"Religious Leaders Gain Ground in the Jordanian Family Planning Movement"

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Outline

• Background
• Family Health Program at the Ministry of Awqaf, Islamic Affairs and Holy Places in Jordan
• Religious Leaders Training Program
• Impact findings and implications

Authors: Ahmad Nofal, Sarah Kamhawi, Carol Underwood.
About Muslims in Jordan:

- Islam guides the lives of the majority of the citizens.
- Religious leaders (RLs) are important opinion leaders, people seek their opinions on daily issues and they usually affect individuals’ behaviors.
- All mosques are under the supervision of the MAIAHP.
- On average about 500 people (mostly men) attend Friday prayers in each mosque.
Background

About Islam and FP/RH and gender equity:

• Family Planning used to be a taboo subject in Jordan as people had the misconception that it was Haram (forbidden by Islam).

• Islam supports spacing of pregnancies, but forbids limitation except when a pregnancy may threaten the mother’s life.

• Although Islam calls for gender equity, couples’ preference for male children leads to having more children until they have one or two boys.
Background

• Jordan Health Communication Partnership (JHCP) is the field office of Johns Hopkins Bloomberg School of Public Health – Center for Communication Programs (JHU-CCP) in Jordan.
• JHCP-CCP is funded by USAID.
• JHCP aims to decrease total fertility rate by increasing modern contraceptive prevalence and creating small family size norms.

Partnership approach:
• JHCP builds strong relationships with governmental and non governmental partners in the design, implementation, monitoring and evaluation of different communication initiatives to improve the lives of Jordanians.
Family Health Program at the MAIAHP
Program Goals

• Promote healthy life styles, gender equity, and RH/FP.
• Provide RLs with the needed information, enhance their skills in the area of family health.
• Provide RLs with the resources needed to preach more effectively on matters regarding RH/FP and gender equity.
Intended Audiences

• Primary Audiences: male (2,114 Imams) and Female RLs (600 Wa’izat), Awqaf Directors

• Secondary Audiences: Family members in Jordan (especially men)
MAIAHP Family Health Program Activities

- Mass media
- Institutional activities
- Community based Interventions
- RLSs Training (2 Phases)
MAIAHP Family Health Program Activities
- RLs Training / 2 Phases-

2009-2011 (Both phases)

A training manual was developed and pretested. The manual sessions included:

1. Role of RLs in Promoting Family Welfare
2. Male – Female Relationships in Islam
3. Islam and Family Health
4. Islam and Safe Motherhood
5. Islam and Spacing Pregnancies
6. Leadership Skills
7. Mobilizing Communities for Better Health
1st phase - The Family Health Training Kit was developed and pretested. It included:

1. The Family Health Training Manual
2. Friday Sermons Booklet
3. Population Flash Cards

2nd phase – The Training Kit was finalized (Fatwa on FP Brochure was added).
MAIAHP Family Health Program Activities
- RLSs Training -

- Trained Muftis participated the 2nd Phase of training of the RLSs, a 1 hour lecture in each training was assigned to the Mufti in the step-down training
• JHCP built the capacity of a group of RLs in family health by improving their training skills in the Training of trainers (TOT) workshops.

• Trained male and female RLs Developed comprehensive action plans to train other RLs & Wa’izat (2\textsuperscript{nd} level training).

• In the second level training, each RL developed an action plan to conduct a number of Friday sermons and religious lessons on family health.
• Between 2010-2011:
  - 2 TOT workshops were conducted in 2 different governorates (32.7% of Jordan Population), attended by 65 male and female RLs.
  - 48 training workshops (38 male & 10 female) conducted by trained RLs. Reaching Total Number of 900
  - 52 Friday sermons, 97 religious lessons and 32 lectures were conducted on family health in one governorate in six months.
  - 21849 male and female community members exposed to family health messages in mosques in one governorate.
Key Findings from Zarqa (1st Phase)

• Cohort study design:
  – The same individuals completed a self-administered questionnaire prior to the intervention (baseline) and again six months after they had taken part in the intervention (endline)

<table>
<thead>
<tr>
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<th>Baseline</th>
<th>Endline</th>
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<tbody>
<tr>
<td>Males</td>
<td>121</td>
<td>95</td>
</tr>
<tr>
<td>Females</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>116</strong></td>
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– 8 workshops, with approximately 25 RLs in each, were randomly selected to participate in the study.

Participant attrition did not introduce a significant shift in respondent education level and age.
Key Findings: Increases in knowledge relating to population, RH, FP, and women empowerment

Defined RH as FP and birth spacing

Defined FP as birth spacing by leaving a specific period of time between births

Defined women empowerment as increasing woman’s ability to make decisions, confidence, and skills and abilities.

*Significance comparing baseline and endline data. T test for means and chi2 for proportions. Statistically significant where p<0.05
Mean number of correctly answered population knowledge questions (out of 4)

- Baseline: 2.0 *
- Endline: 2.6 *

* indicates statistical significance.
Key Findings: Increases in positive attitudes relating to FP, modern FP methods, and gender equity

*Significance comparing baseline and endline data. T test for means and chi2 for proportions. Statistically significant where p<0.05
Key Findings:

Reasons why RLs and their spouses are not currently using a method or doing something to avoid getting pregnant

- Spouse opposes family planning: 0% (Baseline), 7% (Endline)
- Respondent opposes family planning: 8% (Baseline), 4% (Endline)
- Religious prohibition: 10% (Baseline), 0% (Endline)
Key Findings: Increases in interpersonal or individual guidance or preaching and/or public guidance in public relating to RH, FP and gender equity

<table>
<thead>
<tr>
<th>Top Reproductive Health Topics</th>
<th>Top Family Planning Topics</th>
<th>Top Gender Equity Topics</th>
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<tbody>
<tr>
<td>Benefits of premarital medical exams and premarital counseling</td>
<td>The advantages of family planning</td>
<td>The right of women to receive inheritance</td>
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<tr>
<td>Importance of visiting health centers for prenatal, natal and postnatal/postpartum care</td>
<td>Islamic religious stance on family planning</td>
<td>Encouraging spousal communication as a means of solving family disagreements</td>
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<tr>
<td>Importance of tetanus vaccination during pregnancy</td>
<td>The importance of spousal communication and joint decision-making regarding modern contraceptives use</td>
<td>Encouraging spousal cooperation in the upbringing of children</td>
</tr>
</tbody>
</table>

*Significance comparing baseline and endline data. T test for means and chi2 for proportions. Statistically significant where p<0.05*
**Key Findings:** Increases in interpersonal or individual guidance or preaching and/or public guidance in public relating to RH, FP and gender equity

- **Mean number of topics relating to Gender Equity (6):**
  - Baseline: 4.0
  - Endline: 3.9

- **Mean number of topics relating to FP (out of 9):**
  - Baseline: 4.8
  - Endline: 5.7

- **Mean number of topics relating to RH (out of 4):**
  - Baseline: 1.9
  - Endline: 2.1

*Note: The asterisk indicates a statistically significant difference.*
Conclusions from Zarqa

• The RLs’ training had lasting and significant effects on family planning knowledge, attitudes, and counseling. Compared with the baseline, participants at endline were significantly more likely to:

  – respond correctly to the population questions,
  – register positive attitudes about family planning,
  – believe that a wider range of contraceptive methods are acceptable according to Islamic teachings, and
  – preach or counsel about a wider range of family planning topics.
Implications

• In Muslim populations where RH/FP issues remain sensitive, engaging RLs can be critical to the success of FP programming.

• Training RLs to deliver and disseminate sensitive RH/FP information can be an effective means of building acceptability of FP practices, and clarifying common misconceptions surrounding religion and FP.
Thank you

Johns Hopkins / Bloomberg
School of Public Health
Center for Communication Programs
JORDAN