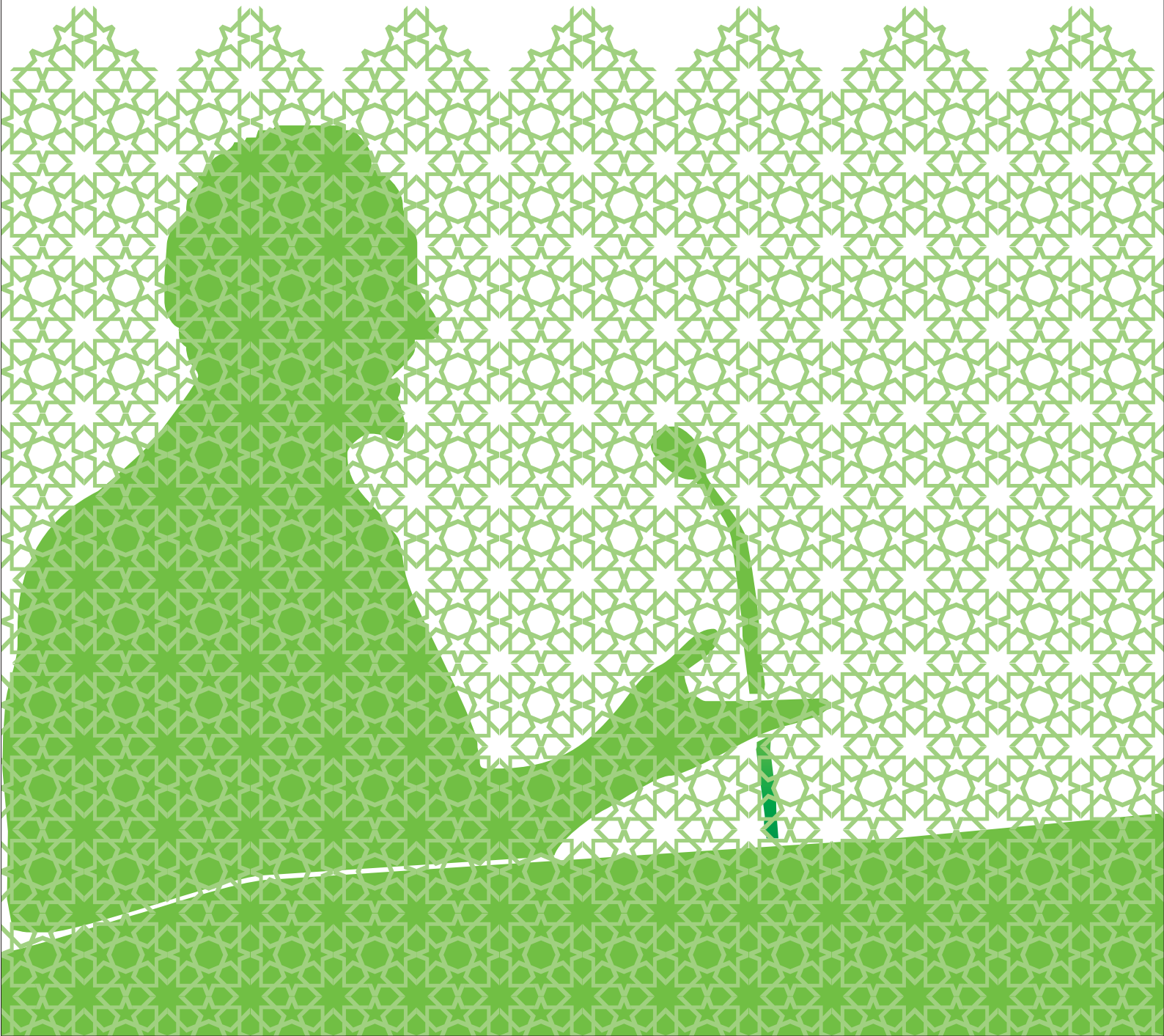




Center for  
Communication  
Programs  
Pakistan

# Engagement of **Religious Leaders & Religious Organizations** in Development Initiatives



Copyright © 2014 by (Center for Communication Programs Pakistan) All rights reserved.  
Unauthorized reproduction of this document is prohibited by law. Any part of this publication may be replaced or translated by duly acknowledging the source.

**Published by:**

Center for Communication Programs Pakistan  
[www.ccp-pakistan.org.pk](http://www.ccp-pakistan.org.pk)  
June, 2014.

**Authors:**

Ihatsham Akram  
Tahir Abbas

**Cover Design and Layout:**

Muhammad Rafiq

**Disclaimer:**

This literature review is made possible through funding from the Department for the International Development for the project "Empowerment, Voice, and Accountability for Better Health and Nutrition". The contents are the responsibility of Center for Communication Programs Pakistan and do not necessarily reflect the views of DFID or the United Kingdom Government. This report is produced for DFID funded project Empowerment Voice & Accountability for Better Health & Nutrition.

A Review  
on Available Literature

Engagement of  
**Religious Leaders &  
Religious Organizations** in  
Development Initiatives

**Authors:**  
**Ihatsham Akram**  
**Tahir Abbas**

**2014**





# Contents

<b>1. Introduction &amp; Background</b> .....	<b>05</b>
<b>2. Purpose and Objectives</b> .....	<b>06</b>
<b>3. Literature Review</b> .....	<b>07</b>
<b>4. Findings</b> .....	<b>08</b>
4.1 Scope of available evidence .....	<b>08</b>
4.2 Examples of intervention research include .....	<b>08</b>
4.3 Main findings and results .....	<b>09</b>
4.4 Men – critical in maternal health care seeking .....	<b>10</b>
4.5 The Role of Ulama in Development Interventions .....	<b>12</b>
4.6 Past Experiences of Engaging Religious Leaders from other Countries with Muslims as Majority of Population .....	<b>12</b>
4.7 Supportive Passages from the Quran or Sunnah .....	<b>13</b>
4.8 Dissemination of Relevant “Fatwa” .....	<b>13</b>
4.9 Sustainable Motivation .....	<b>14</b>
4.10 Importance of Mapping .....	<b>14</b>
4.11 Formation of Partnerships .....	<b>15</b>
4.12 Authority over personal ceremonies and affairs .....	<b>15</b>
4.13 Mistrust of Western Programme Donors .....	<b>16</b>
4.14 Synergy of Religious Activities with Health Activities .....	<b>16</b>
4.15 Involvement of Women .....	<b>17</b>
4.16 Religious Make Up of the Pakistani Society .....	<b>17</b>
4.17 Structural organisation of religious leaders .....	<b>18</b>
4.18 Sources of power and influence for religious leaders .....	<b>18</b>
4.19 Sphere of influence of Religious Leaders .....	<b>19</b>
4.20 Sphere of influence of Religious Leaders .....	<b>19</b>
<b>5. Conclusion</b> .....	<b>20</b>
5.1 Religious leaders are important .....	<b>20</b>
5.2 Frame the messages in religious doctrines .....	<b>20</b>
5.3 Reach out to religious leaders through their elders and institutions .....	<b>20</b>
<b>6. References</b> .....	<b>22</b>



# Introduction & Background

The Empowerment Voice and Accountability for Better Health and Nutrition (EVA-BHN) project looks to involve religious leaders 'for improving household decision making and behaviours for health by influencing men's involvement to achieve Output 1 of the project: Increased knowledge and capacity of citizens to exercise choice in and demand for quality RMNCH and Nutrition services

The health status of women and children in Pakistan remains unacceptable. Though some improvements have been made, the country is still grappling with a wide range of issues, including but not limited to household level barriers on the demand-side for services for maternal, neonatal and nutritional and reproductive health.

Given the patriarchal outlook of the Pakistani society, men and boys have an important role in household level decision-making for health, especially in healthcare seeking. There is now a wide consensus among public health experts that health seeking behaviour among women and children can be substantially improved by increasing male involvement in and knowledge about women's health and child-specific health concerns<sup>1</sup>.

A somewhat unexplored resource which could greatly help in instigating this social change among men is the nationwide network of religious scholars and religious organisations in Pakistan. The Empowerment Voice and Accountability for Better Health and Nutrition (EVA-BHN) project looks to involve religious leaders 'for improving household decision making and behaviours for health by influencing men's involvement to achieve Output 1 of the project:

*Increased knowledge and capacity of citizens to exercise choice in and demand for quality RMNCH and Nutrition services*

An important milestone in this regard is the development of an ulama (religious leaders/scholars) engagement strategy that is informed by existing experiences. The engagement strategy development includes desk review of the existing information on religious leaders' involvement in Pakistan and in other parts of the world.

---

<sup>1</sup> Kamal, 2002; p. 77; Tinker et al., 2000, p. 27

## Purpose and Objectives

The overall purpose of the literature review is to inform the development of the ulama (religious leaders/scholars) engagement strategy for EVA-BHN. The specific objectives of the literature review are:

- To document lessons from past experiences on engaging religious leaders and religious organisations for developmental purposes, especially in the health sector.
- To identify ways and means of engaging religious leaders in health communication and increasing the knowledge of citizens of their health needs and rights in order to increase positive health care seeking behaviour at the household level for maternal and child health and nutrition services.



# Methodology of Literature Review

**F**or the purpose of conducting literature review, both relevant published literature and available grey literature was collected:

- Online databases like Google Scholar, PubMed, PsychInfo, SCOPUS were used for finding relevant literature.
- Various search terms, in combination, were used like religious leaders, Islam, development, communication, religion, maternal and child health and nutrition services.
- The period of the published literature was set from 1950 to present.
- A review of past programme reports and evaluations involving Islamic religious leaders in health and development programme was also conducted for literature review.
- The literature was then analysed in the context of the objectives of the review.
- Effort was also made to specifically look for lessons from Pakistan in particular projects like USAID funded Pakistan Initiative for Mothers & Newborns (PAIMAN) & Family Advancement for Life and Health that specifically included religious leaders in their interventions.

## Findings

### 4.1 Scope of available evidence

There is limited literature available on the role of religion and religious leaders in development, what is available can be divided into two broad categories of intervention and non-intervention research articles.

- Gilli (2004), while relying on materials collected from Syria and Palestine, provides an opinion analysis on the religious significance of water and insights on how non-governmental organisation and governments can and have used relevant messaging to design public communication campaigns.
- Esack (2007) attempts to map the influences of religious leaders in several Muslim majority countries and he argues that in many cases ulama should be engaged with in order to involve them in managing the AIDS pandemic.
- Underwood (2000) conducted a rigorous study to compare the perceptions of Jordanian religious leaders and their constituents regarding family planning.
- Ali and Ushijima (2005) examine the perception of male adults in 12 rural districts in Pakistan regarding the influence of the 'religious factor' in their family planning decisions, the role of religious leaders in community education, and the channels through which religious leaders can be best approached to gain their cooperation in the dissemination of messages.

### 4.2 Examples of intervention research include

- In Iran a dialogic approach was utilised based on continual dialogue by the religious clergy involving cross-sections of the population to mobilise all levels of society and develop a cohesive population policy. The intervention ranged from advocacy at the national level to secure buy-in from various gatekeepers, utilisation of mass media to create a debate on population issues and health communication activities at the workplace and local community initiatives (Hoodfar and Asadpour, 2000).
- In Senegal, the cooperation of state and religious leaders was sought in order to bring about policy level change, while at the same time community mobilisation activities were conducted to initiate change at the local level (Stepan, forthcoming 2011).
- In Uganda, Islamic religious leaders were trained to create a grassroots level movement as a means to change HIV/AIDS related behaviours (Singhal, 2001).
- In Senegal, the cooperation of state and religious leaders was sought in order to bring about policy level change, while at the same time community mobilisation activities were conducted to initiate change at the local level (Stepan, forthcoming 2011)

- In Egypt, religious leaders were invited to seminars so that they could become advocates in their communities for specific health issues (Burket, 2006).
- In Jordan, Friday sermons were used as a means for examining the extent to which information dissemination resulted in collective action among their constituents (Patel, 2005).
- In Ghana, religious leaders were first sensitized on HIV issues, and later participated in radio and television spots encouraging compassion towards people living with HIV/AIDS. The Ghana intervention also included congregational level activities (Boulay et al., 2008).

### 4.3 Main findings and results

- Boulay et al. (2008) uses a pre and post cross-sectional survey in Ghana to conclude that religious leaders played an effective role in the reduction of HIV/AIDS related stigmas.
- Stepan (2011) employed an innovative methodology using Senegal as a case-study to explore the historical trajectory of cooperation between religious and secular leadership and how such partnerships result in positive outcomes.
- In Jordan, Underwood (2000) compares family planning related perceptions of religious leaders and their constituents in Jordan.
- In Bangladesh, family planning was successfully repositioned as a family-welfare issue rather than a population stabilisation matter by integrating religion with community wellbeing and health (Burket, 2006).
- Similarly, in Iran family planning was initially expressed as a crisis response to social development bringing religious leaders into the national discourse and thereby successfully redefining the role of family planning from the development and religious perspective (Hoodfar and Asadpour, 2000).
- Singhal (2001), in his paper, makes a strong case for integrating spiritual education in HIV/AIDS education because spirituality includes values and beliefs about love, tolerance, compassion, sacrifice, hope, courage, patience, and faith.
- Underwood (2000) concludes that we need to not assume the position of religious leaders regarding family planning and we may even find that the general public views them as less favourable when they may not be.
- In the PAIMAN project the evaluation of the involvement of religious leaders established that the level of knowledge among respondents exposed to health messages through Friday sermons delivered by ulama is generally 20-25% higher than those who were not exposed to health messages. (Ulama: Agents for Social Change, Muslim Scholars Speak for Women's Rights).
- A study conducted by the Pakistan National Institute of Population Studies (NIPS) showed that women in communities where ulama gave permission to use birth spacing methods were 1.7 times more likely to use contraceptives than women in communities where ulama did not allow family planning programmes. (Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan).

Many of the articles reviewed here are hampered by the lack of appropriate data and rely heavily on secondary sources of information however they do provide critical insights into the utilisation of religious leaders to achieve public health goals.

Key issues with the sources reviewed:

- The reviewed articles are deficient of the appropriate data of results.
- There are limitations of the methodology of most of the reviewed articles. For instance, for primary data most of them rely on interviews with key stakeholders like individuals from the health sector or programme beneficiaries rather than religious leaders.
- Several rely on secondary sources of information including reports, literature reviews, and internet research. It is hard to make any casual claims regarding the successes achieved by these interventions.

One notable exception is the example from Ghana (Boulay et al. 2008) which uses a pre and post cross-sectional survey to deduce that religious leaders played an effective role in the reduction of HIV/AIDS related stigmas. Another study that employed an innovative methodology was the article from Stepan (2008) who used Senegal as a case study to explore the historical trajectory of cooperation between religious and secular leadership and how such partnership results in positive outcomes. The review elucidates the fact that besides being a religious authority, ulama also command a strong foothold in their respective communities; ulama play a critical role in shaping their community's beliefs and attitudes on a range of aspects of their lives. Ulama are expected to uphold the normative traditions of an Islamic society and act as watchdogs for their realisation. These attributes make ulama an ideal communication channel which can be used to initiate a dialogic process through which public health messages can be brought into the folds of Islamic perspectives. It was against this backdrop that a comprehensive intervention based on involving ulama for the purpose of promoting maternal health was designed and implemented in two provinces of Pakistan.

#### 4.4 Men – critical in maternal health care seeking

Pakistan is a patriarchal society where men have a dominant role in almost all spheres of life. Men are generally the breadwinners and the responsibility is on them for making decisions regarding the healthcare needs of their immediate family members<sup>2</sup>. Past research has shown that men not only acted as 'gatekeepers', restricting women's access to health services but that their actions also have a direct bearing on the health of their partners through abuse and neglect<sup>3</sup>.

A baseline study conducted for PAIMAN in ten districts in all four provinces of Pakistan indicated that in nine out of ten cases it was either the husband or the mother in law who made the decisions pertaining to the health needs of pregnant women<sup>4</sup>. A study conducted in Balochistan province found that seven out of ten women would first tell their husband if they were experiencing any complication during the course of pregnancy and nine out of ten would need their permission if they would like to get treatment in a hospital for pregnancy related complications<sup>5</sup>.

Another study conducted in the northern areas of Pakistan found that, in general, two-thirds of women would need permission from the male head of the family or any other adult male member about consulting a health provider. Besides, the women were also

---

<sup>2</sup> Sathar et al., 1988, p. 415-6; Jejeebhoy and Sathar, 2001, p. 207; Sheikh and Hatcher, 2005, p. 51

<sup>3</sup> Gallen, Liskin and Kak, 1986

<sup>4</sup> PAIMAN, 2005

<sup>5</sup> Hashim and Midhet, 2002, p. 527-541

required to be accompanied by their husbands for going to health facilities. The same study further found that even in cases of emergency, eight out of ten women would rather wait for the male member to accompany them if he was not around<sup>6</sup>.

In Pakistan where women are socially subjugated and often have severely restricted mobility, the role of men in their health-care seeking behaviour and access takes on the upmost significance<sup>7</sup>. There is now a growing body of evidence strongly indicating that increased male involvement in women's health has the potential to yield positive results which will ultimately contribute towards improving the overall status of women in Pakistan<sup>8</sup>.

While men are often the key-decision makers and the gate-keepers for health-seeking, most men in Pakistan have minimal knowledge of health issues affecting mothers and children. Therefore, influencing the way that men perceive RMNCH services is critical for improving health-seeking behaviours; a key way to reach men is through religious leaders, who are widely respected.

In rural and marginalised areas, where literacy is low and access to mass media is limited, religious leaders are often one of the few reliable and effective communication channels, endowed with a powerful platform for shedding misperceptions and promoting positive behaviours, including men's roles in improving women's ability to seek care.

As mentioned earlier, whereas men are important in household health-care seeking<sup>9</sup> most men in Pakistan have minimal knowledge of health issues affecting mothers and children<sup>10</sup>. Therefore, influencing the way that men perceive RMNCH services is critical for improving health-seeking behaviours; a key way to reach men is through religious leaders, who are widely respected.

In rural and marginalised areas, where literacy is low and access to mass media is limited, religious leaders are often one of the few reliable and effective communication channels, endowed with a powerful platform for shedding misperceptions and promoting positive behaviours, including men's roles in improving women's ability to seek care.

As mentioned earlier, whereas men are important in household health-care seeking in general and for maternal health in particular, increasing male involvement in women's health is in essence changing men's behaviour towards their female counterparts. A review of major health education theories show that behaviour change is a cognitive process passing through certain stages to an eventual change in behaviour<sup>11</sup>. For instance, in the Theory of Reasoned Action, a person's behaviour is predicted by intentions, which in turn are predicted by attitudes toward the behaviour and subjective norm<sup>12</sup>.

An important element in strengthening the motivation that compels one to pass through this complex cognitive process to finally changing behaviours depends on the expertise, trustworthiness, familiarity, likeability and similarity of the source through which the message is communicated<sup>13</sup>. Although researchers disagree over which factors are most important, they agree that receiver do hold standards of credibility against which the source and the communicated message(s) are compared, to their existing set of beliefs, knowledge, attitude and practices, favourably or unfavourably<sup>14</sup>. The religious leaders (ulama) due to their social status in Pakistani society owing the predominant religious make

---

<sup>6</sup> Shaikh et al., 2008, p. 952-3

<sup>7</sup> Ali et al., 2004, p. 263

<sup>8</sup> Kamal, 2002, p. 77; Tinker, 2000, p. 27

<sup>9</sup> Mumtaz & Salway, 2007

<sup>10</sup> Mahmood, 2010; Brunson, 2010

<sup>11</sup> Murray-Johnson et al., 2001, p. 328

<sup>12</sup> Fishbein, and Ajzen, 1975

<sup>13</sup> Salmon and Atkin, 2003, p. 459-60

<sup>14</sup> Heath and Bryant, 2000, p. 181

up of the society appears to be important source of information that can trigger the behaviour change in males whereby a demand is generated amongst makes for health care seeking for women and children through attitudinal transformation in them about women and pregnancy and child birth etc.

#### 4.5 The Role of Ulama in Development Interventions

Contrary to the given importance of ulama and their prospective role, the intersection of religion and social uplifting has not been given due attention in contemporary literature, academic debates and development projects<sup>15</sup>. In a Muslim Society and Population Policy in Indonesia, Rifa'i and Dwiyanto<sup>16</sup> assert that ulama have a central role to play as educators and communicators in the development of the contemporary Muslim world. As communicators, ulama can bridge the gap between the community and the state and increase the understanding of each other's expectations. As educators, ulama can advance knowledge in their respective communities and can also filter useful information for the benefit of progress and development.

In Perceptions of Men on the Role of Religious Leaders in Reproductive Health Issues in Pakistan, Ali and Ushijima<sup>17</sup> write that in Pakistan, where education is not widespread and the majority of people has a conservative outlook; religious leaders have much influence and are genuine opinion makers in society who could be used as advocates for reproductive health programmes. The researchers further found that many of the interviewed men in rural areas considered it essential to involve religious leaders in the process of educating and convincing people to change their behaviour towards reproductive health issues. Furthermore, two-thirds of the male respondents considered Friday prayer to be the most effective medium of communication<sup>18</sup>.

In the Pak-German IRDP project evaluation study, Malik<sup>19</sup> makes a similar assertion "traditional institutions have to be integrated appropriately since they are very important for the transmission of information in this respect the Friday sermon can be mobilised to present the possibilities and advances of self-help on the one hand and social uplift on the other."

#### 4.6 Past Experiences of Engaging Religious Leaders from other Countries with Muslims as Majority of Population

Religious leaders have been successfully engaged with development projects in a number of predominantly or majority Muslim countries. These religious leaders have been involved in a number of development issues including HIV/AIDS, family planning, and water conservation. Past efforts of engaging Islamic religious leaders have included:

- serving as 'message bearers' to their direct spheres of influence; men who listen to their weekly sermons
- a policy-level role of issuing 'fatwas' or Islamic religious interpretations of a modern issue for which there is no historical guidance in the Quran or other holy texts (a fatwa can have legal authority in the court system; it is more than just a personal opinion or argument)

What has led to the successful engagement of religious leaders in these initiatives? The following factors emerge as factors of successful engagement with religious leaders:

<sup>15</sup> akodi, 2007: p. 1

<sup>16</sup> Rifa'i and Dwiyanto, 2005: p. 96

<sup>17</sup> Ali and Ushijima, 2005, p. 116

<sup>18</sup> ibid p121

<sup>19</sup> Malik, 1989, p. 21

## 4.7 Supportive Passages from the Quran or Sunnah

Successful efforts to engage Islamic scholars in health have worked to find specific passages in the Quran or Sunnah that support a specific health topic. These specific passages are critical for religious leaders to support programmatic efforts because they provide irrefutable evidence, and serve to support the agenda where creative reasoning of Islamic scripture is required.

In the AIDS Education through Imams programme, using creative reasoning, the programme was able to argue that married couples that don't use condoms can leave orphans behind. The argument was also made that knowledge of contraception does not necessarily lead to indiscriminate use; many Muslims are aware of alcohol but do not partake of it.

The programme was successful in increasing condom use and lowering the number of sex partners.

Several other programmes have used specific passages from the Quran to support health messaging and have gone so far as to develop materials citing numerous parallels between these religious passages and health priorities (Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan; Ulama: Agents for Social Change, Muslim Scholars Speak for Women's Rights). When specific passages from the Quran or Sunnah are not available on a particular issue, then programmes have developed communications around Islamic religious themes or values. In a water conversation programme, messages were developed that spoke to the values of faithfulness and trust, "water is trust", "water is faithfulness" (Islam, Water Conservation and Public Awareness Campaigns). In this way, the programme was able to couch its messages in religious principles.

## 4.8 Dissemination of Relevant "Fatwa"

Issuing a fatwa is an important activity in Islam to establish correct guidance on realities of modern life. There are thousands of fatwas in existence, with some being more influential to different sects of Islam. However, not all lay people or even Islamic religious leaders are always aware of the conclusions and recommendations of these fatwas; therefore the dissemination of fatwas is also critical along with issuance of fatwas.

A family planning programme in the Philippines used an interview with a mufti who issued a family planning related fatwa as dissemination (Strengthening Social Acceptance of Family Planning in the Philippines). The interview was broadcast on a local radio programme. The interview was well received among listeners who were familiar with family planning but received criticism from those who were not. Another programme tailored their generic family planning training by including information on local fatwa related to family planning to make the training more resonate with the local ulama (ESD Legacy Religious Leaders as RH FP Champions).

The fatwa not only represents the jurisprudence of the religious leader issuing the fatwa but also the institution from where the fatwa is initiated and thus carries in itself the force of power to the disciples of that institution and the followers of that institution, the religious leader and the disciples as well. The fatwa therefore provides sanctity and credibility to the message and has the potential to affect a large population for adopting the change desired through fatwa especially for the issues, which are perceived to be having religious connotations.

## 4.9 Sustainable Motivation

Addressing the motivation of any person engaged voluntarily in a development project is an important issue. One successful example of motivation in this context was providing religious leaders with means for income-generating activities (AIDS Education through Imams). This type of motivation was well received as it was seen as a benefit in the long-term. Because this programme also involved travel of the religious leader to attend various meetings, bicycles were given to ease the burden of traveling to different places.

## 4.10 Importance of Mapping

Islamic religious leaders and followers fall into various sects and divisions and also have different schools of thought ranging from strict fundamentalist to modern beliefs. The sectarian affiliations of different religious leaders and institutions are usually well known. In Pakistan the majority of the population belongs to Sunni sect. The other common sect is Shiites. Within Sunnis, there are however different sub groups such as Brailvis and Deobandis who constitute the major portion of Sunnis. The followers of each sect usually adopt the instructions of their sect specific religious leaders regarding their day-to-day life as well as in different religious practices etc. The followers look upon their specific leaders when they need some guidance and would only adhere to the specific guidance. For each sect specific follower it is therefore necessary to be reached through the specific religious leader representing that sect. It is therefore important that programs have to map out the religious leaders for engaging them reach out all different sects of populations through their leaders and institutions.

An HIV/AIDS programme that undertook mapping exercises found that identifying influential leaders provided an opportunity to create natural alliances and partnerships among religious leaders (Muslims Responding to AIDS: Mapping Muslim Organisational and Religious Responses). This mapping exercise also identified Islamic faith-based organisations that could serve as important partners to the project. In Pakistan the faith based organisations exist in different forms under different names in local culture such as madrissa, jamia, markiz, idara etc. Sometimes, the mosques are also used to perform the activities other than prayers such as for teaching Islam, issuing fatwa etc and therefore can be included in the category of faith based organizations

During the mapping phase, it is also important to create criteria for selecting leaders to engage with. Having these criteria can help to identify specific leaders who may serve as champions of the programme as well as to identify leaders whose involvement may hinder the project by having beliefs that could undermine programme messages.

A family planning programme in Yemen used the following criteria for selection of faith based organisations (ESD Legacy Religious Leaders Yemen Brief):

1. Possess credentials as religious preachers or educators (confirmed by Ministry of Awqaf)
2. Provide sermons that do not reflect extremist views, or political bias (confirmed by community leaders)
3. Commit to attend training, participate in programme activities and take part in the planned programme (based on assessment and preliminary meeting with participants)

Past programmes have also indicated that a critical mass is essential for successful engagement of the religious leaders. Additionally, mapping can identify both tangible and intangible religious assets (Development and Faith Report). The mapping comes handy in developing synergies with existing programs of such nature in the religious domains and



also helps identify the opportunities for institutionalization of change agendas in the social structures of the society even beyond the project life through influencing religious organizations and helping identify their capacity gaps and addressing them during the course of implementation. The most important element in this regard is the social capital garnered through constituting religious networks of allies of agendas.

#### 4.11 Formation of Partnerships

Religious leaders are important stakeholders in social development. Their importance is a function of the power and authority they enjoy over societal practices stemming from the influence of the institution of religion on the attitudes and behaviours of the society. In rural, poor and illiterate populations the religious leaders tend to have more influence on the societal practices due to their ascribed roles of community educators and teachers for the social conduct of their followers including and not limited to behaviours in the domain of health and nutrition. The religious leaders therefore need to be seen and involved as active partners with other development agents in society. The approach to simply provide training activities to religious leaders on health and development topics is not sufficient. A 2007 report from the World Bank on Development and Faith outlines a partnership framework that should be applied when working with religious community leaders in development projects. The framework included:

1. Focus on achieving genuine consensus on both objectives and path.
2. Be realistic.
3. Work purposefully to make sure a shared language is well understood by all.
4. Gauge each partner's capacity with discernment and humility.
5. Weigh strengths and balance of power thoughtfully.
6. Plan mentoring and capacity-building with creativity, care, and humility.
7. Make transparency meaningful and real.
8. Plan carefully for navigating bumps in the road, making changes, and evaluating results.
9. Look objectively and without illusions to the future—especially long-term financial support—and make sustainability a real and meaningful goal.

It is therefore critical to adopt the approach of inclusiveness while engaging with religious leaders and they should not be worked with in silos. Including them in other activities can help reinforcement of the messages and amplify the impact of different activities. A partnership approach with religious organizations can go a long way in institutionalizing the agenda into the religious domains and therefore in society. One needs to be open to their needs such as their capacity building etc however viewing them as stakeholders and active partners is important.

#### 4.12 Authority over personal ceremonies and affairs

An avenue of religious leaders influence in society is the different ceremonies held in communities pertaining to key events both at community as well as at individual levels. Wedding, birth of the child, different rituals, religious celebrations, funerals are such events where religious leaders are involved and they exercise a higher level of authority as compared to day to day life matters. In an HIV/AIDS prevention programme in Uganda, the local Islamic imams, or religious leaders of a mosque, used their authority over wedding ceremonies as an intervention opportunity for promoting HIV/AIDS tests. The imams would not perform a wedding ceremony until the couple got tested for AIDS (HIV/AIDS and Communication for Behaviour and Social Change: Programme Experiences, Examples, and the Way Forward).

In another case example, Islamic religious leaders served as a type of 'watchdog' to address

domestic violence. Women were encouraged to seek out religious leaders if faced with abuse and the local religious leader would use his relationship with the men in the community to discuss the problem directly with the man and intervene on behalf of the women (Building Civil Societies : A Guide for Social and Political Activism: Women Living Under Muslim Laws).

The rituals like saying azan into the ears of new-born, the nikah (wedding prayer) and such other events can be capitalized through religious leaders for promoting health agendas especially those related to men's role, women and child health issues etc. and create demand for health services. The utilization of these events will though require the orientation of religious leaders and equipping them with information aids to communicate messages.

#### **4.13 Mistrust of Western Programme Donors**

Dispelling and pre-empting such possibilities is sine qua non for any ulama engagement strategy. When development programmes are funded by Western countries, mistrust in intentions can be a challenge to overcome; political agendas that are in conflict with development activities can exacerbate the problem.

During a study on community perceptions of family planning in a predominantly Muslim community in Nigeria, the researcher noted mistrust in the source of donor funding and concern that US-funded family planning efforts had a hidden agenda of population control rather than the promotion of maternal health (Perceptions of Population Policy, Development, and Family Planning Programmes in Northern Nigeria). This example reflects negative perceptions about not necessarily who is conducting the research or programmatic work but the potential hidden agenda of Western investment in reproductive health programmes. This is a sensitive topic that must be addressed carefully, especially with those who may not be as exposed to Western influences. Clarity of the agenda, partnerships with religious leaders and faith based organizations, involving them from beginning, adopting a participatory approach in implementation, monitoring and evaluation, catering to their information needs and sharing the credit are important in building trust with religious leaders. Involving the higher ups, having institutional level engagement and adopting inclusiveness are helpful in catering for any trust deficits.

#### **4.14 Synergy of Religious Activities with Health Activities**

In the Family Advancement for Life and Health programme, medical healthcare providers were trained about Islam and family planning in order to increase their ability to have knowledgeable conversations with their patients about Islamic teachings towards family planning (Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan).

This approach sought to find synergy between the medical and religious systems in Pakistan about family planning issues. By training both ulama and medical professionals, each group can speak with more authority of family planning from the medical and Islamic perspective, respectively.

In an evaluation of maternal and child health messages delivered by ulama during Friday wa'az or sermons showed that pre/post comparisons of knowledge of maternal and child health issues were more pronounced when paired with specific behavioural actions (Ulama: Agents for Social Change, Muslim Scholars Speak for Women's Rights). This suggests that by pairing availability of health services with health messages can have a powerful impact on individual behaviour change.

#### 4.15 Involvement of Women

Writings on religion and development argue that religion can be fluid and that religiosity is more prominent in less economically secure countries (Revisiting Religion: Development Studies Thirty Years On). Development theory stipulates that there are three different approaches that development organisations can take in regards to approaching religion 1) viewing religion as a development obstacle; 2) viewing religion as the most significant donor issue to the exclusion of others; and 3) viewing religion as a development solution (With her feet on the ground: Women, religion and development in Muslim communities).

While involving religious leaders in women's health issues is important, it is not sufficient to frame Islamic religious involvement as the most significant issue to improve the health status of women. "Identifying women as developmental 'victims' of religion fails to address community and national power dynamics" (With her feet on the ground: Women, religion and development in Muslim communities).

A common perception when working with Islamic religious leaders is that the religious components are static and unwilling to change. However, this is a false perception, as ijithad or creative Islamic legal reasoning has been shown in the past to promote health. Not only is engagement of religious leaders important because they can facilitate individual behaviour change but they can serve as an important moral compass in political, economic, and legal affairs.

Islamic scholars have the power to create an enabling environment for maternal and child health issues that can support individual empowerment and demand for health services. For women's health issues specifically, the issue of addressing the relationship between Islam and women's empowerment cannot be ignored. Reaching women directly through health communication efforts has a unique set of challenges that are different than men. Using the frame of promoting mother health, the PAIMAN project focused health communication efforts towards men as the key gatekeepers of health information and access to services (Ulama: Agents for Social Change, Muslim Scholars Speak for Women's Rights).

Yet other programmes designed efforts to reach women directly, for example, women have been used as imams' assistants and community health workers, visiting other women in the community to share health messages (AIDS Education through Imams; Iran's Family Planning Programme: Responding to a Nation's Needs). In Pakistan, though, the women do not dominate the scene in religious domains yet the relatives of maulvis such as mothers and wife of male are sometime seen to be involved in teaching quranic recitation etc to children especially girls. Such opportunities can be dovetailed with behaviour change education through other methods such as with LHWs support groups.

#### 4.16 Religious Make Up of the Pakistani Society

In a country formed on the basis of religious tenants, the influence of religion in Pakistan is imbedded in the cultural fabric. Pakistan is a predominantly Muslim country with 96.2% of its population identifying as Muslims (Census Report 1998, Government of Pakistan). Islam provides guidance and rules for living that impact all facets of life from the individual values one should hold to societal perspectives on economic and legal aspects. Given the religious make up of the society, it is impossible to create any social change through advocacy efforts without addressing the religious beliefs that are imbedded in the culture. The religious leaders hold an important position in Pakistani society not only guiding citizen beliefs and values but also influencing policy as counsels of law.

#### 4.17 Structural organisation of religious leaders

Pakistan is predominantly a Muslim country where two-thirds of its population lives in rural settings. Many of its areas, e.g. large parts of Khyber-Pakhtunkhwa and Baluchistan (two of the four provinces), are still regarded as religiously conservative and culturally traditional and the population, in general, consists of devout Muslims who are proud of their Islamic heritage.

Religious scholars (ulama), who are connected to religious schools or are officiating priests (mullah) in local mosques are highly revered and sought by most people for guidance on religious issues, including those which intersect with aspects of health and wellbeing.

An alim (singular of ulama) that has formal training in Islamic jurisprudence and is empowered with religious legal authority is denoted as a mufti. In most rural areas, an alim is among the few literate villagers. He is considered an important source for religious interpretations and worldly guidance.

His importance is further heightened in remote areas where people have limited access to print and electronic media. Through a wide network of mosques and seminaries scattered all across the Country, ulama are endowed with a powerful potential platform for shedding misperceptions and promoting positive behaviours.

Male sections of the population from their respective communities congregate regularly in sizeable numbers, once during the week; to listen to the sermon delivered during the Friday prayers by the alim of their local mosques. The institution of religion not only has a central role in the lives of communities especially in the rural population, it is also an important stakeholder in the policy-making processes in Pakistan. The apex body in this regard is the Council of Islamic Ideology (CII) that is a constitutional body having a mandate to interpret the laws of the land for being in conformity with Islam. It is therefore essential to engage with religious leaders at all key levels for pushing across the agenda of improving health care seeking and demand creation. This will impart validity and create a greater acceptance causing reinforcing effects. Important here is to note that the members of CII do also have affiliations with different institutions and schools of thought and are part of some networks. Engaging at all key levels would impart a multiplier effect and minimize any resistance possibly from state as well as at community levels.

#### 4.18 Sources of power and influence for religious leaders

Whereas, the religion in itself is the primary source of power for religious leaders in Pakistan, its practical form is the faith based organisations and networks with which the ulama and muftis are associated. Their association with these organisations is by virtue of their sect, lineage, trainings, followership etc. Most of the ulama and muftis have associations with different faith based organisations such as madrassa, markaz, idara, masjid etc. These institutions also embody the networks of religious leaders, are venues for trainings of the religious leaders, provide the on-going support and mentoring to the associated ulama who are in field. The ulama follow the rulings given by their affiliate organisations. It is therefore important to focus these organisations/networks for engaging with religious leaders at community levels.

Another source of power of religious leaders is their affiliation with a political party representing their ideology. Aside from the mosque and madrassa, the ulama also use other mechanisms to apply their influence. Certain national level groups like Pakistan Ulama Council (PUC), Council of Islamic Ideology (CII), Roet-e-Hilal Committee are important to note in this regard. The Pakistan Ulama Council is an umbrella organisation of religious scholars and clerics of Islam belonging to various schools-of-thought. The CII is a constitutional advisory body that advises in legislative matters if a law or practice in discussion is against Islam. This body has given a number of verdicts and recommendations

on different legal matters. It also disseminates its work and research through different means like publishing quarterly magazines, holding seminars and other special meetings. As discussed earlier, it will be important to engage with all key levels.

#### 4.19 Sphere of influence of Religious Leaders

When seen through the lens of Social Ecological Model, the religious leaders in Pakistan influence an individual in many ways. An individual is surrounded by four bands of influence representing the interpersonal, organisational, community, and policy levels; ulama exert their influence on all of these four levels. In addition to the weekly congregational prayer that include a sermon, prayer leaders interact with male members of their respective communities up to five times a day during daily prayers. On such interactions, individuals seek guidance from ulama on a range of issues, including those pertaining to health and wellbeing.

One of the asserting power avenues in the community is an extensive network of religious seminaries or madrassas in the country. There are around ten thousand madrassas in the country but the ones with highest degree (Mukhas-sis) conferring status are only in a few hundred (Riaz 2008; Noor 2008; Bano 2012). Similar to secular institutions, these elite madras-sas are located in urban areas and have enrolment from all walks of life. This provides opportunity to development practitioners and projects to reach out to intended communities at a much wider scale in a structured manner and through a channel that commands respect, authority and credence.

#### 4.20 Sphere of influence of Religious Leaders

It is important to note that the role and sphere of ulamavaries from one Islamic country to another and one region of a country to another. For instance, in some Islamic countries, i.e. Iran and Saudi Arabia, Friday sermons are controlled and monitored for its topics and contents, however there is little oversight over congregational Friday prayers in Pakistan, or for that matter in other parts of South Asia.

In Pakistan, an imam could be appointed by his respective community, small neighbourhood association, faith-based organisation and movement, religious seminary or in case where mosque is the property of the Government, which is few and far between, by Ministry of Religious Affairs. This is unlike some other Islamic countries where Religious Affairs, or other relevant Government functionary, Ministry or Department appoints and supervises imam.

This implies that if Friday prayer is to be used as a behaviour change communication medium in countries such as those in South Asia, the involvement of and coordination with the relevant Ministry of Religious Affairs or any other concerned department / network / association/ organization will be of extreme significance. Buy-in from the concerned institutions will make this task a lot easier; conversely, near impossible if the intervention is faced with objection.

The followers of Islam take their religion in a much broader sense than of faith, dogma or ritual. They consider Islam to be 'a complete way of life' catering for all fields of human existence – individual and social, material and moral, economic and political, legal and cultural, national and international<sup>20</sup>).

It is for that very reason that Islam itself can become a strong basis for rallying the clergy in general and ulama in particular to create demand for health services. However, not all areas of public health, due to conflicting interpretation of Quran and Sunnah, can be effectively disseminated through or solely through religious leaders and therefore other means must be explored.

---

<sup>20</sup> Bannerman, 1988: p. 10

## Conclusion

### 5.1 Religious leaders are important

Religious leaders (ulama) are important in influencing the societal norms, values and behaviours in societies where there is high illiteracy and the outlook of society is conservative:

1. They can play a significant role by being educators and communicators in the development of contemporary Muslim societies.
2. They can help bridge the gap where other conventional mediums are ineffective due to reasons such as conflict, lack of media reach and non-availability of community level health workers.
3. Religious leaders have much influence and are genuine opinion makers in society who can be used as advocates for reproductive health programmes.

### 5.2 Frame the messages in religious doctrines

One of the main findings of this review is the great significance of how the religious leaders should be approached and asked for guidance. Also important is the adaptability and flexibility of any engagement in respect of being shaped and strategized in continuous consultation and with the involvement of religious leaders. There are aspects of religious doctrines in Islam that support various public health agendas and there are others in tension with it<sup>21</sup>. There is a need to find common ground and openings within the existing system of beliefs to frame public health messages or position development goals so that they are not in conflict with interpretations ulama adhered to or generally share with their congregants. It is crucial that before any dialogue is initiated, prevailing perceptions of religious leaders on public health or, for that matter, development issues are carefully studied.

### 5.3 Reach out to religious leaders through their elders and institutions

The religious authority in the Muslim world, with the exception of Shiites, is largely fragmented<sup>22</sup>. However, ulama are still loosely connected inside their schools of thought and carry great respect for the grand scholars within it. It is therefore essential to first approach the most influential religious leaders and scholars representing different schools of thought to seek their guidance and direction in the execution of development interventions that are not in conflict with prevailing interpretations of Islam. Mapping of the religious leaders, their institutions and networks is therefore an important place to start when embarking upon engaging religious leaders for development purposes.

#### Fatwas are useful

The policy statements and manifestations of Islamic jurisprudence called as fatwa can be helpful in imparting weight and value to the development doctrines and embedding them

---

<sup>21</sup> El Bedri, 1959

<sup>22</sup> Robinson, 2009, p. 353

in religious principles. These create comfort zones for the lower tier religious leaders while they undertake health and other social development agendas in their respective communications such as during Friday sermons or at other avenues etc.

#### **Friday prayer sermons are effective tools**

Friday prayer is an important avenue where religious leaders come across the majority of males in their catchment; the Friday sermon provides the opportunity to convey development messages. The messages however need to be couched in Quranic and Sunnah doctrines to have sanctity and value for the listeners. Basic text/key messages of health for the sermon need the authentication of senior religious leaders and institutions which may be a public or non-public body, the religious leaders need to be educated on expanding upon the key messages. Besides, Friday sermons, the rituals around different social events such as around birth of child and wedding etc. appear to be potential opportunities for utilising influence of religious leaders to create demand for health services and trigger attitudinal transformation amongst males about women.

#### **Pre-empt the trust deficits**

The religious leaders need to be viewed as active partners in development process rather than passive recipient of the trainings etc. They are important stakeholders who possess great influence on the society. They should be involved in planning and implementing different activities geared towards engaging them for development purposes. The trust deficits need to be pre-empted by having clarity, adopting a participatory approach and sharing the credit.

#### **Develop aids for religious leaders to deliver messages**

Whereas, religious leaders are a very important source of influence on communities especially males of society they need to be facilitated with different job aids such as informational materials to effectively undertake the promotion of social development agendas. These materials should be developed in consultation with them.

#### **Inclusiveness can be helpful**

Working with religious leaders should not happen in silos. It is important that integrative aspects in the programmes are also explored. The opportunities for bringing together religious leaders and other change agents in the communities can be helpful in reinforcement of the messages and having multiplier effects. For instance the opportunities for dovetailing the community health workers activities with the activities around religious leaders can be helpful in synchronization of the demand creation agenda.

## References

- Ali, Syed M. and Hussain, J., "Fertility Transition in Pakistan: Evidence for Census," *The Pakistan Development Review* 40:4 (2001) pp. 537–550
- Ali, M. and Ushijima, H "Perceptions of Men on Role of Religious Leaders in Reproductive Health Issues in Pakistan," *Journal of Biosocial Science* 37:1 (2005) pp.115–122
- Ali, M., Rizwan, H. and Ushijima, H., "Men and Reproductive Health in Rural Pakistan: The Case for Increased Male Participation," *The European Journal of Contraception and Reproductive Health Care* 9:4 (2004) pp. 260–266
- Bhutta, Z. A., Hafeez, A., Rizvi, A., Ali, N., Khan, A., Ahmad, F., & Jafarey, S. N. (2013). Reproductive, maternal, newborn, and child health in Pakistan: challenges and opportunities. *The Lancet*, 381(9884), 2207-2218.
- Boulay, M. Tweedie, I. and Fiagbey E., "The Effectiveness of National Communication Campaign Using Religious Leaders to Reduce HIV-Related Stigma in Ghana," *African Journal of AIDS Research* 7:1 (2008) pp. 133–141
- Brunson, J. (2010). "Confronting maternal mortality, controlling birth in Nepal: The gendered politics of receiving biomedical care at birth." *SocSciMed* .71: 1719–1727.
- Butt, AI; Sood, S.; Maru, S.; Edwards, M.; Khan, FA. (2010). *Ulama—Agents for social change: Muslim scholars speak for mothers rights*. Islamabad, Pakistan: Johns Hopkins Bloomberg School of Public Health.
- Burket, Mary K., *Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organisations* (Watertown, Massachusetts: Pathfinder International, 2006)
- Caiazza, A. and Putnam, Robert D., "Women's Status and Social Capital in the United States," (pp. 69 – 84) in Heidi Hartmann (ed.) *Gendering Politics and Policy: Recent Developments in Europe, Latin America and the United States* (Binghamton NY: Haworth Press, 2005)
- Campbell, Oona M. R. and Graham, Wendy J., "Strategies for Reducing Maternal Mortality: Getting on with What Works," *The Lancet* 368:9543 (2006) pp. 1284–1299
- El Bedri, Khalafalla B., "Health Education and Islam," *The Health Education Journal* 17:1 (1959) pp. 79–88
- Esack, F., *Muslims Responding to AIDS - Mapping Muslim Organisational Religious Responses* (UNAIDS, 2007)
- Fishbein, M. and Ajzen, I., *Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research* (Massachusetts: Addison-Wesley, Reading, 1975)



- Freij, LS. ESD Model: Mobilizing Muslim imams and religious leaders as “Champions” of reproductive health and family planning. Washington, DC: USAID.
- Freij, LS. Muslim religious leaders as partners in fostering positive reproductive health and family planning behaviors in Yemen: A best practice. Washington, DC: USAID.
- Gallen, Moira E., Liskin, L. and Kak, N., “Men-New Focus for Family Planning Programmes,” *Population Reports J:33* (1986) pp. 889–919
- Gilli, F., “Islam, Water Conservation and Public Awareness Campaigns,” paper presented at the Israeli-Palestinian-International Academic Conference on Water for Life, October 2004, Antalya, Turkey
- Hashim, S. and Midhet, F. “Reproductive Health Knowledge, Attitudes and Beliefs (KAB) of Women in Balochistan,” (pp. 527 – 541) in *Pakistan’s Stabilization Prospects, Proceedings of the Second Conference, October 31 to November 2, 2001* (Islamabad: Population Association of Pakistan, 2002)
- Hoodfar, H.; Pazira, N. (2000). *Building civil societies: A guide for social and political activism. Women Living Under Muslim Laws.*
- Hoodfar, H. and Asadpour, S., “The Politics of Population Policy in the Islamic Republic of Iran,” *Studies in Family Planning* 31:1 (2000) pp. 19–34
- Islamic Medical Association of Uganda. (1998). *UNAIDS. AIDS education through Imams: A spiritually motivated community effort in Uganda.* Geneva, Switzerland: UNAIDS.
- Jejeebhoy, Shireen J. and Sathar, Zeba A., “Women’s Autonomy in India and Pakistan: The Influence of Religion and Region,” *Population and Development Review* 27:4 (2001) pp. 687–712
- Kamal, I., “Field Experiences in Involving Men in Safe Motherhood,” in *Programming for Male Involvement in Reproductive Health* (Geneva: World Health Organisation, 2002) pp. 63–84
- Malik, J., *Development through Tradition: The Case of Integrating Traditional Structures in Development Planning in Pak-German IRDP, Mardan, NWFP, Pakistan* (Heidelberg: unpublished, 1989)
- Miller, Peter C., *Family Planning Saves Lives: Family Planning as Maternal, Neonatal and Child Health Intervention* (Islamabad: Center for Communication Programmes, Johns Hopkins Bloomberg School of Public Health, to be published in late 2010)
- Mahmood, A. (2010). *Improving maternal and neonatal health: Measuring the impact of the PAIMAN project in ten districts in Pakistan. Comparing baseline and endline survey findings (2005–2010)*. Islamabad: USAID.
- Marshall, K. & Van Saanen, M. (2007). *Development and faith: Where mind, heart, and soul work together.* Washington DC: World Bank.
- Mir, A. M., & Shaikh, G. R. (2013). *Islam and family planning: changing perceptions of health care providers and medical faculty in Pakistan.* *Global Health: Science and Practice*, 1(2), 228-236.
- Mumtaz, Z. & Salway, S. (2007). “Gender, pregnancy and uptake of antenatal care services in Pakistan.” *Social Health Ill*, 29(1): 1–26.

- Pakistan Initiative for Mothers and Newborns (PAIMAN), Baseline Household Survey: District Reports (Islamabad: PAIMAN, 2005)
- Patel, David S., "Speaking for Change: Friday Sermons, State Oversight, and Local Politics in Jordan," *American Schools of Oriental Research Newsletter* 55:4 (Winter 2005) pp. 16–16, 1/2p
- Renne, EP. (1996). Perceptions of population policy, development, and family planning programmes in Northern Nigeria. *Studies in Family Planning*, 27(3): 127-136.
- Rifa'i, A. and Dwiyanto, A. "Muslim Society and Population Policy in Indonesia," (pp. 81 – 101) in Gavin W. Jones and Mehtab S. Karim (eds.), *Islam, the State, and Population* (London: C. Hurst and Co, 2005)
- Roudi-Fahimi, F. (2002). *Iran's family planning programme: Responding to a nation's needs*. Washington, DC: Population Reference Bureau.
- Salmon, Charles T. and Atkin, C., "Using Media Campaigns for Health Promotion," (pp. 449 – 472) in Teresa L. Thomson et al. (eds.), *Handbook of Health Communication* (Mahwah, N.J.: Lawrence Erlbaum Associates, Inc., 2003)
- Sathar, Zeba A. and Casterline, John B. (1998) "The Onset of Fertility Transition in Pakistan" *Population and Development Review* 24(4): pp. 773 – 796
- Sathar, Zeba A., Crook, N., Callum, C. and Kazi, S., "Women's Status and Fertility Change in Pakistan," *Population and Development Review* 14:3 (1988) pp. 415 – 433
- Sathar, Zeba A. (2007) "Stagnation in Fertility Levels in Pakistan" *Asia-Pacific Population Journal* 22(2): pp. 113 – 131
- Shaikh, Babar T., and Hatcher, J., "Health Seeking Behavior and Health Service Utilization in Pakistan: Challenging the Policy Makers," *Journal of Public Health* 27:1 (2005) pp. 49 – 54
- Singhal, A., *International workshop on HIV/AIDS and Communication for Behavior and Social Change: Programmeme Experiences, Examples, and Way Forward* (Geneva: USAID, 2001)
- Stepan, Alferd





Center for  
Communication  
Programs  
Pakistan

@PakistanCCP

Published by CCP-Pakistan  
House 89-B, Street No. 59, F-10/3  
Islamabad, 44000, Pakistan.

[info@ccp-pakistan.org.pk](mailto:info@ccp-pakistan.org.pk)  
[www.ccp-pakistan.org.pk](http://www.ccp-pakistan.org.pk)

© Center For Communication Programs Pakistan (CCP) 2014