of the training facilitators

1----------2----------3----------4----------5
Poor Excellent

Organization of the sessions and materials

1----------2----------3----------4----------5
Poor Excellent

Suitability and comfort of the training site

1----------2----------3----------4----------5
Poor Excellent

Usefulness for your role as a religious leader

1----------2----------3----------4----------5
Poor Excellent

Quality of the overall training course

1----------2----------3----------4----------5
Poor Excellent

Annex 6: Pre and Post Test Answer Guide

Name: _____

Score: _____

Time: 30 minutes

Section I: Please CIRCLE your answer(s) for each question below

Session 2: Reproductive Health/Family Planning and Islam

Q1. Four of the five elements listed below are components of reproductive health. Please circle the **FOUR** components of reproductive health.

6. **Safe Motherhood**
7. Girls Education
8. **Family Planning/Birth Spacing**
9. **Prevention and management of sexually transmitted diseases**
10. **Prevention of gender-based violence**

Session 3: Relationship between Men and Women in Islam

Q2. The statements below refer either to a person's sex or gender. Please circle the **ONE** statement that refers to gender.

5. Women give birth to babies
6. Women can breastfeed
7. **Girls should be gentle; boys should be tough**
8. Men's voices change with puberty

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

Q3. Please list below **FOUR** types of violence against women.

1. **Physical** (e.g., slapping, hitting, pushing, punching, kicking, ripping off cloths, etc.)
2. **Emotional** (e.g., yelling, screaming, name-calling, shaming, mocking, isolation from friends and family, etc.)
3. **Economic (**e.g., withholding physical resources such as food, clothes, necessary medications, or shelter, preventing the spouse from having control over her income and property, etc.)
4. **Sexual Abuse** (e.g., touching a girl's/woman's sexual body parts against her will, beating a girl/woman to force her to have sex, using vulgar and abusive language to coerce her into having sex, refusing to use contraceptives or condoms, etc.)

Q4. Please circle below the one statement that is **NOT** considered a harmful traditional practice.

6. Child marriage
7. Dowry abuse

8. Widow inheritance
9. Female genital cutting/mutilation
10. **Assisted delivery during childbirth**

Session 5: Safe Motherhood—Definition

Q5. Four of the five elements listed below are components of Safe Motherhood. Please circle the **FOUR** components that are part of Safe Motherhood.

6. **Care during pregnancy**
7. **Clean and safe delivery**
8. Determining virginity
9. **Care after delivery**
10. **Care for a woman who had a miscarriage or abortion**

Session 6: Safe Motherhood—Promoting Safe Pregnancy and Childbirth

Q6. There are many reasons why some women are at higher risk for health problems during pregnancy, labor or delivery. Please circle below the **FOUR** statements that describe health risks for pregnancy, labor or delivery.

6. **Women who have had 4 children with less than 2 years between each birth**
7. **First time young mothers who are under the age of 18**
8. Women who go for antenatal check-up
9. **Women who have health conditions such as diabetes, high blood pressure, malnutrition, or anemia**
10. **Women who have had problems during any previous pregnancy or delivery**

Session 7: Safe Motherhood—Healthy Timing and Spacing of Pregnancy

Q7. Below are messages on practicing healthy timing and spacing of pregnancy that you as a religious leader can deliver during your Friday sermon. Please circle below the **ONE INCORRECT** message.

5. After the birth of a baby, wait a minimum of 2 years, but not more than 5 years, before trying to become pregnant again.
6. **Women who are over 40 years of age do not need family planning**
7. After a miscarriage or abortion, wait a minimum of six months before trying to become pregnant again.
8. If a young teenage girl is married, it is highly recommended that a couple choose and use a family planning method until she reaches 18 years of age.

Session 8: Safe Motherhood—Breastfeeding

Q8. There are many benefits to breastfeeding. Please circle below the **FOUR** statements that are considered benefits of breastfeeding.

6. **Makes babies grow strong and healthy**
7. Protects against sexually transmitted diseases
8. **Promotes relationship between mother and baby**

9. **Reduces risk for breast and ovarian cancer**
10. **It is free**

Session 9: Islam and Child Spacing

Q9. There are many justifications for child spacing/contraception in Islamic law. Please circle below the **FOUR** statements that show Islamic teachings and principles that support child spacing /contraception.

6. **To avoid health risks, mental and physical, to the mother from repeated pregnancies and pregnancies at short intervals or too young age**
7. To avoid having too many girls
8. **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**
9. **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**
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Session 10: HTSP and Child Spacing for Maternal and Child Health and Survival

Q10. Below are statements about family planning. Please circle the **FOUR** statements below that describe outcomes of family planning.

7. **Helps save women's and children's lives and preserves their health by preventing untimely and unwanted pregnancies**
8. **Reduces women's exposure to the health risks of childbirth and abortion**
9. Causes infertility in couples
10. **Allows couple to have more time to nurture their relationship and devote time to their children**
11. Promotes promiscuity in young unmarried girls
12. **Assists parents to have the means to raise their children**

Section II: For the following section, indicate whether each of the following statements is TRUE or FALSE by circling the CORRECT response.

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

Q11. Condom is the only family planning method that both prevents pregnancy and sexually transmitted infections, including HIV, when used correctly and consistently.
TRUE FALSE

Session 11: Introduction to Youth Development

Q12. It is important for girls to complete their education before marriage.
TRUE FALSE

Session 12: STIs and HIV/AIDS

Q13. Sexually transmitted infections can be passed from one person to another through casual contact (shaking hands, drinking from the same glass, etc.)
TRUE ***FALSE***

Q14. Untreated sexually transmitted infections can cause sterility in men and women.
TRUE FALSE

Session 13 and 14: Leadership Skills and Community Mobilization

Q15. People can choose to become leaders and learn leadership skills
TRUE FALSE

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

A Training Manual

Handouts

Handout 1: Violence against Women (VAW) Throughout the Life Cycle (Session 4)

Prenatal phase: Battering during pregnancy; coerced pregnancy; deprivation of food and liquids; sex selective abortion

Infancy: Female infanticide; emotional and physical neglect and abuse; differential access to food and medical care for girl infants

Childhood: Child marriage; genital mutilation/cutting; sexual abuse by family members and strangers; differential access to food, medical care and education; limited play time compared to male counterpart; child prostitution

Adolescence: Forced marriage; denied access to education; differential access to food and, medical care; sexual assault; incest; forced prostitution; trafficking in women; courtship violence; economically coerced sex; sexual abuse in the workplace

Reproductive age: Abuse of women by intimate partners; coerced sex; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities; legal discrimination

Old-age: Abuse and exploitation of widows

Handout 2: Four Types of Violence against Women (VAW) (Session 4)

Type 1: Physical violence is the use of physical force against another in a way that ends up injuring a woman/girl or putting her at risk of being injured. Physical abuse ranges from physical restraint to murder. Examples include:

- Slapping, hitting, pushing, punching, kicking
- Grabbing, choking, shaking
- Pinching, biting
- Physically confining such as holding, tying up or locking in a room.
- Throwing objects at a person
- Attacking with a weapon
- Burning or freezing
- Ripping off clothes

Type 2: Sexual violence includes forcing women/girls to participate in unwanted, unsafe, or degrading sexual activity. It also involves the use of unwanted sexual advances to gain power over women/girls and forcing them to look at pornography or participate in pornographic filmmaking. Examples include:

- Touching a girls'/woman's sexual body parts against her will
- Beating a girl/woman to force her to have sex
- Using vulgar and abusive language to coerce her into having sex
- Putting drugs into a hers drink so that it is easier to have sex with her
- Refusing to use contraceptives or condoms

Type 3: Emotional, mental or economic violence consists of more subtle actions or behaviors than physical abuse. Examples of emotional or mental (verbal or nonverbal) abuse include:

- Threatening or intimidating to gain compliance
- Damaging a woman's personal property and favorite possessions, or threats to do so
- Violence to an animal or object (such as a wall or piece of furniture) in the presence of a girl/woman, as a way of instilling fear
- Yelling, screaming, name-calling
- Shaming, mocking, or criticizing a girl/woman, either alone or in front of others
- Possessiveness, isolation from friends and family
- Blaming a girl/woman for how the abuser acts or feels
- Telling the victim that they are worthless on their own
- Making the victim feel that there is no way out of the relationship

Economic violence includes:

- Withholding economic resources such as money or credit cards to prevent victim's access to health care, buy food and clothing for children, etc.
- Stealing from or defrauding a spouse of money or assets
- Exploiting the intimate partner's resources for personal gain
- Withholding physical resources such as food, clothes, necessary medications, or shelter
- Preventing the spouse from having control over her income and property, and to be involved in financial decision-making

Type 4: Harmful traditional practice. These are customs that are considered as 'normal' or 'acceptable'. Because they are often not perceived as hurtful, injurious or unsafe they tend to go unpunished and it seems that community tolerates them. Examples include:

- Female genital cutting/mutilation (FGC/M)
- Forced marriage
- Honor killing
- Acid throwing
- Dowry abuse
- Widow inheritance
- Forced divorce

Handout 3: Islam and Safe Motherhood (Session 5)

"Help ye one another in righteousness and piety, but help ye not one another in sin and rancor: fear Allah: For Allah is strict in punishment." (Qu'ran 5:2)

"…the duty of feeding and clothing nursing mothers in a seemly manner is upon the father of the child. No one should be charged beyond his capacity. A mother should not be made to suffer because of her child, nor should he to whom the child is born (be made to suffer) because of his child. And on the (father's) heir is incumbent the like of that (which was incumbent on the father). If they desire to wean the child by mutual consent and (after) consultation, it is no sin for them; and if ye wish to give your children not to nurse, it is no sin for you, provided that ye pay what is due from you in kindness. Observe your duty to Allah, and know that Allah is Seer of what ye do." (Qu'ran 2:233)

The prophet, (PBUH), supports this view: **"***The best among you in the sight of Allah is he who is the most benevolent and most caring to his family." "Be kind to your women, for they are a trust in your hands from Allah."*

"Let the women live (in 'idda) in the same style as ye live according to your means: annoy them not so as to restrict them. And if they carry (life in their wombs) then spend (your substance) on them until they deliver their burden: and if they suckle your (offspring) give them their recompense: and take mutual counsel together according to what is just and reasonable. And if ye find yourselves in difficulties let another woman suckle (the child) on the (father's) behalf."

"Let the man of means spend according to his means: and the man whose resources are restricted let him spend according to what Allah has given him. Allah puts no burden on any person beyond what He has given him. After a difficulty, Allah will soon grant relief." (65:7)

Handout 4: Case Study on Safe Motherhood (Session 6A & B)

Time: 20 minutes

Instructions

1. Choose a leader
2. Choose a recorder and have that person write the group's view
3. Choose a presenter to report their group's findings
4. The leader reads the case study out loudly for the group members
5. When finished, answer the question below.

Rahma[1] is an 18 year-old pregnant woman who is in labor. She is very week and in great pain. The local traditional birth attendant was called to the house where she labored for almost two days. The mother has been pushing for 12 hours without any progress. Rahma did not have antenatal care during her pregnancy.

Realizing that both baby and mother were in distress, the husband asks a neighbor to rush them to the nearest hospital which is four hours away. This is Rahma's third child, and she is very frightened that both she and the baby will die. When she arrives at the hospital the only available doctor was busy with another patient. Rahma delivers her baby, but it is stillbirth. Because of the prolonged and obstructed labor, Rahma now suffers a fistula as well. Her husband, who is about 13 years older than her, declares that he does not want to have anything to do with her.

Answer the following questions.

- Has something like this happened in your community?
- What factors do you think contributed to Rahma's 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?

[1] Change the name of Rahma to one that is culturally appropriate.

Handout 5: Immediate and Long-Term Complications of Female Genital Cutting [FGC] (Session 6B)

- **Immediate complications include:**
  - Hemorrhage and sudden death as a result of massive bleeding
  - Shock not only due to bleeding but also to the severe pain and anguish
  - Infection due to unhygienic conditions and the use of un-sterilized instruments. **Note**: Use of the same instrument on several girls without sterilization may cause the spread of HIV.
  - Urine retention for hours or days
  - Injury to adjacent tissue such as the urethra, vagina, perineum or rectum

- **Long term complications include:**
  - Cysts and abscesses
  - Thick raised scars called keloids, which are associated with problems during pregnancy and delivery
  - Damage to the urethra, urinary incontinence
  - Sexual dysfunction
  - Vaginal narrowing due to scarring
  - Complications during childbirth.
    - Prolonged labor leads to exhaustion of mother
    - Tough scar tissue prevents dilatation of the birth canal resulting in obstructed labor
    - Obstructed labor may be fatal for both the mother and baby
    - Mother may suffer: lacerations, fistulas as well as severe blood loss

Handout 6: Complications during Pregnancy and Delivery (Session 6B)

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 perennial 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)

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 intervals with less than 2 years apart)
- Women who are very short or small
- Women who are very heavy (over weight)
- 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

Handout 7: Benefits of Child Spacing (Session 7)

There are many benefits to **H**ealthy **T**iming and **S**pacing of **P**regnancy. Invite the group to suggest some benefits. Ensure that the following are mentioned:

For newborns, infants and children under five

- Fewer pre-term births
- Fewer deaths
- Fewer babies who are too small or underweight
- Allows babies to breastfeed for longer periods of time

For mothers

- Women are physically, emotionally, and financially better prepared
- Fewer pregnancy complications
- Allows mothers to focus on newborns and families
- Very beneficial to postpartum women (women up to 6 months after delivery) They especially need time to recover from their most recent birth and time to spend with their infant and small children

For fathers

- Helps men protect the health of their wives and children
- Allows men to prepare for children emotionally and financially

For communities

- Reduces illness and death among mothers, infants and children
- Reduces poverty and improves the quality of life for all
- Allows girls and women to complete school which helps them to be better mothers
- Allows women to work outside the home, which helps the family and community's economic situation

Handout 8: Islam in Support of Family Planning/ Child Spacing (Session 9)

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 its practice."

There are 32 authenticated *Hadiths* concerning the practice of *al-azl* (withdrawal of penis before ejaculation) as a contraceptive measure practices by Muslims at the time of the Prophet (SAW) and some of the Companions.

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."

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.

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 – (refer to the prepared flip chart)

> "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.

Handout 9: Child Spacing/Family Planning Methods (Session 10)

1. *Withdrawal or Coitus Interruptus (Not Effective)*
The idea is for a husband man to withdraw his penis from his wife's vagina before he ejaculates. By doing so it is believed that pregnancy is averted because the seminal fluid does not enter the vagina. However, this method is **not** effective in preventing pregnancy because it depends on a husband's ability to withdraw before he ejaculates, which is very often difficult. Another reason that withdrawal is not effective has to do with the fact that some of the seminal fluid escapes from the penis before ejaculation. That fluid can enter the vagina and pregnancy occurs. If a couple prefers to delay a pregnancy they will need to use a more effective type of child spacing/family planning. This method is not effective. [2]

2. *Fertility Awareness Based Methods (Somewhat Effective)*
Fertility awareness methods (FAM) are based on identifying the days of the month when a wife is least likely to become pregnant. Couples using FAM must be aware of when sexual intercourse can result in pregnancy and will need to time intercourse according to whether they want to have a child or not. Successful use of FAM depends on the ability of the couple to determine the woman is fertile and be willing to avoid unprotected sex during that time. This means that a couple will need to abstain from sex or use a modern method such as a condom to prevent pregnancy. Examples of FAM methods are the Calendar and Cervical Mucous methods. This method is somewhat effective.

3. *Lactational Amennorhea (Most effective)*
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. LAM can *only* be used temporarily by breast-feeding women. To effectively practice LAM a woman must meet the following criteria

- Be breastfeeding **exclusively**
- Is less than 6 months postpartum of her most recent delivery
- Has not menstruated since her delivery

Although LAM is very effective if all criteria listed below are met, **after the sixth month of delivery LAM is no longer an effective method to prevent pregnancy.** [3, 4]

[2] Centers for Disease Control and Prevention (CDC). Family Planning Methods and Practice: Africa. Second Edition. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2000.
[3] *Saving Mothers' Lives: What Works A Field Guide for Implementing Best Practices in Safe Motherhood*, White Ribbon Alliance/India & CEDPA (2002)
[4] RHO Reproductive Health Outlook, Lactational Amenorrhea Method. Available at: http://www.rho.org/html/cont-lam.htm as retrieved on Dec 27

4. *Non-hormonal Method*

- *Male Condom (Most Effective)*
  The male condom is a thin rubber tube made of latex rubber. It is closed on one end like the finger of a glove so that when a man puts it over his penis, it acts as a barrier to stop the sperm from entering the woman's vagina. It is an effective way to prevent pregnancy and sexually transmitted infections and HIV when used correctly and consistently. Correct use involves placing it on an erect penis before intercourse. Before a man uses it he must do the following:
    - Pinch the top, closed end of the condom to leave a small empty space to hold the semen
    - Unroll the condom down the length of the penis all the way to the base
    - After ejaculation, before the penis goes soft, the man needs to hold on to the bottom (base) of the condom as he pull the penis out of the vagina, so that the condom does not slip off
    - Take off the condom carefully without spilling semen.

For the condom to be effective it must be used every time a couple has sex.
The condom prevents pregnancy by preventing sperm from entering the woman's vagina. It also protects against by blocking the exchange of body fluids when the penis is in direct contact with the vagina.

- *Intrauterine Device* or *IUD (Most Effective)*
  It is a small plastic and copper device that is fitted into the womb (uterus) by a doctor or nurse. It is designed to prevent the sperm from meeting the egg. A major advantage of the IUD is that, once fitted, there is no need to worry about contraception. As long as the IUD remains in place, it can be left for three to ten years. There are a few disadvantages to the IUD. They can make a woman's periods heavier, longer or more painful. Also, a woman has a small chance of getting an infection during the first 20 days after an IUD. If the infection is not treated it can cause infertility. There's also an IUD - the Mirena, which is impregnated with a hormone to prevent pregnancy.

1. Modern Methods

Modern methods are hormonal as they rely on the use of synthetic hormones to alter a woman's natural menstrual cycle so that ovulation (release of egg) does not occur. They are the most effective at preventing pregnancy, but may also have some side effects. (for women or men), sometimes require visits to a health provider and may cost money to purchase.

- *Injectable Method* (Most Effective)
  A wife receives a hormonal injection into her arm or buttocks every three months by a health care provider. It may cause some side effects such as not having menstrual periods, or experiencing headaches and weight gain. Not having a period is not harmful to the woman and does not cause infertility. Once she stops using injectables, it may take her anywhere from six to 12 months to become pregnant. This method does not protect against STIs or HIV.

Oral Contraceptive Method (Most Effective)
Oral contraceptives are sometimes called “the pill” or “birth control pills.” In order for the pill to be effective, a wife must take it every day even if she and her husband are not having sexual intercourse. The pill does not cause infertility. In fact, once a wife stops taking it her fertility resumes. The pill is known to cause light menstrual bleeding. Some women experience some side effects in the first few months such as headache, nausea, or slight weight gain, but these usually go away. The pill does not protect against STIs or HIV, even though it is a very effective method for preventing pregnancy.

Handout 10: Rumors and Misconceptions about Child Spacing/Family Planning Methods (Session 10)

Rumors and Misconceptions Facts and Reality about Child Spacing/Family Planning Methods	
RUMORS AND MISCONCEPTIONS	**FACTS AND REALITIES**
General Rumors	
• It is better to have your children closely spaced while you are young, because it is the time that the woman's body is strongest.	• Pregnancies with spacing of less than two years are not good for any women's health at any age. • She has to rest sufficiently to be strong and healthy for the next pregnancy and to have time for proper nourishing and nurturing of the last-born child.
• It is more convenient to complete the family fast and then opt for permanent methods of birth control.	• It is more important for the family to have a healthy mother and children, which is not possible if the births not appropriately timed and spaced.
Condoms	
• If a condom slips off during sexual intercourse, it might get lost inside the woman's body.	• If a condom slips off during sexual intercourse, it is impossible for the condom to get lost inside the woman's body. The health worker should explain the correct use of the condom.
Oral Contraceptive Pills	
• I only need to take the pill when I sleep (have sexual intercourse) with my husband. • Pills make you weak. • The pill is dangerous and causes cancer. • The pill causes abnormal or deformed babies and the tendency increases for the birth of twins or triplets. • The pill causes infertility or makes it more difficult for a woman to become pregnant once she stops using it.	• A woman must take her pills every day in order to not become pregnant. • Pills only protect against pregnancy if she takes them every day. • If she misses one pill, she should take two pills as soon as she remembers and continue to take the rest of the pills one a day until the pack is completed. • Sometimes women feel weak for other reasons, but they are also taking the pill, so they think it is the pill that causes the weakness. Pills do not make a woman weak. A doctor should be seen to try to find out what else is causing weakness in a woman. • Studies show that the pill can protect women from some forms of cancer, such as those of the ovary, uterus, and breast. • There is NO medical evidence that the pill causes abnormal or deformed babies. • The pill has no effect on the tendency of multiple births. • Studies have clearly shown that the pill does not cause infertility or decrease a woman's chances of becoming pregnant once she stops taking it.

RUMORS AND MISCONCEPTIONS	FACTS AND REALITIES
Emergency Contraceptive Pill (ECP)	
• Misperception that ECP causes abortion.	• ECP works to prevent pregnancy. • ECP does not cause abortion. • ECP will not end an established pregnancy.
Injectable Contraceptive	
• A woman who uses the injectable will never be able to get pregnant again. • Injectable contraceptives cause cancer. • A woman will not have enough breast milk if she uses the injectable while breastfeeding. • The injectable stops menstrual bleeding (amenorrhea) and that is bad for a woman's health. • The injectable causes abnormal or deformed babies. • The injectable causes irregular bleeding, resulting in anemia.	• Sometimes there is a delay of 6 to 9 months after the last injection for a woman's fertility to return to normal. A woman therefore needs to plan when to stop injections based on when she wants her next baby. • Research has clearly proven that the injectable does not cause cancer. In fact, it has been shown to protect against ovarian cancer. • Studies show that the amount of breast milk does not decrease when breastfeeding women are using the injectable six weeks after birth. • Amenorrhea is an expected result of using the injectable, because women using the injectable do not ovulate. This kind of amenorrhea is not harmful. It helps prevent anemia and frees women from the discomfort and inconvenience of monthly bleeding. • There is no evidence that the injectable causes any abnormalities in infants. Studies done on infants who were exposed to the injectable while in the womb showed no increase in birth defects. It is worth noting that in past years, the injectable was used in women to prevent miscarriage. • During the first 3 to 6 months of the injectable use, irregular bleeding may be experienced in the form of spotting or minimal bleeding. This usually stops within a few months of continuous use of the injectable and rarely results in anemia.

Handout 11: Possible Symptoms of Sexually Transmitted Infections (STIs) (Session 12)

People who are infected with an STI may experience the following symptoms:

- 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
-

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 STI.

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. Note 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 care 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:

- 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). 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 if a person is infected with an STI, unless you actually see bumps, sores or discharge.

Handout 12: Principles of Leadership (Session 13)

1. Know yourself and seek self-improvement through self-study, formal classes, reflection, and interacting with others.

2. Know your job and be familiar with your community.

3. Seek responsibility, and take responsibility for your actions. Search for ways to guide your community to new heights. When things go wrong, do not blame others. Analyze the situation, take corrective action, and move on to the next challenge.

4. Make sound and timely decisions using good problem solving, decision making, and planning skills.

5. Be a good role model for your community. They must not only hear what they are expected to do, but also see.

6. Know your people and look out for their well-being. Know human nature and sincerely care for your community.

7. Keep your community informed. Know how to communicate with all the members of your community: men, women, young, old.

8. Help community members develop good character traits that will help them carry out their responsibilities in the home, workplace and community.

Handout 13: The Process of Great Leadership (Session 13)

Challenge the process - First, find a process that you believe needs to be improved the most.

Inspire a shared vision - Next, share you vision in words that can be understood by your followers.

Enable others to act - Give them the tools and methods to solve the problem.

Model the way - When the process gets tough, get your hands dirty. A boss tells others what to do...a leader shows that it can be done.

Encourage the heart - Share the glory with your followers' heart, while keeping the pains within your own.

Handout 14: How to Foster Good Human Relations (Session 13)

The six most important words:
"I admit I made a mistake."

The five most important words:
"You did a good job."

The four most important words:
"What is your opinion?"

The three most important words:
"If you please."

The two most important words:
"Thank you."

The one most important word:
"We"

The least important word:

"I"