

# ENGAGING RELIGIOUS LEADERS IN REDUCING MATERNAL AND CHILD MORTALITY, AND GENDER EQUALITY

FIELD EXPERIENCES FROM THE SHOW PROJECT IN SOKOTO STATE, NIGERIA



JUNE 2020

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## ACKNOWLEDGEMENTS

Plan International Canada would like to thank Global Affairs Canada for their support of the Strengthening Health Outcomes for Women and Children (SHOW) project implemented in Bangladesh, Ghana, Haiti, Nigeria, and Senegal.

The research tools used for this research were written by Chewe Mulenga, Promundo-US Atlas Fellow, while this brief was co-authored by Chewe Mulenga and Jane Kato-Wallace, technical advisor at Promundo-US. Additional technical assistance and support on the tools and brief were provided by Abby Fried, program officer and Ruti Levtov, director of research, evaluation, and learning from Promundo-US and Saifullah Chaudhry, senior advisor for gender equality at Plan International Canada.

We would like to thank the religious leaders and Plan International Nigeria staff who participated in this research for their generosity of time. We would also like to thank Plan International Nigeria for arranging the logistics and translation associated with the field research.

Suggested Citation: Promundo-US and Plan International Canada. (2020). *Engaging Religious Leaders in Reducing Maternal and Child Mortality, and Gender Equality: Field Experiences from the SHOW Project in Sokoto State, Nigeria*. Washington, DC and Toronto, Ontario: Promundo-US and Plan International Canada.

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# 1. INTRODUCTION

This knowledge brief is one of many publications documenting learning from the 4.5-year Strengthening Health Outcomes for Women and Children (SHOW) project, a multi-country effort to help reduce maternal and child mortality amongst vulnerable women and children, including adolescent girls in underserved regions, that was funded by Global Affairs Canada and the Canadian public. The brief describes the programmatic benefits, challenges, and outcomes of working with religious leaders in Sokoto State, Nigeria, and aims to inform future efforts to engage faith-based communities on gender equality-related initiatives. This brief is intended for Plan International Canada, its partners, health policymakers, and related communities of practice.

In Nigeria, the SHOW project was implemented in the Sokoto State, in the North-West region, from 2016 to 2020. Sokoto State has an approximate population of five million, of which 95 percent are Muslim, and it comprises 23 local government authorities and 244 political wards. The SHOW project targeted all 23 local government authorities and worked with religious leaders, community members, local civil society organizations (CSOs), and the Sokoto State Government to increase the quality, availability, use, and accountability of essential maternal, newborn, and child health (MNCH) services and sexual and reproductive health and rights (SRHR) services to reduce maternal and child mortality amongst marginalized and vulnerable women – specifically adolescent girls – and their children. Taking a gender-transformative approach, the project focused on empowering women and girls by improving their position, engaging men to address rigid gender-related barriers, and improving the gender-responsiveness and adolescent-friendliness of facility-based MNCH and SRH services.

Islamic religious leaders play a critical role in the daily lives and activities of the people in Sokoto, State as these leaders are seen as role models and gatekeepers of social values, community beliefs, and behaviors. SHOW in Nigeria engaged religious

leaders in promoting MNCH and SRHR messages in their weekly Friday sermons in the mosque, through various communication channels, and during other social activities in their communities. The engagement of religious leaders is premised on the understanding that engaging them proactively as “champions of change” creates an enabling environment for successful and sustainable male engagement in the MNCH continuum of care, as well as promotes gender-equitable relationships in the home and beyond.

## 2. RESEARCH OBJECTIVES

The main aim of the research discussed here was to develop a knowledge management brief on the SHOW project’s engagement with religious leaders in Nigeria. It aimed to explore the following research questions:

- What have been the shifts, if any, in attitudes and practices of religious leaders engaged in the SHOW project? What does it mean to work with these faith leaders intensely and then “let them go,” meaning provide them with the flexibility of applying what they learned as they saw fit rather than engage them in a prescriptive set of activities? Do they share these messages of gender equity and health with their wider communities? If so, how? If not, why not?
- How have religious leaders been engaged in SHOW, and how have they been able to promote change in their community at large, if any?
- What have been the lessons learned by Plan International Nigeria in engaging religious leaders?
- What were some of the challenges faced in engaging religious leaders to document Islamic guidance around MNCH messages and obtain their consensus? What was the process, and how were these challenges overcome?

## 3. RESEARCH METHODOLOGY

### 3.1 RESEARCH DESIGN, DATA COLLECTION, ANALYSIS AND ETHICS

Research was conducted between September 16 and September 20, 2019, in three local government areas of Sokoto State. The research activities included:

- Four in-depth interviews with three male religious leaders and one female religious leader.
- Four interviews with Plan International Nigeria staff involved in coordinating and documenting the country office's SHOW-related activities with religious leaders.
- A desk review of all SHOW materials documenting Plan International Nigeria's work with the religious leaders.

The desk review included the following documents: *SHOW/BORN Guidance Note*, *Islamic Perspectives on MNCH Issues*, *Gender Equality Assessment Report*, and SHOW Nigeria annual reports. The interviews were conducted in both English and Hausa (the local language), with translation provided by Plan International Nigeria staff. The qualitative research tool – the in-depth interview questionnaire – was designed by Promundo with feedback and approval from Plan International Canada and Plan International Nigeria (see Annex 1). During the in-depth interviews, the researchers obtained written consent from participants, conducted the interviews face to face, and ensured anonymity by not including any of the participants' names in the transcripts or in this report. The interviews were audio-recorded to maintain accuracy, and the researcher employed thematic analysis when analyzing the data.

Additionally, this research followed Plan International's global policy on safeguarding children and young people. Plan International is committed to ensuring that the rights of those participating in data collection or analysis are respected and protected, in accordance with the Ethical Monitoring, Evaluation, Research, and Learning Framework and the Child and Youth Safeguarding Policy.

### 3.2 STUDY LIMITATIONS

This study has several limitations. First, the data were collected after the project activities with religious leaders were completed, meaning recall bias may have led to some inaccuracies in the data. Second, due to time constraints, there was not an opportunity to test the qualitative research tools in the field to ensure that study participants easily understood the questions and that there would be no issues with translation. Third, the interviewer noted that some participants may have felt pressured to respond to questions in an overly positive way or may not have fully understood the interview questions. For example, one respondent said they had not experienced any challenges in participating in the SHOW project. However, their response to a follow-up question contradicted this statement, as they said that sharing messages with educated younger men proved to be a challenge. Such phenomena are not unusual in studies given the inherent power dynamics of an international interviewer asking a participant about their experiences with a project that supported activities in their community; such individuals may minimize any critiques to maintain a favorable relationship with the partner. The final notable limitation is that the research did not include interviews with community members; therefore, the authors could not triangulate what religious leaders said about how they changed community attitudes and behaviors by asking the community members themselves.

Nonetheless, this study contributes useful knowledge on working with religious leaders to promote gender equality in MNCH and SRHR.

## 4. RELIGIOUS LEADERS' ENGAGEMENT

As part of SHOW's global strategy on engaging men in MNCH, religious leaders were involved as gatekeepers to create a supportive environment for gender-equitable change in MNCH and SRH. In Nigeria, the SHOW project engaged religious leaders more intensely compared to other SHOW countries by working with religious leaders from different sects of Islam. This section illustrates how religious leaders played a key role throughout the SHOW project in Nigeria and SHOW's impact on their communities.

### 4.1 ACTIVITY #1: ORIENTING TRADITIONAL AND RELIGIOUS LEADERS TO SRH, MNCH, AND ADOLESCENT HEALTH

The SHOW project organized highly interactive sensitization meetings for the religious scholars; officials from the State Ministry of Health, State Ministry of Women and Children Affairs, State Ministry of Religious Affairs, and Sokoto State Primary Health Care Development Agency also actively participated. In these meetings, the health officials first presented on the maternal and child mortality situation in the state. In the meeting, the Sokoto Sultanate Council was represented by Prof. Sambo Wali Junaidu, the council's secretary and chairman on religious affairs.

These meetings also included stimulation exercises (such as a short drama) followed by question-and-answer sessions to help religious leaders develop a fuller understanding of maternal and child mortality issues. The group work allowed religious leaders to freely discuss MNCH and SRH issues. Subsequently, the SHOW Project requested the religious scholars to identify community-level challenges around MNCH practices.

These sensitization exercises covered several MNCH topics, including the MNCH situation in Sokoto State, harmful traditional practices that affect the health of women and children, decision-making in the family, and care for pregnant women and breastfeeding mothers (such as providing nutritious food and helping out with household chores). The meetings also covered several SRH topics, including what family

planning is, modern and traditional family planning methods, the benefits of family planning, Islamic perspectives on family planning and MNCH, and the benefits of educating girls.

### 4.2 ACTIVITY #2: PROMUNDO-LED TRAINING-OF-TRAINERS ON MALE ENGAGEMENT IN MNCH

In March 2017, Promundo conducted a training-of-trainers on the Fathers Clubs manual, a curriculum adapted from Promundo's Program P methodology on how to engage fathers in gender equality, MNCH, and SRHR. It was a training for personnel involved in the SHOW/BORN<sup>1</sup> project responsible for "cascading" the training to local implementing partners and also involved two Islamic leaders. In addition, a major objective of the training was to ensure that participants felt personally connected to the themes related to fatherhood, care, and gender equality.



Figure 1. Participants pose for a photo during a March 2017 training-of-trainers on male engagement in MNCH and SRH in Abuja, Nigeria.

### 4.3 ACTIVITY #3: WORKSHOP ON ISLAMIC PERSPECTIVES ON MNCH/SRH AND GENDER EQUALITY

In April 2017, the SHOW project conducted a four-day workshop with 54 male religious leaders and ten female religious leaders from different schools of Islamic thought selected from all 23 local government authorities in Sokoto State. The workshop aimed to increase religious leaders' knowledge on gender equality and on male engagement in MNCH and SRHR, as well as to ensure that the leaders understood their role in

<sup>1</sup> Bauchi Opportunities for Responsive Neonatal and Maternal Health (BORN) Project

sharing such messages in their communities. In this workshop, religious leaders committed to promoting gender equality through their sermons, meetings, and preaching and during ceremonies in the communities. These messages would encourage men to support their partners by sharing decision-making on women’s and children’s health, providing emotional support to their partners, and sharing the burden of household chores, especially when women are pregnant. This workshop later informed the creation of the *Islamic Perspectives on MNCH Issues* manual detailed in the next section.

#### 4.4 ACTIVITY #4: CO-CREATION OF THE “ISLAMIC PERSPECTIVE ON MNCH ISSUES” MANUAL

The development of the *Islamic Perspectives on MNCH Issues* manual was led by the Sheikh (Dr.) Mustapha Sidi Attahiru of Sokoto, reviewed by Plan International technical advisors, and subsequently endorsed by the religious leaders from different Islamic sects in Sokoto State who participated in its creation. The manual provides evidence on how SHOW’s messages about gender equity in MNCH and SRHR are compatible with Islam by highlighting a number of passages from the Quran that clearly emphasize gender equality between men and women. The *Islamic Perspectives on MNCH Issues* manual covers eight topics as highlighted in the table below.

Number	Topic
1	Islamic perspectives on maternal and child health issues.
2	The courageous husband is he who guarantees all the rights of his wife.
3	Care for a woman in the MNCH continuum of care.
4	Women’s status before Islam.
5	Islamic position on consulting women in decision making in the family.
6	Prohibition of harsh measures depriving a woman of her rights.
7	Proper medication.
8	Child spacing.

#### 4.5 ACTIVITY #5: TWO DAY VALIDATION WORKSHOP AND LAUNCH EVENT

As a follow-up to the aforementioned workshop in 4.3, the SHOW project conducted a two-day workshop in 2018 to validate the *Islamic Perspectives on MNCH Issues* manual. The validation exercise included presenting the manual to all religious leaders who participated in its development for endorsement, with their unanimous endorsement meaning a commitment to use the manual as a reference document to promote MNCH and SRH issues in Sokoto State. Several government officials also participated during this validation meeting, including from the State Ministry of Health, State Ministry of Women and Children Affairs, State Ministry of Religious Affairs, and Sokoto State Primary Health Care Development Agency.

To recognize the efforts of religious scholars who contributed to the manual’s development and to further build ownership among the local stakeholders, the SHOW project organized a launch event for the manual on 2nd April 2019, which was conducted by Prof. Sambo Wali Junaidu from the Sokoto Sultanate Council and supported by the State Commissioner of Health. The launch was a publicized ceremony and well attended by all stakeholders, including permanent secretaries of the State Ministry of Health and State Ministry of Women and Children’s Affairs, the board chairman and executive secretary of the Sokoto State Primary Health Care Development Agency, directors from line state ministries, the chief medical officer of Sokoto Specialist Hospital, other government officials, CSO implementing partners, and religious and traditional leaders from across the 23 local government authorities, as well as media organizations and SHOW project staff.



Figure 2. Dr Muhamamd A Inname, Sokoto State Commissioner of Health; Professor Sambo Junaidu, Chairman Religious Affairs, Sokoto Sultanate Council; Sheikh (Dr) Mustapha Sidi, Chief Imam of Ali Akiilu Jummat Mosque, Sokoto; and other dignitaries at the lunching of the 'Islamic Perspectives on MNCH Issues' on 2nd April 2019.



Figure 3. (R to L) Professor Sambo Junaidu, Chairman, Religious Affairs, Sokoto Sultanate Council; Dr Muhammad A Inname, Commissioner, Sokoto State Ministry of Health; Muhamdmu Bagarawa, Chairman, Sokoto State Council of Ulama; Sheikh (Dr) Mustapha Sidi, Chief Imman, Ali Akiu Road Jummat Mosque; Pharmacist Mustapha Othman Ali, Permanent Secretary, Sokoto State Ministry of Health; Barrister Aisha Muhammad Dantsoho, Permanent Secretary, Sokoto State Ministry of Women & Children's affairs, and Alhaji Mohammed Bello, NPM, SHOW Project Sokoto at the launching of "Islamic Perspectives on MNCH Issues" that took place on the 2nd of April, 2019 at Sultan Muhammadu Maccido Institute for Quran and General studies



Figure 4 A cross-section of religious leaders gathered at the at the launching of "Islamic Perspectives on MNCH Issues" that took place on the 2nd of April 2019.

Figure 5. Religious and traditional leaders commented positively on *Islamic Perspectives on MNCH Issues* at the launching of "Islamic Perspectives on MNCH Issues" that took place on the 2nd of April, 2019.

## 5. DISSEMINATION STRATEGIES OF SHOW MESSAGES

This section details the various opportunities that religious leaders identified and used to disseminate messages on gender equality in MNCH and SRH in their communities.

### 5.1. SERMONS IN THE MOSQUE

Muslims around the world understand and acknowledge Friday, *Jumu'ah*, as a holy day of prayer and worship. Every Friday, men and boys of all ages in Sokoto State gather at local mosques for prayer in accordance with this religious tradition. As part of their responsibilities in the communities they serve, male religious leaders conduct weekly Friday sermons<sup>2</sup> before prayers. The sermons are a significant part of the Jumma and, as such, are widely attended by men. As part of their involvement in SHOW, select religious leaders incorporated MNCH, SRHR, and gender equality messages into their sermons, such as the importance of child spacing, of men providing physical and emotional support to their pregnant partners, and of men providing physical support to women in labor; messages about how to support female partners to exclusively breastfeed, the importance of equitably sharing household responsibilities, the importance of shared decision-making in the household, and when to seek medical care for pregnant partners were also incorporated. Interviewed religious leaders noted:

“

*“In the mosque, my followers (men) and I discuss freely on disputes they have with their wives regarding child spacing and antenatal care. I encourage them to discuss and plan child spacing with their wives and take a keen interest in their health.”*

— Religious Leader #3 (Male)

*“I always emphasize to my followers the importance of providing physical and emotional support to their pregnant wives. I encourage them to escort their wives to the hospital and also help them with house chores.”*

— Religious Leader #1 (Male)

Religious leaders encouraged their male followers to actively participate in MNCH and SRHR during these sermons. Per our interviews, religious leaders said that they used the *Islamic Perspectives on MNCH Issues* manual as their guide in sharing these key messages. For example:

“

*“This manual has been a useful tool to me as I always use it when sharing these messages both in the mosque and in the community.”*

— Religious Leader #3 (Male)

*“I use the manual to advise and convince my followers and other religious leaders on topics that are seemingly difficult to understand such as child spacing and the importance of women delivering in the hospital.”*

— Religious Leader #4 (Male)

*“The manual has helped my followers understand that issues such as sharing house chores and equal treatment of their wives and children are a religious obligation. This has helped me easily explain these messages as they are linked to the Quran.”*

— Religious Leader #1 (Male)

### 5.2. RADIO AND TV SHOWS

The religious leaders who participated in the in-depth interviews also shared messages about gender equality in MNCH and SRHR on the radio and television. For example, the female religious leader interviewed said she participated in a monthly radio program on Vision FM, “The Importance of a Woman,” centered on topics such as gender equality, the importance of girls’ education, delaying marriage, and women’s economic empowerment and leadership. During these shows, she shared messages on the benefits of pregnant women going to hospitals, the advantages of antenatal care, immunization, and proper nutrition for pregnant women:



<sup>2</sup>During these sermons, primarily attended by men, religious scholars also share guidance on the daily lives of Muslims in the light of Quranic teachings. These messages hold great acceptance and following among the Muslims men and women.



*“On these shows, I shared with listeners the importance of women delivering in hospitals and advantages of men escorting their wives to the hospital. I discouraged the use of traditional medicine for pregnant women.”*

— Religious Leader #2 (Female)

Additionally, the female religious leader participated in a monthly TV program called “Couples Supporting Each Other,” which focused on men’s roles and responsibilities in marriage. During these shows, she shared messages on how couples should make collective decisions in the household, including on child spacing and finances. She shared that the radio and TV programs played a key role in disseminating these gender-equitable messages to a broad audience because the programs were so popular. The shows’ popularity also opened up opportunities for her to preach in other non-Islamic spaces:



*“A Christian bishop called me after one of the radio shows asking me to share messages on MNCH with women in his church on MNCH issues. This has never happened before in Sokoto. It made me very happy.”*

— Religious Leader #2 (Female)

### 5.3. COMMUNITY ENGAGEMENT TALKS

Male religious leaders also used public and private events such as Ramadan, wedding ceremonies, naming ceremonies, couples counseling sessions, and traditional circumcision ceremonies to share SHOW’s MNCH, SRH, and gender equality messages. During these events, religious leaders play a revered role within the community, which may have facilitated the degree to which followers accepted messages on gender equality, MNCH, and SRH. For example, some of the male religious leaders interviewed shared:



*“I always taught men the advantages of child spacing at circumcision ceremonies including different methods they can use to achieve it.”*

— Religious Leader #1 (Male)

*“As head of all religious leaders here in Sokoto, I get to be the main speaker at Ramadan. I always use this opportunity to speak on the benefits of good health for pregnant and breast-feeding women.”*

— Religious Leader #4 (Male)

Similarly, the female religious leader interviewed said she participated in community sensitization talks during ceremonies that encouraged male participation in MNCH, SRHR, and gender equality issues:



*“I encouraged men to help their wives with household chores and escort them to the clinic. The ceremonies present a good opportunity to talk to both men and women at the same time.”*

—Religious Leader #2 (Female)

In summary, based on our research it is clear that by working in partnership with religious leaders to build their capacity to talk about the importance of gender equality in MNCH/SRHR in the context of religion, the leaders felt empowered to adapt these messages across various media and in their own communities. The next section on *Main Findings* details the influence this may have had on the community from the religious leaders’ perspectives, as well as the challenges to engaging religious leaders on this topic.

## 6. MAIN FINDINGS

The main research findings on religious leaders’ engagement in SHOW are presented in three sections: the first on successes, the second on community-level changes, and the third on challenges.

### 6.1 SUCCESSES OF RELIGIOUS LEADER ENGAGEMENT IN SHOW

According to the religious leaders and Plan International Nigeria staff interviewed, several factors contributed to the success of working with religious leaders in the SHOW project. One of the principal factors was religious leaders’ involvement in the creation and development of the *Islamic*

*Perspectives on MNCH Issues* manual. A total of 1000 copies of the manual were printed in English language disseminated among the local religious and traditional leaders and government officials. document enabled religious leaders to integrate SHOW's messages into their faith-based teachings while also promoting positive shifts in the leaders' attitudes and practices. Subsequently, the manual was translated into local Hausa language and additional 1,000 copies were printed and disseminated among the religious leaders in November 2019.

According to some of the in-depth interview participants, *Islamic Perspectives on MNCH Issues* is a useful, easy-to-use guide because it makes clear connections between specific passages from Islamic religious text and simplified messages on MNCH and SRH. A resource that uses existing religious text to justify the importance of gender equality and to support MNCH and women's SRHR was unprecedented; for example, the manual links the following passage from the Hadith with the importance of child spacing:

*"We practiced "Coitus interruptus" during the Prophet's time, he was aware and yet, did not forbid us."<sup>3</sup>*

According to a male religious leader interviewed, coitus interruptus (or withdrawal) was the most popular system of child spacing in the Prophet's time. Linking these passages to a specific MNCH issue illustrates that child spacing is permitted in Islam, a key message of the SHOW project. Interviewees indicated that connections such as these enabled religious leaders to easily share such messages with their followers:

*"Having MNCH messages in the manual directly linked with teachings from the Quran has helped me a lot in explaining to my followers. Some of my followers are able to understand even without my explanation."*

— **Religious Leader #1 (Male)**

*"The Quran says, to get to the people, you have to know the language of the people. This is what the manual has done, it has linked MNCH/SRHR to the language (Quran) that our people understand. It is an easy document to understand and use."*

— **Religious Leader #4 (Male)**

Linking MNCH, SRH, and gender-equitable messages with the teachings of the Quran also helped prevent backlash from the community, as everything connected to the Quran is taken as absolute truth, according to those interviewed. As one religious leader illustrated:

*"My followers now know that it is a religious obligation to support women's decision-making in the home and girls' empowerment because the Quran says so. Girls were not allowed to go to school as much as the boys – they were told to stay home and do chores, but that has changed."*

— **Religious Leader #3 (Male)**

The success of *Islamic Perspectives on MNCH Issues* was due in large part to how it was developed – in cooperation with representatives of the religious community (as described in Section 4.4). In addition, the manual's creation was facilitated by a well revered Sheikh (Dr.) Mustapha Sidi Attahiru as lead and supported by five other facilitators – including Prof. Sambo Wali Junaidu from the Sokoto Sultanate Council – who reviewed/edited the manual. Moreover, 22 other religious leaders also participated in development, with the manual presented to them at each stage of development for review and input. Several religious leaders from different schools of Islamic thought approved the manual, and this participatory process contributed to feelings of ownership by the religious community as a whole. For example, one religious leader said when his followers learned that the manual was created and developed specifically for people in Sokoto State in collaboration with the sheikh and other local religious leaders from different sects, it made them "feel proud." Others shared that:

<sup>3</sup>"Contraception: An Islamic Perspective," Oct 2003, Islamweb, (<https://www.islamweb.net/prophet/index.php?page=showarticle&id=47574>).  
"The ruling of using birth control", Dar al-Ifta al Misriyyah, (<https://www.dar-alifta.org/Foreign/ViewFatwa.aspx?ID=6101>).



*“The manual has a list of our names and signatures. When my followers see that, they know I helped create the document. It is my document and therefore their document.”*

— **Religious Leader #2 (Female)**

*“People in Sokoto consider the MNCH document as their document. They are aware that their religious leaders helped create it.”*

— **Plan International Nigeria Staff Member #1**

Additionally, religious leaders’ involvement in the manual’s creation was part of a broader engagement process that included sensitizing them to harmful practices that affect the health of women and children and to the importance of male engagement in these issues; the process also included their supporting the manual’s translation into the local Hausa language, and their participating in debates related to men actively supporting their wives during pregnancy, childbirth, and postnatal care and to men’s involvement in household chores.

Religious leaders revealed that their involvement in the manual’s creation and validation process increased their own knowledge and changed personal attitudes around MNCH, SRHR, and gender equality. This longer-term collaboration helped unify the 26 religious leaders from different schools of Islamic thought, providing a platform for them to share experiences and learn from one another. As some interviewees remarked:



*“Bringing us together was a good idea as we all learned from each other, especially on what the Quran teaches on child spacing which is a big problem here in Sokoto.”*

— **Religious Leader #3 (Male)**

*“I didn’t know that some things were permissible even in the Quran until I heard it from other scholars. I benefited more from listening to other scholars.”*

— **Religious Leader #1 (Male)**

*“It was a good thing to see religious leaders from different sects of Islam learn and share experiences and lessons of MNCH/SRH with each other. This is good for people in Sokoto.”*

— **Plan International Nigeria Staff Member #2**

This process also supported religious leaders in bringing up these issues during everyday interactions with their male followers, with one interviewed religious leader sharing that the manual gave them a clear way forward on how to integrate such messages comfortably into their sermons. Interviewees shared that:



*“In the past, men could not talk about non-religious issues in the mosque. Now it is easy to discuss topics such as household chores, child spacing and other issues because they now know it is there in the hadith.”*

— **Religious Leader #4 (Male)**

*“Mosques have become safe spaces for men in Sokoto to learn and share experiences on sensitive MNCH issues. Men are freely asking questions on these issues.”*

— **Religious Leader #3 (Male)**

*“Scholars are happy because they no longer have to wait for traditional ceremonies or Ramadan to discuss such important issues on MNCH with their followers. They are now able to discuss these issues every Friday in the Mosque.”*

— **Plan International Nigeria Staff Member #1**

The interviews clearly indicate that religious leaders’ engagement not only translated to the normalization of community attitudes towards MNCH, SRHR, and gender equality but also that this process of engaging in the SHOW project promoted a change in the attitudes and practices of the religious leaders themselves. These changes also meant that as role models, the leaders felt they had to live up to their teachings and change their personal behaviors.

The female religious leader interviewed, for example, said that she frequently speaks with her husband about child spacing. In addition, male religious leaders shared that:



*“As a leader emulating the prophet, I have to do the things I am telling my followers to do. Therefore, I also help my wives with household chores.”*

— Religious Leader #1 (Male)

*“I realized that as I teach my followers these things, I am also teaching myself.”*

— Religious Leader #3 (Male)

*“My wife encourages me to actively participate in the SHOW program as she notices her personal benefits such as me helping her cook, sweep and escorting her to the clinic. These are things I never used to do before.”*

— Religious Leader #4 (Male)

One Plan International Nigeria staff member interviewed emphasized this point:

*“Changing religious leaders’ attitudes is key as changing them is changing their followers.”*

— Plan International Nigeria Staff Member #2

## 6.2 COMMUNITY-LEVEL CHANGES ON MNCH/SRH AND GENDER EQUALITY

As described in previous sections, the researchers were unable to gather data directly from community members on how the leaders’ messages influenced their attitudes and practices around MNCH, SRH, and gender equality, if at all. This section relies on the accounts of religious leaders themselves. The female religious leader interviewed, for example, shared that:



*“In the past, women in Sokoto did not participate in community decision-making bodies and had little or no decision-making power at both household and community levels. But now, there are more opportunities to participate in decision-making at the community and household level as men have become more supportive.”*

— Religious Leader #2 (Female)

*“In the past, only men could teach and preach at community events, that has changed now. I get invited to speak to men and women at different gatherings.”*

— Religious Leader #2 (Female)

This second quote illustrates how male religious leaders working alongside female religious leaders to share MNCH, SRHR, and gender equality messages in the community created more space for female voices to be heard in an otherwise conservative setting. For example, the female religious leader said that ordinarily she would not be permitted to preach at ceremonies and at Ramadan, where both men and women are present; however, as a result of SHOW, she was able to reach women whom she would not ordinarily come into contact with (because those women did not usually come to hear her sermons), as well as preach to both men and women. Such opportunities would not have been possible without the support of male religious leaders who had been sensitized by SHOW.

Furthermore, at the household level, religious leaders reported witnessing women participating in family decision-making. The female religious leader interviewed shared that as a result of her monthly radio program, men and women are sharing decision-making power:



*“I tell my followers that [according to the Quran] women are equally responsible before Allah for their religious duties and worldly deeds as men. This has helped my followers allow their wives in decision-making in the household.”*

— Religious Leader #2 (Female)

The female religious leader also said many women in Sokoto State are now part of community work committees and are running small businesses both individually and collectively in the committees. Such a finding is promising because women’s leadership was a key component of SHOW’s theory of change to empower women to make their own decisions on MNCH and SRHR.

Religious leaders also shared that they witnessed a shift in men's responsibilities and involvement at the household level. For example, the leaders said that men in Sokoto have been seen taking part in household chores such as fetching water, cooking, sweeping, cleaning the house, and bathing and feeding the children. The male religious leaders interviewed noted that:

“

*“When I walk around in the community or visit my followers, I am happy to see that men are taking part in all sorts of household chores - bathing and feeding children, cleaning and so on.”*

— **Religious Leader #4 (Male)**

*“It was the women's duty to cook, sweep and do other things wives do. But now, men cook and sweep the house even when the wives are not sick.”*

— **Religious Leader #1 (Male)**

*“Men could only help out at home when their wives were sick or pregnant, now they take part in household chores all the time.”*

— **Religious Leader #3 (Male)**

Community ridicule and other types of social sanctions, according to those interviewed, used to prevent men from engaging in household chores, but some of the interviewed leaders said that their consistent, unified messaging on partners' equal responsibility – which they shared in the mosques – helped challenge these inequitable social norms. For example:

“

*“My followers accept and follow my teachings not only because of what I tell them, but because they see me practice what I preach.”*

— **Religious Leader #3 (Male)**

*“I now escort all my wives to the hospital, and when my followers from the mosque see me do that, they also do it with their wives.”*

— **Religious Leader #4 (Male)**

These changes in men's behaviors and attitudes may have also been due to the religious leaders' engagement in the Fathers Clubs, a gender-transformative group education approach to engaging men as partners in MNCH, SRH, and gender equality. For example, according to a 2018 technical assistance report written by Promundo:

“

*“Religious and traditional leaders that were themselves facilitators stated that the respect the community had for them meant they had full participation in their groups. Some respondents remarked that given the high degree of success that religious and traditional leaders had with recruitment and retention, that only such leaders should be Fathers Club facilitators.”*

— **Promundo 2018 Technical Assistance Monitoring Report for Nigeria**

In summary, the findings suggest that there were many positive changes in community members' behavior and practices as a result of Plan International Nigeria's comprehensive, long-term approach to meaningfully engaging religious leaders throughout the project and in its many components. Such engagement also influenced the attitudes and practices of the religious leaders themselves. The findings contribute evidence on the importance of working across diverse and influential institutions to improve gender-equitable relationships and dynamics around health at both the household and community levels.

## 6.3 CHALLENGES

The religious leaders and Plan staff interviewed indicated that despite the several successes achieved in the SHOW project, some notable challenges were also experienced.

The general consensus among the religious leaders was that attitudes toward these MNCH, SRHR, and gender equality messages often varied between older and younger people and also between men and women. For example, religious leaders felt that the younger generation did not find these messages to be taboo, as they had been previously sensitized in school or in

social gatherings. Furthermore, the religious leaders felt that younger men and women had easier access to radios and television than their older counterparts did, and therefore, were exposed more often to such messages. Such a finding indicates the importance of tailoring messages to reach older audiences and, therefore, transform a challenge into an opportunity.

With regard to sharing SHOW's messages, female religious leaders faced gendered logistical challenges, as women are not permitted to enter mosques and do not gather in one place as men do to receive a religious service:

“It would have been less challenging for me to share these messages, if my followers also gathered in one like place like men do every Friday at the mosque.”  
— Religious Leader #2 (Female)

To mitigate this challenge, female religious leaders employed other modes of communication to share these messages, such as TV and radio programs and community engagement talks at Ramadan, wedding ceremonies, and couples counseling programs. However, the TV and radio programs were limited, as they required funding; other events such as Ramadan, wedding ceremonies, and counseling sessions were sporadic. Therefore, the female leaders' messages were not as consistent as those that male religious leaders incorporated into sermons in the mosque for their male followers.

Challenges also existed in terms of the development of the *Islamic Perspectives on MNCH Issues* manual, as it was initially difficult to link MNCH, SRH, and gender equality with the passages from the Quran. Religious leaders were recruited from different Islamic sects, and all came with different interpretations of the Quran, making it difficult to reach a consensus on how to interpret certain passages. For example, according to those interviewed, some religious leaders disagreed on the importance of child spacing and quoted the Hadith: “For if Allah wills to create a child, no one can stop Him.”

This Hadith was initially interpreted by most of the religious leaders as meaning that neither men nor women had a role to play in child spacing. To address this issue, Plan International Nigeria invited the sheikh of Sokoto State to engage in these discussions and was then able to easily unite the sects, as the sheikh is the chief imam and widely respected by all Muslims in Sokoto State. One of the Islamic arguments discussed highlighted that prevention of pregnancy is neither killing nor an abortion of a fetus, because the semen from which a fetus is created, is not in itself a human being.<sup>4</sup> Another advantage of engaging the sheikh in these sessions was that he had experience working on MNCH issues and, therefore, stood as an authority:

“The Sheikh of Sokoto played a key role in the SHOW project. He conducted most of the trainings with religious leaders and helped resolve disputes regarding the interpretation of the Hadith.”  
— Plan International Nigeria Staff Member #2

Another challenge was that specific information on MNCH and SRH was difficult to discuss in the community, and leaders felt they needed more training, especially when some of their followers seemed to have more knowledge on the topic than they did. For example, some of their followers are community health workers; the religious leaders feared that if they lacked correct and consistent information, it would break down the trust between them and the community. To address this challenge, both the religious leaders and Plan staff suggested that refresher trainings be conducted every quarter to motivate religious leaders to continue to learn and share experiences. Plan staff indicated that in future programming, additional resources will be allocated to conduct such refresher training.

Community members were also at times wary of religious leaders' efforts to talk about family planning. For example, according to the interviews, there were misconceptions among the male followers that messages on family planning were intended to “reduce or control the population” in Sokoto State, meaning that many followers equated child spacing

<sup>4</sup> Omran, Abdul Rahim, UNFPA, *Family Planning in the Legacy of Islam*. (London; New York: Routledge, 1992).

with abortion and top-down restrictions on sexual reproduction. Some male religious leaders shared that:



*“Family planning is a sensitive topic in Sokoto. In the beginning, we faced a lot of challenges as we didn’t know how to handle it.”*

— **Religious Leader #4 (Male)**

*“At the beginning of the SHOW, family planning was a difficult topic because my followers thought I was preventing them from having children.”*

— **Religious Leader #1 (Male)**

Plan International Nigeria addressed this challenge by changing the wording in their manuals from “family planning” to “child spacing,” whereby they would talk about the importance of spacing out children and including discussions of contraception as a method to do so without using the term “family planning.” As a result, religious leaders said that their followers were more receptive to child spacing because they believed it to be consistent with the teachings from the Quran, especially once the manual was finalized and they could point to specific passages that confirmed this.

Religious leaders also indicated that the lack of pictures, sketches, and/or art in the *Islamic Perspectives on MNCH Issues* manual made understanding difficult for community members due to low literacy levels. Adding to this, it was found that only a few copies of *Islamic Perspectives on MNCH Issues* were printed in Hausa, making it difficult for those who understood little English to translate. In fact, during the research, it was revealed that some of the religious leaders interviewed only had English copies of the manual.

Finally, a male religious leader emphasized that religious leaders need more collaboration from health facilities in sharing MNCH messages, such as on child spacing and male involvement in MNCH issues.

## 7. CONCLUSION AND LESSONS LEARNED

Though a limited field study, this research demonstrates the promise of engaging Islamic scholars and leaders in promoting MNCH, SRH, and gender equality messages in Sokoto State, as well as documents lessons learned on how to work meaningfully with this influential group and how this work may translate into household- and community-level changes.

The engagement, training, and involvement of religious leaders in creating the *Islamic Perspectives on MNCH Issues* manual stood out as one of the most innovative and useful strategies engaging the community to participate in and trust the SHOW project. In addition, though reported only anecdotally and by religious leaders themselves, the research found that women may feel increasingly supported to communicate openly with their husbands on topics such as child spacing and hospital visits, and they may have more control over health-related decision-making. In addition, as indicated by the female religious leader, more spaces have been created for female voices to be heard in their conservative setting.

Future research should focus on hearing from women themselves to substantiate the statements made by religious leaders, which could provide more evidence that a socioecological approach (working at multiple levels of society) is essential to promoting gender-equitable change. In addition, this research indicates that men are actively supporting their wives during pregnancy, childbirth, and postnatal care, as well as taking on household chores, despite the risk of social sanctions because religious leaders are acting as role models. Perhaps most promising is the evident and considerable shifts in the attitudes and practices of the religious leaders engaged in the SHOW project which also impacted the gender and power dynamics within religious practice.

Despite the various challenges highlighted in this brief, it is clear from the interviews that the religious leaders regarded the SHOW project as their own, as they had been engaged since the project's inception and said they would continue emphasizing the importance of shared roles in MNCH and SRH even after the project is completed. This self-reported shift in perceptions and – more importantly – actions, whereby religious leaders are actively engaging in health reforms and improving the health of women and girls from a gender equality lens, shows incredible promise for engaging these stakeholders to become vocal advocates for these fundamental human rights.

Finally, religious leaders shared several recommendations based on lessons learned from SHOW to strengthen future efforts:

- Create more support mechanisms, such as refresher trainings or meetings, throughout the five-year project to help them internalize and disseminate messages.
- Engage government officials and religious leaders together in this effort, such as the State Ministry of Health, State Ministry of Women Affairs, and State Primary Health Care Development Agency in Sokoto State. Because religious leaders do not have formal institutional structures in the community, it would have been beneficial to work more closely with the government to make a stronger connection between the work of religious leaders and the role of community health workers, for example.

- Collaborate with organizations outside of Plan International that are working in Sokoto to State partner with the trained religious leaders for the continuity and support of the project.
- Have sufficient copies of the *Islamic Perspectives on MNCH Issues* manual in the local language.
- Develop case studies that will supplement this knowledge management brief in highlighting the effectiveness of engaging religious leaders in promoting MNCH/SRH and gender equality issues and, ultimately, the success of this work in Sokoto State. This would be helpful, as it allows the participants to share their stories.

# ANNEX 1: IDI TOOL

Interview Date:	Location:
Respondents Title:	Gender of respondent:
Researcher's Name:	Language of Interview/discussion
Translators Name:	<input type="radio"/> English

## SHOW PROGRAM NIGERIA IN-DEPTH INTERVIEW GUIDELINE/QUESTIONNAIRE FOR RELIGIOUS LEADERS

**Opening Text:** Welcome and thank you very much for agreeing to participate in today's Interview. The purpose of this meeting is to understand religious leaders' engagement in SHOW, your involvement in spreading MNCH/SRH and Gender Equality messages, and to identify based on your experience change factors and best practices in community engagement. The discussion today is confidential and we will not attribute your names with any comments made or have any identifiable information in any reports we produce. Please note that you can decline to respond to any question that makes you feel uncomfortable. This discussion will take approximately 90 minutes of your time. Your responses are so important to ensuring the development of a management brief of this program, so kindly speak freely and honestly. Before we begin, does anyone have any questions?

**Let's start by having a general overview of the program based on the respondent's perspective.**

### TOPIC 1: MNCH/SRH AND GENDER EQUITY

#### 1. As a religious leader, what role do you play in this community regarding the health and equality of community members?

- How do the community members look at you in this role?
- In which situations do the community members ask for your advice? Men? Women?
- What kind of advice do they ask for? What about as it relates to their health? Their relationships?
- How do you think you have influenced this community in this regard? Probe: Can you give me examples?
- What are the most challenging issues for you as a religious leader in promoting the health and well-being of your community?

#### 2. How would you describe the SHOW program in your own words?

- What SHOW trainings or support have you been involved with?
- Can you describe what you learned?
- How has your involvement in SHOW changed your understanding of men's and women's roles? Can you give me an example?
- How has this new perspective influenced the way you share messages now?

**3. What are some of the activities you have conducted in disseminating MNCH/SRH and Gender Equity messages since the inception of the program?**

- Have you shared any MNCH/SRH and GE messages in your sermons? If yes, what did you say? When did you share these messages? Where and how often?
- What did you find interesting when you shared these messages? What was easiest to share?
- What were the success factors?
- What challenges have you faced in giving out these messages?

**4. How were these messages received by younger versus older men in the community at the beginning of the SHOW program? By younger versus older women? Was there a difference? Can you give an example?**

- How are the messages being received now as they have evolved? by younger and older men? By younger and older women? Can you give examples of this?

**5. In your opinion, what was the positive impact of your involvement in SHOW as a religious leader when it comes to men's engagement in MNCH/SRH and gender equality?**

- What effect has your inclusion of MNCH/SRH and GE messages in your sermons had on men's responsibilities towards household chores, equal treatment of their families and other activities mentioned in the messages conducted?
- How has your inclusion of MNCH/SRH and GE messages in your sermons affected men's attitudes towards women's participation in decision making at household and community levels and other activities mentioned in the messages conducted?

**TOPIC 2: ATTITUDES, BEHAVIOR AND PRACTICES**

**6. In a perfect world, what roles should men play in MNCH/SRH and gender equality?**

- How has the SHOW program shaped your thinking on this topic of men's engagement in MNCH/SRH? In what ways? If yes, probe with the following questions:
- Has the SHOW program influenced your involvement personally in MNCH/SRH and gender equity? If so, how? If not, why not?
- Has the SHOW program influenced your views of women and girls' roles in the household? In the community (e.g. community health committees)? In the mosque? If so, how? If not, why not?
- Are there any changes you've made with regard to your involvement in chores and general responsibilities?

**7. What would you regard as your biggest success as a result of being involved in the SHOW program?**

- What do you attribute this success to?
- How do you think you will be involved in men's engagement in MNCH and gender equity in the future? Why?
- What would you consider as key points to work on moving forward?

**8. Were you involved in creating the Islamic guidance on MNCH/SRH document? If yes, probe with the following questions:**

- Please describe your involvement? What did you do?
- How did you find the experience?

**9. What were the challenges of being involved in SHOW?**

- What are some of the negative attitudes you have noticed at community level that can be attributed to MNCH/SRH and GE messaging?

**10. Any recommendations you have to improve the program in the future?**

**11. Is there anything we haven't discussed that would improve this program?**

## ANNEX 2: ACTIVITY TIMELINE

Work with Religious leaders	Organization	Year
Identified the religious leaders that have power and influence in SHOW communities.	Plan International Nigeria	2016
Conducted Sensitization sessions (93) held by traditional and religious leaders, sensitizing communities on SRH, MNCH, and adolescent health.	Plan International Nigeria	2016
A four-day orientation workshop on family planning for traditional and religious leaders was conducted where 64 participants participated, including traditional and religious leaders, government officials from the State Ministry of Health, Ministry of Women Affairs, State Primary Health Care Development Agency, representatives from the Sultanate council, CSO partners, and 100 Women Group members.	Plan Nigeria Sokoto Islamic Leaders	2017
Conducted a Training of Trainers on the Fathers Club manual, a curriculum adapted from Promundo's methodology on how to engage fathers in gender equality and MNCH/SRHR.	Promundo-US Plan International Nigeria	2017

Work with Religious leaders	Organization	Year
<p>Created “Islamic Perspectives on MNCH Issues,” a manual that illustrates how the SHOW objectives and gender equity approach are compatible with Islam by providing a number of excerpts from the Quran that clearly emphasize equity between men and women.</p>	<p>Plan International Nigeria Plan International Canada Sokoto Islamic Leaders</p>	<p>2018</p>
<p>Conducted a two-day workshop with religious leaders to validate a document on Islamic perspectives on family planning and male engagement in MNCH.</p>	<p>Plan International Nigeria Sokoto Islamic Leaders</p>	<p>2018</p>
<p>Conducted research to develop a knowledge management brief on the SHOW project’s engagement with religious leaders in Nigeria</p>	<p>Promundo-US Plan International Nigeria Sokoto Islamic Leaders</p>	<p>2019</p>



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