Ulama have always played a critical role in the formation of Muslim societies. Even today, ulama can be an important instrument for bringing social change and promoting positive behaviors. The report "Ulama – Agents for Social Change" sheds some important insights into this interaction.

Dr. Muhammad Farooq Khan
Vice Chancellor
Swat University, Pakistan

The report "Ulama – Agents for Social Change" is a testament to the fact that development sector and the religious community can go hand-in-hand for social uplift projects.

Maulana Zahid ul Rashidi
Professor of Hadith
Jamia Nusrat-ul-Aloom, Gujranwala - Pakistan

Ulama have an important and respectable place in Muslim societies. They share knowledge with the people, especially at the grassroots level. Potentially, ulama can contribute a great deal towards development of a society. Ulama have now adopted a diverse role, going beyond their traditional domain in the religious institution and talking freely on subjects of social development.

Allama Syed Abdul Majeed Nadeem Shah
Religious Scholar

The religion "Islam" is a complete way-of-life which gives direction on all earthly matters. Islam has touched upon on every aspect of life. Therefore, this assertion by some, so-called, progressive minded people are absolutely false that Islam is about a few adorations and only limited to daily prayers and fasting.

Mulana Sami-ul-Haq
Principal
Jamia Dar-ul-Aloom Haqania – Akorda Khattak

Ulama have great influence on Islamic society. They daily connect with the people at large through their mosques. Therefore, they can play a huge role in improving the status of mother and child health.

Professor Dr. Qibla Ayaz
Director
Institute of Islamic and Arabic Studies
University of Peshawar - Pakistan

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

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ULAMA: Agents for Social Change

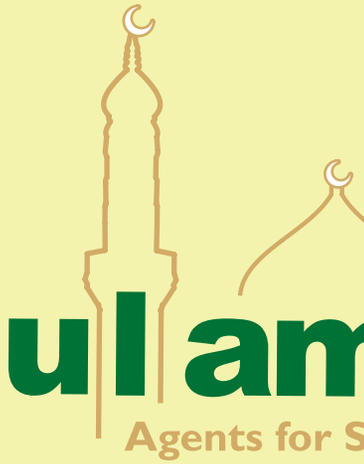
ulama

Agents for Social Change:

Muslim Scholars Speak for Mothers Rights

USAID FROM THE AMERICAN PEOPLE

PAIMAN
Pakistan Initiative for Mothers and Newborns



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Agents for Social Change:

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Preface

Being a public health professional and a medical doctor, I have always believed that promotion and prevention of healthy behaviors is far important than curative services in curtailing mortality and morbidity levels. In countries like Pakistan, where communicable diseases, together with maternal and perinatal conditions, are the major contributor to mortality and morbidity, especially in children, health education and health promotion takes on added credence.

Pakistan Initiative for Mothers and Newborns (PAIMAN) is a six year project funded by USAID to which I have had the honor of leading as its Chief of Party. The project has been designed to reduce maternal, newborn and child mortality and improve family planning practices through promoting positive behaviors, provision of skilled healthcare services and by improving healthcare infrastructure. The project is focused on 24 districts and 2 Frontier Regions and Federally Administered Tribal Areas. PAIMAN has developed a community based approach that provides a continuum of care to mothers and children through supportive linkages from home healthcare to hospital based care. The philosophy of PAIMAN is all about nurturing team work and forging partnerships. The *Ulama* initiative is carried out with the same spirit.

Promoting and educating healthy behaviors in Pakistan is not without challenges. Extreme diversity, high illiteracy and limited reach of mass-media are only some of the many challenges that a communication, advocacy and social mobilization campaign has to grapple with. More so are the issues of lack of women empowerment and a patriarchal society where men have dominant role in almost all spheres of life. Even the onus of making decisions regarding health care needs of a woman lies with her husband or father. PAIMAN's Communication Strategy, designed by our partner Johns Hopkins University's Center for Communication Programs, identifies *ulama* as a crucial link to effectively reach to this key audience – men. The *Ulama* Intervention has worked in some of the remotest and most challenging districts of Pakistan including, Swat, Upper Dir, Buner and Dera Ismail Khan besides Peshawar, Charsadda, Mardan, Jhelum, Khanewal, Dera Ghazi Khan, Vehari and Rawalpindi and has enlisted the support of a large number of senior *ulama* for improving knowledge and changing behaviors towards mother and child health in their respective

Acknowledgment

The authors gratefully acknowledge the support of a number of contributors from those who helped in designing and implementing the *Ulama* Intervention to those who provided assistance in collecting information and lent a hand in reviewing various sections of this report. Special thanks are due to the National Research and Development Foundation (NRDF), the implementing partner, which not only championed its work with *ulama* with constant improvements but also provided all possible support for the purpose of this research. The management and field staff of NRDF has worked tirelessly to reach and convince more than 800 *ulama* across Pakistan for their role in promoting positive maternal, newborn and child health behaviors. It is worth mentioning that the work with *ulama* never discontinued and remained on-track even during the most difficult of the circumstances in some of the security challenged areas of the North West Frontier Province.

We would also like to acknowledge the support and commitment shown by ulama for the cause of this intervention, who volunteered their voices at different tiers and in different forums. We would specially like to acknowledge the support of all those *ulama* from the districts of Dera Ghazi Khan and Khanewal for fully cooperating with the research team in making this evaluation study possible. Without their commitment and support, this research would not have been simply possible.

Gratitude is also due for the support of all the concerned staff at the Baltimore office of Center for Communication Programs for providing their technical inputs throughout the implementation of the *Ulama* Intervention and during the preparation of this report. Here, the auther's would specially like to acknowledge the support provided by Ms. Shana Yansen and Ms. Kimberly Rook in editing this report.

In the end, authors are deeply indebted to Dr. Nabeela Ali, Chief of Party –Pakistan Initiative for Mothers and Newborns for her able leadership and unrelenting support in the conceptualization and implementation of the *ulama* intervention.

Without the generous help of all these individuals, this investigation would not have been possible.

communities. *Ulama* are highly revered in these mostly conservative districts and are often consulted by their community members for a range of issues, including those that relate to issues of health and well-being. With even higher illiteracy than already meager national average and extremely limited access to mass-media outlets, *ulama* in these districts are an important communication channel for promoting positive behaviors through their mosques and seminaries, where regular and large congregations of men are held.

PAIMAN has so far networked over 800 *ulama* of all sects. *Ulama* are using their voluntary services to reach out to the general populace with behavior change messages regarding health and well-being of mothers and children. This unique intervention is implemented through a strategy that was chalked out by the *ulama* themselves. *Ulama* Intervention has been a key building-block for PAIMAN in achieving its objective for improving the lives of women, newborn and children across Pakistan. This evaluation report is just one of the testaments to this unique and successful experience.

The evaluation report not just presents the results of the *ulama* intervention but, more importantly, shares the key lessons and experiences which can be used in similar settings. The ultimate objective of this report is to serve as an implementing framework and key resource document for public health managers, communication professional, and other concerned professionals who wish to engage *ulama* to achieve their development goals.

Dr. Nabeela Ali
Chief of Party
Pakistan Initiative for Mothers and Newborns

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
CAM	Communication, Advocacy and Mobilization
CCP	Center for Communication Programs
D. G. Khan	Dera Ghazi Khan
D. I. Khan	Dera Ismail Khan
FBO	Faith Based Organization
FBS	Federal Bureau of Statistics
FGC	Female Genital Cutting
FGDs	Focus Group Discussions
FP	Family Planning
HIV	Human Immunodeficiency Virus
IDIs	In-depth Interviews
JHU	Johns Hopkins University
MNH	Mother and Child Health
MNCH	Maternal, Newborn and Child Health
NRDF	National Research and Development Foundation
NWFP	North West Frontier Province
PAIMAN	Pakistan Initiative for Mothers and Newborns
PBUH	Peace be upon him
RH	Reproductive Health
USAID	United States Agency for International Aid

Executive Report

In the contemporary Muslim world, the potential role of *ulama*[1] in social mobilization is only seldom applied in development initiatives. This disregards the expertise of *ulama* and also ignores the importance of traditional Islam for the majority of the Muslim population and, by implication, continuing respect for its traditional guardians – the *ulama*. By ignoring this powerful group of individuals, development initiatives miss out on areas of tremendous influence within Muslim society. *Ulama* in Pakistan, which is predominantly a Muslim country, are looked to by a majority of people for guidance on religious issues, including those that relate to their lifestyle, health and wellbeing. *Ulama* are widely respected and often perceived as among the few reliable channels of communication, especially among the rural population and in areas where literacy is low and access to mass-media is limited. Through a wide network of mosques and seminaries, *ulama* are endowed with a powerful platform for shedding misperceptions and promoting positive behaviors, especially among men who congregate regularly in sizeable numbers, e.g. for Friday prayers.

Pakistan is largely a male dominated country where men are generally the main source of income. The onus of decision making regarding healthcare needs of their immediate family members primarily rest with men. Greater involvement of men is of essence to a successful behavior change communication program for improving healthcare status of women in general and of mothers and children in particular. It was in this backdrop that "Pakistan Initiative for Mothers and Newborns (PAIMAN)" initiated a strategy for sensitizing *ulama* in Pakistan and engaging and encouraging them to advocate for mother, newborn and child health (MNCH) issues in their sermons and lectures. Through

> *"Ulama in Pakistan, which is predominantly a Muslim country, are looked to by a majority of people for guidance on religious issues"*

[1] Religious scholars

this initiative, the Project aimed to ultimately enhance knowledge and increase involvement of men in improving the MNCH status in Pakistan. The present report describes, in length and with impact evidence, the *ulama* intervention as a model that can be replicated for other development causes and in countries with a sizeable Muslim population.

The present report describes, in length and with impact evidence, the *ulama* intervention as a model that can be replicated for other development causes and in countries with a sizeable Muslim population

Pakistan Initiative for Mothers and Newborns is a six-year United States Agency for Development (USAID) funded Project launched in 2004, designed to reduce the Country's maternal, neonatal and child mortality. In addition to two tribal agencies, PAIMAN currently operates in a total of 24 districts in all regions of Pakistan, including Azad Jammu & Kashmir. PAIMAN is working to achieve four major goals, namely, strengthening the capacity of public and private health care providers, improving health care infrastructure, health integrating health services by Ministries of Health and Population Welfare, and improving healthcare-seeking behaviors at the household and community levels. One of the strategic objectives of PAIMAN to achieve its goals is through increasing awareness and promoting positive maternal, neonatal and child health behaviors. It is under this scope of work that *ulama* are approached as one of the potential audiences for increasing male involvement for improving MNCH status in Pakistan.

The *Ulama* Intervention entailed carefully mapping all influential mosques and religious personalities in rural areas of selected districts in Pakistan where coverage of community health workers and reach of mass-media is limited. A Central *Shora* (Committee), created for the purpose of this intervention and comprised of nationally renowned and well-respected *ulama*, provides strategic oversight and policy guidance in the implementation of the intervention. Members from the Central Shora together with the implementation team first visit the most influential of the *ulama* from each target district and hold individual sensitization meetings. From these meetings, three to five *ulama* who are most forthcoming and receptive of the intervention are requested to form into a

'district pool of *ulama*.' With the help of local *ulama* from the district pool and together with the representatives from the Central *Shora* and implementation team, all other *ulama* identified during the mapping exercise are reached individually for sensitization meetings. *Ulama* in these individual meetings are presented with a range of evidence-based material together with a small book entitled "Role of *Ulama* in Promoting Maternal, Newborn and Child Health," which uses *Quran* and *Hadith* as its main reference points. In these meetings, *ulama* are sensitized on MNCH issues and their prospective role in light of the teachings of Islam. They are encouraged to advocate for MNCH issues and promote positive behaviors in their sermons and lectures, especially during the Friday prayers. Follow-up meetings with *ulama* are held if the need is felt for further sensitization and backstopping. *Ulama* are then invited to a carefully planned group meeting so that they are of same stature and sect to reinforce earlier sensitization efforts. Thereafter *ulama* are vigorously followed-up and rewarded for delivering lectures and sermons on MNCH issues, especially during weekly congregation of Friday prayer. The pilot phase of the *Ulama* Project was started in two religiously conservative districts of Buner and Upper Dir of North West Frontier Province (NWFP) in June 2006 which continued until March 2007. Lessons learned in the pilot phase as well as during full-scale implementation have been incorporated in successive phases of the *Ulama* Project to bring constant improvements. The Ulama Project has now been extended to districts of Dera Ghazi Khan (D. G. Khan), Khanewal, Jhelum, Vehari and Rawalpindi of Punjab province and Swat, Peshawar, Dera Ismail Khan (D. I. Khan), Charsadda and Mardan districts of NWFP province, in addition to the pilot districts of Buner and Upper Dir. Through this Project, more than 800 *ulama* have been successfully sensitized and networked so far.

The Research Study was carried out in late 2008 in two districts of D. G. Khan and Khanewal of Punjab to assess the effectiveness of the Ulama Project, especially of the medium of Friday prayer for communicating health-related messages

The Research Study was carried out in late 2008 in two districts of D. G. Khan and Khanewal of Punjab to assess the effectiveness of the *Ulam*a Project, especially of the medium of Friday prayer for communicating health-related messages. The research comprised both primary and secondary data collection and information was generated on both the qualitative and quantitative aspects of the *Ulama*

Project. The research methodology consisted of literature review, direct observation, face-to-face in-depth interviews, focus group discussions, contents analysis and exit interviews. In total, 11 in-depth interviews, seven focus group discussion and nearly 1,200 exit interview were conducted in more than 50 randomly selected mosques for the purpose of this research. The overall findings for this study have come as extremely encouraging and have actually laid down a solid foundation for building a generic model for involving *ulama* in the development process as a whole.

The overall findings for this study have come as extremely encouraging and have actually laid down a solid foundation for building a generic model for involving *ulama* in the development process as a whole

The Findings from an exhaustive review of existing available literature indicates that involving *ulama* for health communication interventions is relatively uncommon. The review, nevertheless, provides insights into the utilization of religious leaders to achieve public health goals. The review affirms that religious leaders, across the Muslim world, play a critical role in shaping their community's beliefs and attitudes regarding a range of aspects of their lives. Importantly, however, there are aspects of religious doctrines in Islam that support certain public health agendas and aspects and there are others in tension with it. The need is to find common grounds and openings within this system of beliefs to frame public health messages or position development goals so they are not in direct conflict with interpretations *ulama* 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. The importance of utilization of mosques and *ulama* for health promotion is underscored throughout the review, however Friday prayer as a medium may not be enough. The review highlighted the fact that not all areas of public health can be effectively disseminated through religious leaders and therefore other means must be explored. The same holds true for development issues in general. Some of the main qualitative and quantitative findings that can be generalized to other development issues are grouped as follows:

Friday *Wa'az* as a medium for Communication:

- The attendees at the Friday prayer are generally six to eight times higher in numbers than other daily prayers;
- Three-fourths of the Friday *wa'az* are delivered within the duration of one hour;
- More than two-thirds of the attendees of the Friday prayer have congregated by the second half of the Friday *wa'az*, regardless of its total time;
- More than three-fourths of the attendees of the Friday prayer (of those that were observed) listen to either complete or part of the *wa'az*;
- Friday *wa'az* are seldom given on topics other than those which are purely on religious subjects;
- A pre-written *wa'az*, if to be distributed at all, should preferably fall into any one of the three categories – sequential which discusses a topic over several weekly Friday prayers, ceremonial which discusses topics of religious significance, or topical which discusses topics of special interest; and
- The set of intended messages must not contradict with prevailing religious beliefs but should rather take inspiration from religious prescriptions itself.

Response of *Ulama*:

All 35 imams contacted for the purpose of this research delivered their *wa'az* on the requested issue proving that *ulama* are forthcoming to development issues and can be used as an effective vehicle for behavior change communication campaigns. Analysis of in-depth interviews and focus group discussions reveal that:

The set of intended messages must not contradict with prevailing religious beliefs but should rather take inspiration from religious prescriptions itself

- There is a strong recognition among *ulama* of a need for their greater role in addressing societal issues;
- There is a common recognition among *ulama* that as long as any issue is promoted in the perspective of Islam and *Sunnah*, neither *ulama* nor the community can have any objection to such a cause;
- *Ulama* considered issues of MNCH as those falling under the realm of “rights and responsibilities in Islam” by individuals, communities and the State;
- *Ulama*, at first, are cautious of extending their support to nongovernmental organizations fearing that they might be promoting

- vested agendas of the West;
- *Ulama* are greatly appreciative of literature or any other resource material which is based on the teachings of *Quran* and *Sunnah*;
- *Ulama* generally agree that Friday prayers are among ideal means of communicating messages.

Effectiveness of Friday *Wa'az* in Delivering Messages:

> The findings of this research firmly establish that successful integration of ulama into the development process can greatly help in achieving development goals

Analysis of nearly 1,200 exit interviews conducted at mosques with the attendees of Friday prayers reveal that:

- The level of knowledge of health messages is generally the highest among literate respondents who were exposed to health messages during the Friday *wa'az* than any other group of respondents including illiterate respondents exposed to the messages, literate respondents not exposed, and illiterate respondents not exposed;
- The level of knowledge among illiterate respondents who were exposed to health messages is significantly higher even than the literate respondents who were not exposed to health messages;
- There is high level of existing sensitization on healthy behaviors of a general nature e.g. importance of breastfeeding, but there is limited knowledge on behaviors requiring specific actions e.g. early initiation or exclusive breastfeeding; and
- The level of knowledge among respondents exposed to health messages is generally 20% to 25% higher than those who were not exposed to health messages; differences are pronounced where messages are delivered requiring specific actions.

The findings of this research firmly establish that successful integration of *ulama* into the development process can greatly help in achieving development goals. The role of *ulama* as communicators and educators in their respective communities can be effectively used for promoting positive behaviors and shedding any prevailing misperceptions.

I. Introduction

Historically, *ulama* have always played a pivotal role in the development and functioning of Islamic societies.[2] During the pre-modern period, *ulama* developed Islamic jurisprudence as scholars and jurists; they administered rule of law as judges and managed endowments as administrators of almsgiving. *Ulama* were also the architects of the Islamic education system and had the reins of its provision. The influence of Islam in all aspects of life thus confirmed and legitimized the social role of *ulama* (Saeed, 2003: p.21). In the modern period, however, in many of the Muslim countries the influence and power of *ulama* has been significantly curtailed through either appropriating or controlling their activities. [3] The role of *ulama* between pre-modern and modern periods is highly debated and contested. *Ulama* provided the institutional basis for an ideological framework for Muslim societies and acted as spokesmen of the state. At the same time, they functioned as the custodians of the conscience of the community and its normative traditions (Zaidi, 2003: p. 30). *Ulama* still continue to enlarge their audiences, to shape debates on the meaning and place of Islam in public life, and to lead activist movements in pursuit of their ideals. Above all, *ulama* are still seen, by and large, as both the custodians and authoritative interpreters of Islamic traditions (Zaman, 2002: p. 191).

In Pakistan, besides being politically active, some of the main functions of *ulama* are to impart religious education of the *Quran* and *Sunnah*, and guide the people in matters of religious affairs. Pakistan is predominantly a Muslim country where *ulama* are looked to, by most people for guidance on religious issues, including those which intersect with health and well-being. *Ulama* are widely respected and considered an important source for religious interpretations and worldly guidance. Their importance is especially heightened in far-reaching rural

> In Pakistan, besides being politically active, some of the main functions of ulama are to impart religious education of the Quran and Sunnah, and guide the people in matters of religious affairs

[2] In this paper the term "ulama" or used elsewhere as "ulema" refers to any person formally trained in Islamic religious disciplines such as law (fiqh), theology (kalam), exegesis (tafsir), traditions of the Prophet (Hadith) and other associated sub-disciplines and are recognized as having a high degree of competence to deal with matters of religion.

[3] Modern period is roughly defined as a period starting from the 20th century onwards.

areas and places where literacy is low and people have limited access to print and electronic media. Given the importance of *ulama* and their prospective role, the intersection of religion and the development process has not been given due attention in contemporary literature and academic debates (Rakodi, 2007: p. 1). The potential, positive role of clergy in social mobilization is

> Men are generally the breadwinners for their families and, therefore, the onus of decision-making regarding healthcare needs of their immediate family members primarily rest with them

only seldom exploited in development projects. Consequently, not only is the opportunity to develop partnerships for a common cause missed but the partnership between the clergy and the development sector further weakened, perpetuating misunderstanding and mistrust between the two.

Pakistan Initiative for Mothers and Newborns (PAIMAN), a six-year USAID funded project, recognizes the importance of *ulama* as one of the main development partners in promoting maternal, newborn and child health issues in Pakistan. The project understands that through their country-wide networks of mosques and seminaries, where regular and large congregations are held, *ulama* are endowed with a powerful platform for promoting positive behaviors, especially among men. Pakistan is a patriarchal society where men have a dominant role in almost all spheres of life. Men are generally the breadwinners for their families and, therefore, the onus of decision-making regarding healthcare needs of their immediate family members primarily rest with them (Sathar et al., 1988: pp 415-6; Jejeebohoy and Sathar, 2001: p. 707). A baseline study conducted by PAIMAN in ten districts of Pakistan in 2005 found that in 87% of the cases it is either the husband or other members of the family, i.e. mother-in-law, who make decisions for the healthcare needs of a pregnant woman (PAIMAN, 2005). Another 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. The same study further found that nine out of ten women would need permission from their husbands in order to get treatment in a hospital for a pregnancy related complication (Hashim and Midhet, 2001: pp. 527-41). It was with this backdrop

that PAIMAN decided to reach out to *ulama* in Pakistan to increase involvement and improve knowledge of men in general and husbands in particular, so that maternal, newborn and child health needs can be fulfilled and needless medical complications avoided.

PAIMAN started its work with *ulama* in 2007. After successfully piloting in two religiously conservative districts of the North West Frontier Province, i.e. Buner and Upper Dir, the *ulama* intervention was formalized and expanded to other parts of the country. A major research initiative was undertaken in late 2008 to evaluate the potential success and effectiveness of the intervention in two of the project districts of Southern Punjab, i.e. Dera Ghazi Khan and Khanewal. In order to contextualize the research and to draw lessons from similar evaluation studies for their methodology and tools, a comprehensive review of existing literature was carried-out. The main findings of the literature review are provided in the following section. The literature review is followed by a detailed description of the *Ulama* Project in Section III. This section describes how the intervention originally evolved, then refined through every phase of implementation and developed into a workable model that it is today for integrating religious leadership into the development process. Section IV briefly describes the research methodology and design employed for the assessment of the *Ulama* Project. Section V presents the first set of findings from this pioneering research on Friday *Wa'az* and its applicability as a medium for health communication. Section VI presents analysis on the effectiveness of the Friday *wa'az* delivered specifically on the topic of maternal, newborn and child health (MNCH). Section VII provides qualitative insights into the response of *ulama* on this intervention in terms of their level of sensitization, perceived role, expected challenges and obstacles and opinions on the Project's overall strategy. Section VIII presents a quantitative analysis on the acceptability of messages delivered during the Friday *wa'az* based on exit interviews conducted with the attendees of the Friday prayers. The concluding section recapitulates the role of *ulama* in the development process in light of the findings of this research study.

> After successfully piloting in two religiously conservative districts of the North West Frontier Province, i.e. Buner and Upper Dir, the *ulama* intervention was formalized and expanded to other parts of the country

II. Ulama as a Medium for Development Communication

A three-stage process was followed for the purposes of conducting the literature review. First, relevant literature both published and available in the grey literature was collected. A variety of search engines, including PUB MED, Google Scholar, JSTOR, and Psych Info were used for finding relevant literature. Various combinations of search terms were utilized to access relevant literature, some of the words included were: Muslim, Islamic, Religious Leaders, maternal health, health interventions, public health, health and faith based organizations (FBOs). In addition, project of the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP) with religious leaders were also included in this search. A two pronged approach was utilized during the search process. The goal was to focus on interventions where religious leaders have been involved in health interventions and alternatively FBOs that have worked specifically in maternal or child health. Second, the literature was carefully reviewed and analyzed, selecting only the most relevant articles for comparative summary. Third, the results of this comparative summary were then placed in a spreadsheet. The spreadsheet included citation, intervention, theory/model/approach, sample, data collection, results, limitations and role/contribution to health education and key points. Finally, this summary document was created based on the background information on this current project and the information contained in the spreadsheet. This summary document examines common elements, innovations, what worked, and what did not work across the articles. The summary document also includes the key take home points to help achieve the objectives of this literature review.

“This summary document examines common elements, innovations, what worked, and what did not work across the articles”

Literature Review Findings

A total of 11 articles are included in the final literature review. The relative paucity of articles indicates that this is a relatively new area for health communication/education interventions. The present

evaluation of the *Ulama* intervention is, therefore, likely to have a critical impact on the understanding of how religious leadership can work closely in conjunction with public health practice.

In terms of geographical spread, the reviewed articles represent a variety of programs

The present evaluation of the Ulama intervention is, therefore, likely to have a critical impact on the understanding of how religious leadership can work closely in conjunction with public health practice

across the globe including Asia, Middle East and Africa. Only one of the reviewed articles of Ali and Ushijima (2005) was from Pakistan. There are two articles, one from Senegal and the other from Jordan. Other countries represented in the literature review include: Iran, Syria and Palestine in the Middle East and Uganda and Ghana in Africa. Two of the reviewed articles are from worldwide projects: Burket (2006), summarized work done across five countries with both Muslim and Christian FBOs by Pathfinder International. Esack (2007), summarized country reports and articles on how Muslim religious leadership functions in relation to the AIDS epidemic. While including some primary information from Syria and Palestine, Gilli (2004) analyzed materials from various countries to understand the relationship between water and Islam, and to see how and to what extent religion can influence people's awareness of water issues.

With regards to the health topics addressed, a majority of the articles included in the review deal with family planning (FP)/reproductive health (RH) (4 articles) and HIV (3 articles). As previously mentioned, Gilli's article (2004) is dealing with the issue of water conservation in Islam. Two of the articles take a broader health perspective and tackle multiple health issues. Burket's Pathfinder report (2006) examines the role of FBOs in preventing HIV/AIDS and promoting key maternal and child health behaviors along with FP. Stepan (2008) examines Senegal's long history of tolerance between religion and state, which has lead to the collective tackling of issues such as HIV, female genital cutting (FGC) and polygamy. The final article, Patel (2005) addresses an even broader realm by focusing on the inclusion of "social development messages" in Friday sermons in Jordan and how such messages have impacted social norms.

Further proving the need for planned research on the *Ulama* intervention is the fact that at least four of the reviewed articles do not fall within the category of intervention research. For example, Gilli (2004), while relying on materials collected from Syria and Palestine, is primarily an opinion analysis on the religious meanings of water and provides insights on how NGOs and governments can and have used these meanings to design public communication campaigns. The Esack (2007) report is primarily an attempt to map the influences of religious leaders in several Muslim majority countries, many of which need to be brought on board 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 FP. 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 FP 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 FP messages.

The research by Ali and Ushijima (2005) in Pakistan is relevant for this current *Ulama* intervention, despite not being an example of intervention research. From a cross-sectional survey utilizing IDIs and key informant interviews, the authors conclude that religious leaders could be an effective source of health education in communities. Among the 180 married male adults residing in rural areas who were interviewed for this research, 21% suggested that religious leaders could teach the community about maternal and child health. Sixty percent of individuals said that Friday sermons are one of the best places for religious leaders to preach about health issues. Another 17% identified local village festivals as a possible venue. By utilizing Friday sermons as the setting for disseminating maternal and newborn care messages, the *Ulama* interventions were poised to utilize the most effective channel of communication between *Ulama* and their congregations.

By utilizing Friday sermons as the setting for disseminating maternal and newborn care messages, the Ulama interventions were poised to utilize the most effective channel of communication between Ulama and their congregations

The remaining seven reviewed articles provide information on specific

interventions that have used religious leaders for health education purposes. The next section of the summary examines these interventions in terms of the approach and the communication mechanisms that were utilized. The results from these interventions are also presented below.

> All of the reviewed interventions utilized religious leaders as change agents at the community level and the larger societal level

Approach: Given the array of health topics covered in the reviewed literature, it is not surprising that the interventions utilized a variety of approaches. These approaches range from social mobilization at the national level to individual level behavior change. In Iran, a dialogic approach based on continual dialogue involving cross-sections of the population was utilized to mobilize 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 gate-keepers, utilization 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 mobilization activities were conducted to initiate change at the local level (Stepan, 2008).

All of the reviewed interventions utilized religious leaders as change agents at the community level and the larger societal level. Such categorization of religious leaders as 'change agents' has resulted in community based programs aimed at collective action at the local level. In Uganda, Islamic religious leaders were trained to create a grassroots level movement as a means to change HIV/AIDS related behaviors (Singhal, 2001). 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).

Another common element in several of the intervention articles is the stated approach of linking the religious leaders with other important stakeholders. For example, in Egypt and Bangladesh religious leaders were connected with service delivery (Burket, 2006). In Iran and Senegal, religious leaders worked closely with the government (Hoodfar and Asadpour, 2000; Stepan, 2008).

At least two of the intervention articles report a broad multi-media approach; for example, meetings with religious leaders in Ghana to sensitize them to HIV, were accompanied by radio and television spots with religious leaders encouraging compassion towards people living with HIV/AIDS. The Ghana intervention also included congregational level activities (Boulay et al., 2008). In Senegal, national level symposia were accompanied by interpersonal communication and counseling workshops, documentary films and information kits (JHUCCP, n.d.).

Communication Mechanisms: Interpersonal communication and direct contact with religious leaders via meetings, symposia and seminars form an integral part of all the interventions reviewed. However, the level of involvement of the religious leaders varied across interventions, from their participation in seminars and meetings to actually providing the religious leaders with counseling training, as done in Ghana (Boulay et al., 2008). Similarly in Uganda, the Islamic Medical Association trained over 8,000 Islamic religious leaders and their volunteer teams in 11 districts to facilitate a spiritually motivated grassroots movement aimed at changing HIV/AIDS related behaviors in Muslim communities. The Uganda project also provided education in Madrassa to young people on HIV/ AIDS transmission, prevention and control (Singhal, 2001). In Senegal, a multi-pronged intervention reached *ulama* in two stages: 40 religious leaders were trained to further orient religious relays from their congregations to conduct outreach activities in their communities aiming to educate communities on the advantages of family planning and advocating for the use of related services.

> Interpersonal communication and direct contact with religious leaders via meetings, symposia and seminars form an integral part of all the interventions reviewed

One interpersonal communication channel that has been specifically used with Muslim religious leaders is Friday

sermons. Apart from the validation regarding the efficacy of Friday sermons in rural Pakistan provided by Ali and Ushijima (2005), this review reveals at least two interventions from Jordan and Senegal which utilized Friday sermons as a means of disseminating information about family planning and HIV, respectively.

Most of the articles reviewed are hampered by the lack of appropriate data. Several rely on secondary sources of information including reports, literature reviews, and internet searches

In addition, an intervention in Ghana used congregational activities for counseling, information dissemination and stigma reduction (Boulay et al., 2008).

Some of the interventions reviewed utilized print materials. For example in Senegal, print materials included flash cards with information on maternal, child and reproductive health; data and statements from the religious texts that support FP and men's involvement in FP; a book on Islamic wisdom on FP; and a guide for group discussions with congregants (JHUCCP, n.d.). Furthermore, in Senegal both radio and television have been utilized with religious leaders as spokespersons to talk about varied issues including HIV, FGC and polygamy (Stepan, 2008). In Ghana, religious leaders were trained in the use of kits for group activities, which they could facilitate as well as posters and pamphlets on HIV/AIDS that they could display in their churches (Boulay et al., 2008).

Mass media played a role in some of the interventions such as in Ghana where TV and radio spots were aired nationwide with religious leaders encouraging compassion towards people living with HIV/AIDS (Boulay et al., 2008). In Senegal, a 30 minute documentary film on FP, in which religious leaders gave answers to questions asked by community members on FP, was utilized. Similarly, audio cassettes featuring known Islamic figures addressing concerns on FP and Islam were also employed (JHUCCP, n.d.).

Results: Most of the articles reviewed are hampered by the lack of appropriate data. Several rely on secondary sources of information including reports, literature reviews, and internet searches. Primary sources of data are often confined to interviews

with key stakeholders, typically including individuals other than the religious leaders themselves and/or the program beneficiaries, for example government officials and state functionaries. As such, it is hard to make any causal claims regarding the successes achieved by these interventions. One notable exception is the Ghana article by Boulay et al. (2008). The article uses a pre and post cross-sectional survey to deduce that religious leaders played an effective role in 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 partnerships results in positive outcomes.

It is important to note that Underwood (2000) in his article compares FP related perceptions of religious leaders and their constituents. The article, therefore, is not based on intervention research but has a robust sample including a census of all the religious leaders employed by the Jordanian State.

Key Contributions to Health Education: Most of the articles reviewed, particularly those that measure specific interventions, are not accompanied with adequate and appropriate data regarding their design and effectiveness. This gap found in research on faith-based interventions makes it hard to rely solely on existing literature to determine what works and what does not work. The reviewed articles do provide critical insights into the utilization of religious leaders to achieve public health goals. These can, therefore, serve as an important reference point for the *Ulama* intervention to draw lessons from. Following are the summarized contributions and key points from the reviewed articles:

Religious leaders play a critical role in shaping their community's beliefs and attitudes regarding all aspects of their lives

1. Treat religious leaders as effective change agents within their communities. Religious leaders play a critical role in shaping their community's beliefs and attitudes regarding all aspects of their lives. Ignoring them as a partner in social development may mean missing an important and effective communication channel.

2. Frame public health messages within the Islamic

world view. This in turn can facilitate a human rights approach because the basic tenets of Islam include providing care, promoting well-being to the family and showing responsibility toward social development of the community. Therefore, relating religion with community well-being and health works well for health education purposes. For example in Bangladesh FP was positioned as a family welfare issue rather than a population stabilization issue (Burket, 2006). Similarly, one of the key reasons for the FP program success in Iran is due to contextualizing FP as a 'crisis' response to development and not as a population control mechanism or a debate that originated from modern western society. Initially expressing FP as a crisis response to social development and then bringing religious leaders in the discussion to redefine the role of FP continuously from the development and religious perspective worked well (Hoodfar and Asadpour, 2000). Even in the case of a taboo topic such as HIV/AIDS, Singhal (2001) makes a strong case for Integrating spirituality education with HIV/AIDS education because spirituality includes values and beliefs about love, tolerance, compassion, sacrifice, hope, courage, patience, and faith. HIV/AIDS also deals with issues of life and death, care and compassion, hope and support which are all spiritual values. The same argument is likely to hold for other public health topics.

> Religious leaders as scholars of religious texts are particularly well positioned to separate tradition from religion. A dialogic process will allow for making use of knowledge and interpretations ulama share with their congregants regarding public health issues

3. See religion as "multi-vocal" meaning there are aspects of religious doctrines that support public health agendas and aspects that are in tension with it. Through a process of dialogue, seek common ground between public health goals and what the religious position is. Religious leaders as scholars of religious texts are particularly well positioned to separate tradition from religion. A dialogic process will allow for making use of knowledge and interpretations ulama share with their congregants regarding public health issues. Cooperation with authoritative actors from within the religious tradition will allow them to play an important role in stopping unhealthy practices in their communities. This could involve working with religious leaders to find passages in the Holy Quran that support well-being of family and show how harmful practices should not be allowed in the name of religion. These passages can then be used in communication materials. Furthermore, religious leaders can be encouraged to use these passages in their work with congregants.

4. Find cultural/religious openings within a system to open a dialogue on sensitive issues. For example, within the context of HIV/AIDS the notion of "ijtihad", or creative legal reasoning, has led to the possibility of discussing contentious issues which would not have otherwise been possible. This includes issues such as legitimacy of sex work, use of condoms outside marriage, and sex change operations (Esack, 2007).

5. Consider the layers of cultural practices under the veneer of religious doctrines as they play a central role in people's social lives. So, looking at ways in which cultural practices are tied to religion may be an effective way to address health education issues.

6. Study the perceptions of beneficiaries. Religious congregations might have a biased perception about religious leaders. For example in the study from Pakistan, Ali and Ushijima (2005) state that religious leaders in rural Pakistan are not aware of advancements in fertility control without having interviewed them or done any data analysis on religious leaders. The authors' makes this conclusion based on what the married male interviewees said about what religious leaders know and do not know. Hence, it is based solely on perception. Similarly, Underwood (2000) concludes that we need to

> Consider the layers of cultural practices under the veneer of religious doctrines as they play a central role in people's social lives

not assume the position of religious leaders regarding FP and we may even find that the general public views them as less favorable when they may not be. The same is likely to hold true for other health topics as well.

7. Study the perceptions of religious leaders on health

> Religious leaders are an integral part of the community in which they reside, and members of social networks of people they preach to

issues. Religious leaders are an integral part of the community in which they reside, and members of social networks of people they preach to. It is possible to see them as a group that shares the prevalent ways of thinking in the general population. In addition, their close connections with their local communities ensure that religious leaders have the ability to use language and vocabulary for communicating program agendas which the locals understand.

8. Understand religious leaders' social roles and their obligations towards fulfilling these roles before involving them in public health efforts. This is specifically important if their social and religious roles are in contradiction to the public health messages being promoted. It is important to ensure that the process followed in the intervention is such that the response comes organically from within the Muslim community and from their own thoughts and actions on the subject.

9. Utilize mosques, which are the central place of community life, therefore, underscoring their value for health intervention. Especially relevant is the ability of Friday sermons to reach men who are traditionally less involved in maternal and newborn health related decision making. At the same time, it is important to be cognizant of the limitations of such interventions in reaching women.

10. Plan for wide dissemination of notable and credible statements, especially at the grassroots/ community levels. Careful pairing of the channel of communication and message is critical. Therefore, Friday sermons alone may not be enough. The key question is what sermons can be linked to in order to reinforce messages, or allow people to personalize the messages and translate it into behaviors.

11. Build broad based partnerships between civic society, general public, religious community, and government. For example: in Bangladesh the health education provided by religious leaders and mosques was closely linked with services offered in health clinics (Burket, 2006). In Iran, engaging other government sectors helped the various ministries to develop a sense of ownership of the program and its agenda which helped in building a strong basic health network of clinics and public-sector service delivery infrastructure (Hoodfar and Asadpour, 2000).

12. Understand that not all public health messages can be effectively disseminated through the religious leaders.

Several articles indicate the obvious inclination of religious leaders towards child health can form a basis to positively promote maternal and newborn health issues within their purview. It is important to realize that beliefs of the religious leaders and their 'readiness' remain a key. In Iran, for example, women's status and decision-making ability related to family planning and fertility issues could not be effectively disseminated through religious leaders and was only brought up in the debate by women's groups (Hoodfar and Asadpour, 2000).

> Ulama are expected to uphold the normative traditions of an Islamic society and act as watchdogs for their realization

13. Understand the effectiveness of converging mass and interpersonal media messages that reinforce health behavior messages delivered by *ulama*.

The preceding 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 realization. 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 perspective. Once validated by the *ulama*, behavior change messages and issues can be promoted and communicated through sermons and lectures in large Friday congregations to resonate with the general public. This effectively brings a public health intervention a step closer towards accomplishing its strategic objectives – changing behaviors. Mosques in general and Friday prayer in particular are effectual tools in the hands of willing and supportive religious leadership which can ensure widespread dissemination of public health messages, allowing people to customize them according to their own needs and requirements. Public health campaigns can be sustained and reinforced time and again by forging broad-based partnerships among *ulama* and other tiers of the society which include the government, civic society and the general public thus, paving the way for a concerted approach for brining positive change.

Public health campaigns can be sustained and reinforced time and again by forging broad-based partnerships among *ulama* and other tiers of the society which include the government, civic society and the general public thus, paving the way for a concerted approach for brining positive change

III. The Ulama Intervention

The *ulama* intervention was part of Pakistan Initiative for Mothers and Newborn's (PAIMAN) Communication, Advocacy and Mobilization (CAM) Strategy. The Strategy identified nine major audiences that needed to be addressed for improving the health of mothers and children in the country. Each of these audiences was considered important in its own respect for bringing a change in the conditions of mothers and children at individual, family, community and policy levels. *Ulama* were one of these nine audiences that were approached by PAIMAN with specific messages and through varied channels.

The intervention for involving *ulama* was based on this realization that they are a key intermediary audience for reaching out to men and women in far-flung villages and other remote areas of Pakistan. The designing of a plan for approaching *ulama* remained conscious of the fact that *ulama* were a special group needing a careful and well thought-out strategy to get them convinced to become partners in promoting and advocating MNCH issues. Purposefully, an outside agency having vast experience in working with and sensitizing *ulama* was approached and engaged to undertake the assignment. This was done primarily for three reasons: 1) to have a specialized agency primarily devoted and well-equipped to undertake the assignment, 2) to avoid directly contacting *ulama* by a donor funded project, which could have raised unnecessary suspicions among the conservative elements, and 3) to ascertain the initial response of the audiences from a distance and to ward-off any criticism on the intervention in case things did not go according to the plan before any scaling-up.

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National Research and Development Foundation (NRDF), a Peshawar based non profit organization specializing in working with *ulama*, was chosen as the implementing partner of the intervention. The agency had more than 15 years of experience of working with *ulama* on varied issues including environmental conservation, girl child education, eradication of

polio, and birth registration. The organization has created a vast network of respected *ulama* and enjoys good support among religious circles of all sects. By primarily focusing its development work in relation with ulama, NRDF is not just uniquely positioned but has also effectively created a niche for itself in Pakistan. The selection of NRDF for the implementation of *ulama* intervention was an obvious choice.

Men remain the key source of information for their family women. Men are also the decision makers in almost all spheres of life for their households including reproductive and family's health matters

Phase 1: The Pilot

Upper Dir and Buner, two of the most remote and extremely conservative districts of NWFP were selected to conduct a pilot test of working with *ulama*. Both these districts are predominantly rural having extremely rugged terrain. Adult literacy rates in Buner and Upper Dir are 24% and 25% respectively (FBS, 2006: Table 2.14b). Mass media coverage in terms of radio and TV outreach for Buner is less than 9% and 13% respectively; while for Upper Dir the same is 18% and 10% respectively (PAIMAN, 2005). Religion plays an important part in the lives of people who practice conservative cultural values. Women are mostly confined to the four walls of their homes and have minimal contact with the outside world. The only major viable communication channels, Ministry of Health's Lady Health Workers, have less than 30% coverage of female populace of reproductive age in the district making direct communication with women extremely difficult.[4] Men remain the key source of information for their family women. Men are also the decision makers in almost all spheres of life for their households including reproductive and family's health matters. Most of them attend mosques and are exposed to the Friday sermons and *Wa'az* of the religious scholars and prayer leaders.

Upper Dir and Buner being remote, conservative and challenging districts were appropriate for a pilot test before scale up as it was safe to assume that if the project activities went smoothly in these two districts, these would most likely succeed in other less conservative districts as well.

[4]The percentage of area covered by LHWs is based on their actual strength in these districts and the assumption that one LHW covers 1,000 women within the reproductive age bracket.

Based on the past experience of the project planning team, documented evidence and lessons learnt from other similar projects, the following five principles were agreed to for the pilot test and any follow up activities:

1. The intervention will be undertaken in consultation with prominent *ulama* and *mashaikh*[5] belonging to all major sects of the project intervention areas.
2. *Ulama* in the intervention districts will be contacted through their senior and well-known peers who are of the same sect. The staff of the implementing agency will not make contact with any scholar on its own.
3. Quotations from *Quran* and *Hadith* will be compiled for promotional and educational material by senior *ulama* having experience of undertaking such assignments. No controversial interpretation of *Quran* or *Hadith* will be used anywhere.
4. The views of all sects and schools of thought will be respected.
5. *Ulama* belonging to all sects will be approached in the intervention areas irrespective of their views about development initiatives/organizations.

A draft action plan, based on the above principles to approach and work with *ulama* was prepared by the project implementing team. The draft plan was shared with some senior *ulama* having previously worked on similar projects and was finalized with their inputs and subsequent approval. The objectives of the intervention were defined as to a) sensitize *ulama* on the situation of MNCH and the need to advocate for it; and b) elicit *ulama* support to highlight the importance of MNCH and the measures that can be taken by husbands and other family members to improve it.

The key activities of the action plan included formation of central and district advisory bodies, sensitization sessions with target ulama, organization of a national conference on MNCH and development and distribution of promotional materials

The key activities of the action plan included formation of central and district advisory bodies, sensitization sessions with target *ulama*, organization of a national conference on MNCH and development and

[5] Religious scholars

distribution of promotional materials. Following is some detail about all these activities.

Central *Shoora:* Based on the principles agreed earlier, a Central *Shoora* (advisory council) was formed to serve as a think tank and advisory body to guide and support the project activities. The

> Based on the principles agreed earlier, a Central *Shoora* (advisory council) was formed to serve as a think tank and advisory body to guide and support the project activities

Central *Shoora* comprised five senior *ulama* belonging to main Muslim sects and schools of thought besides three members of the implementing agency. The *Shoora* members got detailed briefings on the situation of mother and child health in Pakistan by public health experts and were requested to support the intervention. Later the Central *Shoora* reviewed and revised the proposed plan of action of reaching out to mosques and *ulama* in the project districts. The *Shoora* members also facilitated the preparation of promotional materials on mother and child health. In addition, members of the *Shoora* identified and supported the implementing agency in establishing initial linkages with the influential *ulama* of Upper Dir and Buner for rolling out the project activities in these districts.

Mapping of Districts: Realizing the fact that reaching out to each and every *alim*[6] in the district was extremely difficult – and probably not required in view of the hierarchical structure of *ulama* organizations and sects – the intervention set forth the identification of *ulama* in each district through a formal mapping exercise. Fifty most prominent and most respected *ulama* in each of the pilot districts were identified to be approached for support in the various activities. Mapping was done by the project implementing agency by visiting each district and consulting with prominent *ulama*, public representatives and local NGOs.

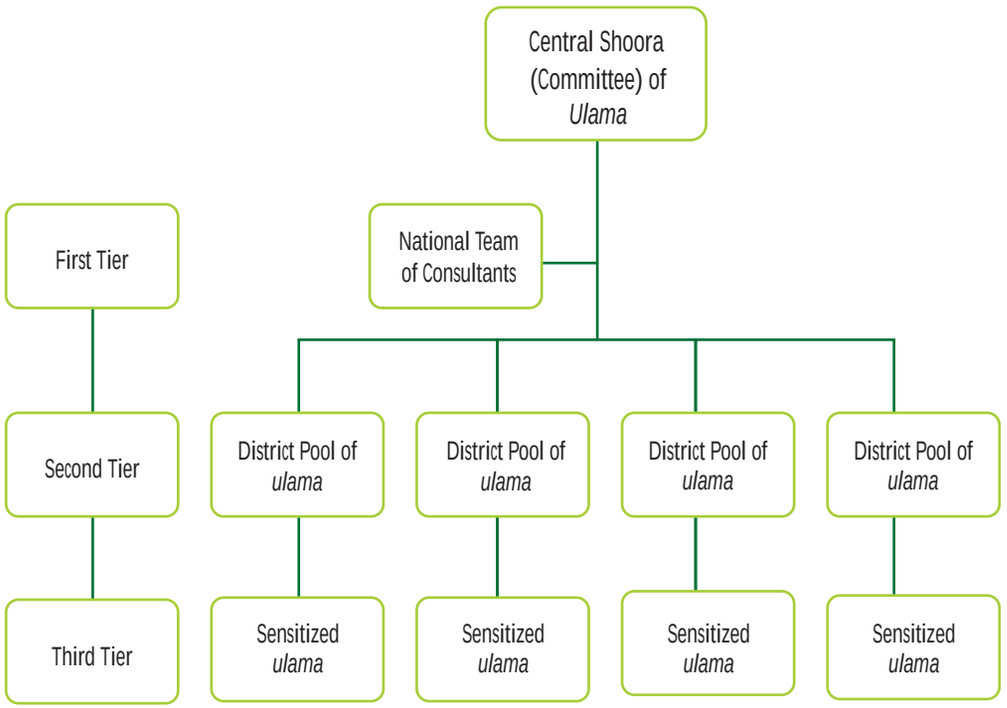
District *Shoora:* From the list of mapped *ulama*, the Central *Shoora* identified a three-member District *Shoora* from each of the pilot districts. The District *Shoora* guided local activities and also identified and networked local *ulama*. The district *Shoora* members were given a two day orientation on the project objectives, audience and activities to ensure that they fully understood the rational and proposed approach of the intervention before speaking to others. District *Shoora* members accompanied the members of the Central *Shoora* during their meetings with prominent *ulama* and held follow up meetings to ensure that MNCH remained on the radar of *ulama*. They also contacted *ulama* who could not be reached by the members of the Central *Shoora* due to various reasons (see figure 1).

Sensitization Sessions: Around 100 *ulama* were mapped, shortlisted, and invited to three-day sensitization meetings on the importance of mother and child health. In total, 72 *ulama* attended these meetings. The agenda included technical sessions by public health experts on the reasons for high mortality of mothers and children followed by group discussions and presentations on the role of *ulama* in improving the situation. The participants of the sensitization meetings were requested to play their role in improving the conditions of mother and child health by educating

> The participants of the sensitization meetings were requested to play their role in improving the conditions of mother and child health by educating people through interactions and Friday *Wa'az*

[6]Religious scholar; singular of *ulama*

Figure 1: The Hierarchy of Approaching Ulama



people through interactions and Friday *Wa'az*.

Field visits by Central *Shoora:* A delegation of two senior scholars from Central *Shoora* along with a medical doctor paid two visits of 10 days duration to each of the pilot districts. The delegation held individual meetings with mapped scholars to urge them to join hands for improving knowledge and attitudes about MNCH in their respective communities. The visiting delegation of *ulama* had attained prior confirmation of meetings with the local scholars either in their mosques or at their Hujras (meeting place for men). The delegation, during these meetings, presented sweets and other small tokens of goodwill to their hosts. During these meetings, *Shoora* members described the MNCH situation and requested ulama to join hands for educating their followers on its various aspects, danger signs and their responsibilities in this regard. The visiting *Shoora* members left printed material on MNCH and the role of *ulama* with the local scholars to make sure that a reference of their discussion was available with their contacts. These individual meetings proved quite useful as most of the contacted *ulama* delivered maternal and child health messages in the Friday *wa'az* as requested, and also pledged full support to the project initiatives.

National Conference on mother and child health: To give more credibility to the *ulama* intervention and to ensure support of the most respected scholars of different sects, a National Conference on Mother and Child Health was organized at Peshawar at the mid of the project activities. The conference was designed to demonstrate that the project had the blessings of senior *ulama* – something that was deemed necessary to solicit any cooperation from other *ulama* for implementing the project activities in the pilot districts. The National Conference was presided over by Sheikul Hadith, Moulana Hasan Jan, a highly respected scholar of *Deobandi* sect (the major

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sect present in Upper Dir and Buner) while senior scholars from other sects also spoke on the importance of mother and child health and the responsibilities of *ulama*. The event was attended by nearly 250 *ulama* and students of religious schools including a delegation of 70 *ulama* from Upper Dir and Buner. The conference successfully positioned the project activities as a sacred duty that every scholar needed to shoulder.

> Members of the Central *Shoora*, helped in compiling promotional material on the importance of mother and child health in Islam

Promotional material: Members of the Central *Shoora*, helped in compiling promotional material on the importance of mother and child health in Islam. The material went through various rounds of reviews by scholars to ensure that the contents were free of errors and did not mention any controversial points. Various drafts were shared with ulama in pilot districts for feedback which was incorporated in subsequent drafts. The Central *Shoora* members also wrote special articles on mother and child health in magazines of prominent seminaries to highlight the importance of the subject and to focus on the roles and responsibilities of *ulama* in advocating for it. This helped in generating support for the project activities and strengthening the hands of the field teams who could always refer these articles to the relevant *ulama*.

In addition to the above activities, a *Muftia*[7] held special meetings for women on the importance of mother and child health and necessary actions required by family. Exclusive meetings were held in some of the remotest areas and attracted scores of women.

The pilot test of the activities was carried out for a year during which 106 *ulama* were contacted through individual or group meetings and requested to support mother and child health advocacy efforts. The efforts had further political support, and

[7]A grand female scholar qualified to interpret Islamic teachings

were acknowledged by the *Nazims* (District Governors) of the pilot districts who appreciated the *ulama* intervention and urged for the continuation of such initiatives. The meeting of the Central *Shoora* also expressed satisfaction over the response received in the pilot districts and recommended the project for scaling up.

Phase 2: Scaling up the Project

After a careful review of the progress of the pilot phase, feedback gathered from partners responsible for social mobilization activities in the districts, and recommendations made by the stakeholders, PAIMAN decided to scale up the project in four additional districts of Punjab, namely Rawalpindi, Jhelum, Khanewal and D. G. Khan. Lessons learned from the pilot phase were comprehensively addressed in the scale-up of the project.

NRDF was instructed to keep the focus on activities around PAIMAN upgraded health facilities and rural union councils having relatively low coverage of Lady Health Workers. The second phase started in July 2007, and continued until June 2008. During this phase a total of 285 *ulama* were contacted and networked to support advocacy efforts for mother and child health. The intervention methodology was revised in light of the learning of the pilot project and the following changes were made.

Mapping of Districts: The second phase of *ulama* intervention reviewed the process of mapping of *ulama*. The number of *ulama* to be approached remained 50 in each district. Five of these fifty *ulama*, who were the most respected and renowned scholars irrespective of their geographical location in the district, were formed into District *Shoora*. *Khateeb*[8] of all major mosques were included in view of their ability to influence large weekly Friday congregations. Prayer leaders of major mosques in the catchment areas of health facilities functioning 24 hours (upgraded by PAIMAN project) were also included. The rest were selected from

> Khateeb8 of all major mosques were included in view of their ability to influence large weekly Friday congregations

[8]Prayer leaders

areas having less than 25% coverage of Lady Health Workers. This was to ensure that MNCH messages reach out to underserved areas through at least one medium. Contact information, sect, and school of thought of each mapped *alim* were carefully recorded in the project directory for follow-up activities.

> Individual meetings with senior *ulama,* on the other hand, had given encouraging results. The analysis revealed that *ulama* appreciated the gesture of members of Central *Shoora* of seeking prior appointments and then taking the trouble of traveling to the far-flung districts to have meetings with them

Personal contacts rather than trainings: The training program experimented in the pilot phase was dropped altogether after a careful review revealed that only junior prayer leaders or students of seminaries had attended these as replacement for the senior *ulama* who were originally requested to participate. Senior *ulama* considered it inappropriate to become trainees of any program. Individual meetings with senior *ulama*, on the other hand, had given encouraging results. The analysis revealed that *ulama* appreciated the gesture of members of Central *Shoora* of seeking prior appointments and then taking the trouble of traveling to the far-flung districts to have meetings with them. The practice of presenting sweets and gifts also created a lot of goodwill as it was considered according to the Islamic teachings. Prophet Mohammad (PBUH) had encouraged Muslims to present gifts to friends for promoting love and affection among them. The second phase of the project therefore focused on individual contacts with all identified *ulama* through either the members of Central *Shoora* or by the district *Shoora* members.

District Meeting: After initial mapping and individual contacts through either members of Central *Shoora* or District *Shoora*, the identified *ulama* were invited to district meetings on MNCH. Each district meeting was addressed by MNCH experts and prominent *ulama* highlighting the support that *ulama* could extend in improving the health of mother and children in the country. The district meetings ended with pledge by all participants to support the cause by using their influence and through Friday sermons and *Wa'az*.

Other activities of the pilot phase continued in the scaled up districts. Female *Muftia* kept on attracting big crowds of women in her meetings held in various

parts of the districts. She would explain the importance of mother and child health with reference to Holy *Quran* and ask women not to ignore their health and wellbeing. Similarly follow up visits to Upper Dir and Buner by the members of Central *Shoora* continued. During these visits, already contacted 285 *ulama* were requested to give details of activities that they had carried out for advocating for MNCH. The material on MNCH and Islam was given the shape of a book and shared with all *ulama*. A special calendar with a verse from Quran emphasizing the need for saving human life along with MNCH messages was printed and sent to all *ulama* that had been approached so far. The project also developed a database of *ulama* with their names, addresses, contact numbers and details of meetings held with them. This helped in keeping a record of activities besides the need for any possible reminders to those who were not contacted for some time. This phase also featured a comprehensive evaluation of the effort through both qualitative and quantitative data collection techniques. The details of the evaluation are given in the next chapter.

Phase 3- Consolidation and Expansion

The encouraging results from the evaluation of *ulama* intervention resulted in its extension to additional five districts in 2009. The new districts included Charsadda, Mardan, Peshawar and DI Khan in NWFP and Vehari in Punjab. An additional 300 *ulama* were sensitized and networked in these districts. The project team implemented almost all activities of phase 2 with some adjustments. In view of the security situation in NWFP, the project implementing team in consultation with local *ulama* conducted meetings at union council level rather than district meetings as big meetings could have attracted unwanted or negative attention. An award for most supportive *ulama* was announced for those who would deliver the highest number of Friday sermons and participate in project consultations.

> An award for most supportive ulama was announced for those who would deliver the highest number of Friday sermons and participate in project consultations

A third edition of the booklet on MNCH was published and distributed widely. The said edition prominently published acknowledgements of some of the most respected *ulama* of Pakistan supporting the contents of the book and the involvement of ulama in promoting MNCH. In addition, a pre-written sermon

on MNCH was also developed and distributed in project districts after consultation with local *ulama*. Authored by Moulana Haqqani, known scholars, and drawing extensively on the Quranic verses and sayings of Prophet (PBUH), the sermon urged the importance of health and wellbeing of mother and child and the responsibilities of husbands and family members in this regard. The project also published a directory of more

> The ulama Intervention evolved over time in stages. Many elements that were thought to be effective in the beginning were dropped later based on their ineffectiveness in the field

than 700 *ulama* that had been networked in 11 districts in NWFP and Punjab with their complete details.

Lessons Learned

Working with *ulama* for improving MNCH has been challenging but a fulfilling and rewarding experience. *Ulama* in Pakistan, unlike some other Islamic countries, are not a homogeneous group lead by a supreme leader. Rather Pakistan has many sects and scores of schools of thought among *ulama*. Each of these groups has its own worldview mostly diverse from others' worldviews. Any meaningful effort to get support of *ulama* at a wider scale needs to respect this key fact which entails evolving a careful approach in consultation with the target *ulama* rather than applying preconceived ideas or models developed in other countries. Some of the salient features of the *ulama* project, which carry lessons for other similar intervention, are:

- Selection of the executing agency is at the core of the success or failure of any intervention which involves religious circles. It is important that the implementing partner has past experience and established repute of working with *ulama*. Even though NRDF had vast experience of working with *ulama*, all along, the implementation of the project was complemented with existing structures and resources available within the religious circles. This, on the one hand, helped strengthening the project implementation and, on the other hand, effectively extended the ownership of the initiative to *ulama*.
- The *ulama* Intervention evolved over time in stages. Many elements that were thought to be effective in the beginning were dropped later based on their ineffectiveness in the field. Training of *ulama* was one such element which did not yield the desired results and hence was dropped. One to one meetings with senior *ulama*, on the other hand, paid dividends and thus continued.
- The project also learnt that instead of sensitizing "everyone" it was prudent to work with a selected group of *ulama* who are better positioned to influence others. The religious circles remain hierarchical with senior *ulama* and sect leaders enjoying great respect and influence over their followers. It was, therefore, important to seek the blessings of senior *ulama* without whose backing sensitization of junior prayer leaders would have made little impact.
- Convincing senior *ulama* did not prove difficult since there was no disagreement on the agenda of "saving lives." The project staff, however, was asked questions about the motives, funding and partners of the *ulama* Intervention. Satisfactory responses to these questions mostly resulted in attaining full support and cooperation of the *ulama*. Messages delivered by respected *ulama* were well-received, considered helpful, and reinforced promoting healthy behaviors.
- Throughout the implementation, it was ensured that all sensitized and networked *ulama* are consistently contacted by the project team either through personal/group meetings or by telephonic contacts. In addition, *ulama* were distributed posters, flyers and other resource and greeting materials through surface mail on regular basis. These frequent contacts by the project team helped enormously in building up trust with *ulama* and developing confidence among them to continue working in partnership.

> The religious circles remain hierarchical with senior ulama and sect leaders enjoying great respect and influence over their followers. It was, therefore, important to seek the blessings of senior ulama without whose backing sensitization of junior prayer leaders would have made little impact

- Since the agenda of saving mothers and newborns lives is noncontroversial, it met with no apparent resistance. The project purposefully restrained from promoting

controversial family planning agenda, especially of limiting birth. The experience of the project does show that messages on healthy timing and spacing of pregnancies can be promoted through *ulama* if appropriately framed around saving mothers and newborns lives.

The *ulama* intervention explained in previous pages does not offer a tailor made strategy of working with religious scholars everywhere. It provides key ingredients of an effort conducted in 16 challenging districts of Pakistan that managed to network more than 800 well-known *ulama* besides winning the appreciation of the Supreme leaders of major sects in Pakistan. The lessons learned from this experience do provide key ingredients to work with *ulama* in countries with large Muslim population to meet development goals.

> The lessons learned from this experience do provide key ingredients to work with ulama in countries with large Muslim population to meet development goals

IV. Research Methodology and Design

The research was carried-out with the main objective to assess the effectiveness of the *Ulama* Project and to come up with proposals that can further improve the intervention. The research comprised both primary and secondary data and information was generated on both the qualitative and quantitative aspects of the intervention. The research methodology consisted of literature review, direct observation, face-to-face in-depth interviews (IDIs), focus group discussions (FGDs), content analysis, and exit interviews.

Research Tools

Literature Review: At the very first stage, an extensive review of existing relevant literature was carried out. This review helped to contextualize the study and draw lessons from similar interventions implemented elsewhere in the Muslim World. Special attention was given to assess whether similar interventions have been evaluated for their effectiveness and what methodology and tools were used.

Direct Observation: The number and pattern of attendees at the mosque on Friday were observed in comparison with other daily prayers. Attendees were also asked a simple 'recall' question after the Friday prayer regarding the topic and main themes of the Friday sermon. The main aims were to ascertain the average number of people attending Friday prayer in comparison with daily prayers in a community mosque, observe their general pattern of attendance and to assess the recall of messages delivered during the Friday *wa'az*. In all 121, whole-day observations were conducted on least two consecutive Fridays in each of the 51 randomly selected mosques.

> The research was carried-out with the main objective to assess the effectiveness of the Ulama Project and to come up with proposals that can further improve the intervention

Face-to-Face In-depth Interviews: In total, 11 IDIs were conducted with those *ulama* who were members of the "District Pool of *Ulama*" and also *imam* of their respective mosques.[9] The

[9] *Imam* is the officiating priest of a mosque.

reason for conducting in-depth interviews with the ulama from the District Pool was their greater knowledge of and participation in the Project activities as compared to other targeted *ulama*. Each in-depth interview had two distinct sections. The first section helped in developing further insights on how topics or themes of Friday *wa'az* are chosen and what factors are responsible for their selection and repetition. Moreover, sources used for the preparation of Friday *wa'az* and mechanisms used for feedback collection were also included. In the second section, opinions of the *ulama* were ascertained regarding Project's objective, goals and activities as well as to register their feedback and recommendation for improvements therein.

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Focus Group Discussions: Similar to the in-depth interviews, seven FGDs were only conducted with those *ulama* who were also imam in their respective communities. The main objective of FGDs was to ascertain opinions and register feedback of those sensitized *ulama* belonging to the third tier of the Project. These discussions were to serve multiple purposes. First, it was to help the Project team to further improve their strategy and identify any weaknesses or gaps. Secondly, the FGDs were intended to extend the ownership of the Project to its main target group, the *ulama*. Lastly, discussions were meant to serve as a reinforcement tool for sensitizing *Ulama* on regularly incorporating issues of MNCH in their sermons and lectures.

Content Analysis: The main purpose of analyzing the contents of selected Friday *wa'az* that were delivered on the issue of MNCH was to assess the overall effectiveness and strength of messages given to the attendees of Friday prayer. Analyses were conducted to help gauge techniques of persuasion employed, describe patterns and frequency of messages given, as well as to examine clarity and completeness of messages. Analyses were also used for devising the questionnaire administered during the Exit Interviews.

Exit Interviews: A semi-structured questionnaire was administered to collect qualitative as well as quantitative data from the attendees of the Friday prayers. The main objective of these exit interviews was to gauge the effectiveness of the Friday *wa'az* as a medium to communicate behavioral change messages on MNCH. For this purpose, a similar number of exit interviews were also conducted in Friday prayers where *wa'az* was delivered on regular topics/themes. This categorization of respondents was to help in drawing comparisons between the 'intervention' groups, participants attending mosques where MNCH messages were delivered during Friday *wa'az*, with the "non-intervention' group, participants attending mosques where MNCH messages were not delivered during regular Friday *wa'az*, to ascertain any differences or variations regarding the level of knowledge among the attendees of the Friday prayers.

Sampling Frame and Sample Size

At the very onset, a comprehensive mapping exercise was carried out in each district where the *ulama* intervention was to be implemented. It identified all those influential *ulama* that were also imam in their community mosques and were leading sizeable congregations for Friday prayers in areas that otherwise had the least coverage of Government's community-based health workers. The same list of mosques, prepared as the outcome of the mapping exercise, was used as a sampling frame to draw a random sample of mosques. The research was conducted in two of the project districts – Khanewal and Dera Ghazi Khan, located in the south of Punjab province. The selection of Dera Ghazi Khan and Khanewal is also based on the diversity of these districts which contains all strata of population and urban/rural stratification. While Khanewal is more urbanized and could be considered religiously moderate, Dera Ghazi Khan is more rural in its outlook, it borders with North West Frontier Province and generally considered culturally and religiously conservative. Also, there is a sizeable population of Shiites in Dera Ghazi Khan while Khanewal has a predominantly Sunni population. The selection, thus, provided with a healthy cross-section of the Pakistan population.

> At the very onset, a comprehensive mapping exercise was carried out in each district where the ulama intervention was to be implemented

In total, 51 mosques or one-third of the total of 150 mosques were randomly selected for the purpose of this research. These

Table 1 : Total Sampled Mosques by Districts and Study Groups				
District	Total number of mosques mapped	Sampled mosques (one-third of the total)		
		Mosques studied	Mosques in Intervention group (two-third)	Mosques in non Intervention group (one-third)
Dera Ghazi Khan	105	36	24	12
Khanewal	45	15	10	5
Total	150	51	34	17

mosques were then further divided into two groups, namely, intervention and non-intervention. Twice as many intervention mosques as non-intervention mosques were purposefully kept, as it was expected that not all the mosques will deliver Friday *wa'az* on MNCH on given dates or may not deliver the requested specific

interviews were conducted and all were also observed for analyzing the pattern of attendees of prayers conducted on Fridays. In addition, Friday wa'az delivered in all those mosques which were in the intervention groups were recorded for content analysis. Furthermore, a total of 11 in-depth interviews and seven focus

Table 2: Sample Sizes and their Description as per Research Tools				
In-depth interviews	*Focus Group Discussions*	*Direct Observation*	*Content Analysis*	*Exit Interviews*
11 ulama were interviewed (all those who belonged to the District Pool of Ulama)	7 discussions were held (four in Dera Ghazi Khan and three in Khanewal) with a total of 44 ulama	In 51 mosques a total of 121 observations, at least two in each mosques, of all five prayers were carried out on consecutives Fridays	34 Friday wa'az delivered on MNCH in intervention mosques were recorded and analyzed	In 51 mosques a total 1,197 exit interviews were conducted

messages (see table 1). In these 51 mosques, a total of 1,197 exit

group discussions were held with the second- and third-tier of ulama in both districts of Dera

Ghazi Khan and Khanewal (see table 2).

Research Timeline

The research was conducted over the course of one month simultaneously in the districts of Dera Ghazi Khan and Khanewal. In the first half, training sessions of interviewers and pre-testing of study tools were conducted along with FGDs and IDIs of *ulama*. In the second half of the research, exit interviews were conducted and direct observations carried out on consecutive Fridays. The research was carried out in the months of July-August of 2008.

Data Collection and Presentation of Analysis

While IDIs and FGDs with *ulama* were conducted by subject-experts, exit interviews and direct observations were carried out by senior religious students from seminaries affiliated with mosques under research. For this purpose, two detailed training sessions were held in Khanewal and Dera Ghazi Khan for the interviewers on data collection tools. This approach was adopted in view of the sensitive nature of the research and possible objection that mosques might have had on collection of data, especially in cases of conducting observations and exit interviews. In order to make the whole process transparent and to ensure the involvement of *ulama*, seminaries and mosques were approached and asked to nominate their senior students for the purpose of this research. A team of two to three students was allocated to each mosque. Upon completion, questionnaires were collected by the project team and the data entered into SPSS.

Implications of the Intervention for Future Research Work

For most of the *ulama* and their senior religious students, it was their first ever experience to be involved in such kind of research activities. Project's sensitization activities with *ulama*, in form of one-to-one and group meetings, had already helped building trust of the team to be freely engaged in research activities without any noticeable hindrance. Even then, the project team held detailed briefings, before the start of the data collection activities, for all involved *ulama* on the purpose of research and its objectives to have them securely onboard. These briefings greatly helped in shedding any apprehensions or misperceptions which *ulama*

“In order to make the whole process transparent and to ensure the involvement of ulama, seminaries and mosques were approached and asked to nominate their senior students for the purpose of this research”

might have had. In addition, it was decided on purpose that senior religious students from mosques and seminaries where research was to be conducted are hired and trained for data collection activities pertaining to exit interviews and observations. This strategy had helped tremendously in increasing the interest of mosques and seminaries involved in the research as well as in sharing of ownership of the overall research initiative. As the result, the entire research was carried out without any untoward incident. The next section presents the first set of findings from this research on the efficacy of Friday *Wa'az* as a medium for health-related behavior change communication.

“it was decided on purpose that senior religious students from mosques and seminaries where research was to be conducted are hired and trained for data collection activities pertaining to exit interviews and observations”

V. Friday Wa'az as a Medium for Health Communication

Daily prayer *[Namaz]* is one of the five fundamentals of Islam. It is performed five times a day and is obligatory for all Muslim men and women once they have reached puberty. These prayers are performed at dawn, noon, afternoon, sunset and nightfall. On Friday, however, the *Jumm'ah* [Friday] prayer replaces the one held at noon. While all other obligatory prayers should preferably be performed in congregation by men, if one is able to do so, the Friday prayer can only be performed in congregation. Women, on the other hand, are not obliged to perform any of the daily prayers in congregation and similarly, if they prefer, they can instead perform the noon *[Dhuhr]* prayer at home in place of the Friday prayer. Unlike other compulsory prayers, the Friday prayer is preceded by a sermon delivered in Arabic. The Friday prayer takes on an added distinction as the *Quran* categorically states “when the call is made for prayer on Friday, then hasten to the remembrance of God and leave off trading; that is better for you, if you know.”[10] This distinctiveness is apparent in the strength of congregations held for the Friday prayer as shown by this research. While on other daily prayers, the mean numbers range from 35 to around 50 attendees, it is 6 to 8 times higher for the Friday prayer (see table 3).

Table 3: Mean and Maximum Number of Attendees of Prayers held on Friday by Daily Prayers [D. G. Khan and Khanewal]

Prayers	Morning *(Fajr)*	Friday *(Jumm'ah)*	Afternoon *(Asr)*	Evening *(Maghreb)*	Night *(Isha)*
Means of Attendees of Daily Prayers	35	287	52	47	40
Maximum No. of Attendees of Daily Prayers	85	1,134	475	220	141
Total Observations of Prayers	121	100	116	115	116

Note: At least two consecutive Fridays were observed in each mosque for daily prayers

[10] Quran, Chapter 62, Verse 9

In addition to large Friday prayer gatherings, the preparation towards the formal service *[Salat]* is another opportunity for behavior change communication campaigns. Salat entails a short lecture *[Wa'az]* delivered by the Prayer Leader *[Khateeb]* in between the first and the second calls for the Friday prayer *[Azan]* and before the Arabic Sermon is delivered.[11] This practice is followed in mosques all across Pakistan as well as in some other Non-Arabic speaking countries. The Arabic Sermon is considered the formal half of the Friday prayer, as it must be delivered to validate the service. The short lecture delivered first in the local language, on the other hand, is not mandatory to attend, as the Arabic sermon is, but is primarily to compensate for the lack of knowledge of Arabic language in Non-Arabic speaking countries e.g. Pakistan.

> Of the 100 sermons monitored for their duration in the districts of D. G. Khan and Khanewal, it is found that almost three-fourths [71%] are delivered within the duration of one hour and nine out of ten sermons [90%] finish in the next ten to twenty minutes

Generally, the norm is that *Khateeb* starts delivering the lecture soon after the first call for the Friday prayer is made and a few people have congregated in the mosque. As the lecture proceeds, people further continue to congregate in the mosque by the time the second call for the Friday prayer is made and the mandatory Arabic Sermon is delivered. The duration and theme of discussion of the lectures delivered vary widely from one mosque to another. Of the 100 sermons monitored for their duration in the districts of D. G. Khan and Khanewal, it is found that almost three-fourths [71%] are delivered within the duration of one hour and nine out of ten sermons [90%] finish in the next ten to twenty minutes.

It could be argued that since *wa'az* is not a compulsory element of the Friday prayer and the strength of congregation only starts building from the time it commences, both the number and interest of attendees may not be significant enough to make it a medium for behavior change communication interventions. However, the research findings show that more than two-thirds of all the attendees have actually congregated in the mosque by the time a *Khateeb* reaches the later half of his *wa'az*. Furthermore, by the time a *wa'az* reaches its last ten minutes, regardless of its total duration; more than three-fourths of the attendees have congregated in the mosque. In addition to the information gathered from direct observation, the exit interviews [conducted with attendees of Friday prayer] also contained a few questions to ascertain the overall effectiveness of Friday wa'az as a medium for behavior change communication. The exit interviews reveal that a little over three-fourths [76.9%] of the respondents acknowledged listening to either complete or part of the Friday *wa'az*. Among them, about one-third [29.9%] reported listening to the wa'az when it was about to finish while 40.4% reported having listened from the beginning. Respondents who had listened to either complete or part of the Friday *wa'az* were asked to recall any one message delivered during it. Almost two-thirds [60.6%] of the respondents were able to recall at least one message delivered during the *wa'az*. Similarly, the respondents were asked about their opinion on whether people listen to the *wa'az* delivered during the Friday prayer with interest or not; 59.7% of the respondents thought that attendees do listen to the *wa'az* with interest.

The preceding discussion highlights a few extremely important factors while designing an effective behavior change communication campaign using Friday *wa'az* as the main medium for health-related messages. First, a pre-written *wa'az* should be of at least one hour duration. Secondly, while a *wa'az* could be entirely on the intervention subject, i.e. maternal health, the main set of specific behavior change messages should be repeated more than once in the latter half of the *wa'az*. Lastly and perhaps more importantly, the discussion highlights and testifies the importance of Friday prayer and the *wa'az* delivered during the same, in terms of strength of the congregation and relative interest of attendees, as a possible channel for behavior change communication campaigns.

> The exit interviews reveal that a little over three-fourths [76.9%] of the respondents acknowledged listening to either complete or part of the Friday wa'az

It is, however, important to note that *wa'az* during Friday prayers are seldom given on topics other than those which are purely on religious subjects. During in-depth interviews with *ulama* who were also Imam in their respective mosques, the

[11] For this paper, we use the term "*wa'az*" [lecture] instead of *khutbah* or sermon to denote the communication medium used for the intervention during the Friday prayer.

methodology for selecting topics for Friday *wa'az* was further examined. The findings from in-depth interviews suggest that topics of *wa'az* can be, more or less, categorized into three distinct groups – sequential, ceremonial, and topical. Sequential *wa'uz* would be those where *Khateeb* follows the same subject matter over a certain number of Fridays.[12] For instance, if he chooses the subject of "rights" in Islam, he may deliver a

The findings from in-depth interviews suggest that topics of *wa'az* can be, more or less, categorized into three distinct groups – sequential, ceremonial, and topical

wa'az on "rights of parents" in one Friday prayer and follow it up with "rights of neighbors" or "rights of relatives" in the coming Fridays. A ceremonial *wa'az*, on the other hand, is in reference to historical occurrences or religious events of that particular day, week or month when it is delivered. For instance, during the Muslim holy month of Ramadan when fasting is observed, Friday *wa'uz* are mostly on topics related to that particular ritual and its importance in Islam as one of the fundamentals. Similarly, the week in which the birth anniversary of Prophet Muhammad (peace be upon him) is celebrated every year or death anniversaries of his grandsons are mourned, Friday *wa'uz* during these weeks will be, in most cases, appropriate for that particular occasion. Lastly, a topical *wa'az* is delivered in a perspective or backdrop of special circumstances or incidents of continuing significance. For instance, a *wa'az* delivered on a recent or developing political incident with religious implications would probably fall into this category; for instance, when the Government of Pakistan in July, 2008 decided to commute the death sentence to life imprisonment. It started a legal rift in which the Chief Justice of Pakistan took a *'suo motu'* notice and called in the Government to explain their decision. At the same time, the decision was vehemently criticized across the religious circles. It initiated an intense debate on the subject of punishment in Islam in mosques and religious seminaries all across the Country. Several mosques, including the ones studied for this research, delivered Friday *wa'az* on this very subject criticizing the

[12]That paper use the term wa'az for the lecture delivered during the Friday prayer and the term wa'uz as a plural to wa'az.

Government's decision. Such a *wa'az* would fall into the category of topical ones. It is important that pre-written *wa'az*, if provided to the targeted *ulama*, fall into any one of the three categories – sequential, ceremonial or topical. This will help *ulama* to integrate health messages in their usual pattern of delivering *wa'az* and build sustainability of the communication intervention.

It is important to note that unlike in some Islamic countries, i.e. Iran and Saudi Arabia, where Friday *wa'az* or the Arabic sermon [in Arabic speaking nations] is controlled and monitored for its topics and contents, there is a little oversight over congregational Friday prayers in Pakistan. In Pakistan, an imam is appointed by his respective community, small neighborhood association, faith-based organization and movement, religious seminary and in case where mosque is the property of the Government, which is few and far between, Ministry of Religious Affairs appoints the prayer leader. 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 behavior change communication medium in countries other than Pakistan, the involvement of and coordination with the relevant Ministry of Religious Affairs or any other concerned department will be of extreme significance. Buy-in from the concerned government department will make this task a lot easier; conversely, near impossible if the intervention is faced with objection.

In Pakistan, an imam is appointed by his respective community, small neighborhood association, faith-based organization and movement, religious seminary and in case where mosque is the property of the Government, which is few and far between, Ministry of Religious Affairs appoints the prayer leader

The in-depth interviews further revealed that *Khateeb* mainly uses two sources of information to construct their *wa'az* - the *Quran* and the *Hadith*.[13] In addition, they also relate incidents of historical significance and contemporary debates and discussions in religious circles. While it is not a convention; no formal mechanism exists for a *Khateeb* to obtain feedback on his wa'az from those who attend the congregation. Nevertheless, the attendees may, from time to time, discuss the topic or the contents of the *wa'az* in their informal conversations. Caution is normally taken by *Khateeb* when they construct and

[13]Statements and actions of Prophet Muhammad (peace be upon him)

deliver their *wa'az* to avoid any controversial subjects or those which may create conflict or a sectarian rift. It is therefore important that when ulama in general, and Friday *wa'az* in particular, are to be used as a communication medium, the set of intended messages to be delivered must not contradict religious beliefs but rather take inspiration from religious prescriptions itself.

Besides the Friday *wa'az*, *ulama*, across the Country, usually deliver regular weekly talks in their mosques, which are normally conducted after the Maghreb or *Isha* prayers. *Ulama* are also invited to different public gatherings to lead prayers. In addition, *ulama* are invited or formally attached to different religious and mainstream educational institutions where they deliver lectures from time to time. Friday *wa'az*, therefore, is just one of many means that can be used for communication campaigns with the help and participation of *ulama*. The next section delves further on the efficacy of Friday *wa'az* as a medium for inclusion and communication of maternal, newborn and child messages specifically.

> Friday *wa'az*, therefore, is just one of many means that can be used for communication campaigns with the help and participation of *ulama*

VI. Friday Wa'az on Maternal and Newborn Health Issues

An assessment was carried out on a set of Friday *wa'az* delivered on the issues of MNCH for their overall effectiveness and message strength. A total of 35 randomly selected imams, 25 in D. G. Khan and 10 in Khanewal districts, were approached for the purpose of this research from all those mosques that had been contacted earlier during the intervention phase. By that time, at least two individual meetings had been held during the intervention phase with each of the imam to sensitize them on the role of *ulama* in promoting maternal, newborn and child health issues in Pakistan. In addition, all the imams had participated in a one-day sensitization workshop that covered the same topic with more depth and interactive discussions. During the intervention phase, all the imams were provided with different resource material on MNCH issues in Pakistan including a booklet entitled "Role of *Ulama* in Promoting Maternal, Newborn and Child Health" that primarily used *Quran* and *Hadith* as its main reference points. Imams were requested to give Friday *wa'az* in their respective mosque on a specific date on the issue of maternal, newborn and child health so it could be monitored and assessed for its contents and effectiveness. In this regard, the 35 imams were provided with a key set of eight specific messages [see table 5] on MNCH to be delivered as well as a tape recorder to make a recording of their *wa'uz*. Recorded *wa'uz* were later transcribed and analyzed for their contents. There were multiple objectives for analyzing the contents of Friday *wa'uz* delivered for the purpose of this research. Firstly, it was to ensure that messages have been delivered and, therefore, likely to yield an impact in terms of increasing knowledge among those who had come to attend the Friday prayer on that particular day. Secondly, it was to gauge techniques of persuasion employed by *imams*, describe patterns under which messages were delivered, and see the clarity and completeness of messages.

> An assessment was carried out on a set of Friday wa'az delivered on the issues of MNCH for their overall effectiveness and message strength

Analysis show that while all the imams approached for the purpose of this research delivered their *wa'az* on the topic

of mother and child health on a specific Friday as they were requested to do so, four of them did not include any key messages on MNCH in their *wa'az*. There was also variation in terms of number of messages delivered in each *wa'az*. Of the 280 MNCH messages requested, 8 messages by 35 *imams*, 138 were actually delivered. While half the *wa'uz* included four or less messages, the remaining had contained six or more messages out of the total

Table 4: Friday Wa'az as per the Number of Specific MNCH Messages they Contained

Inaudible recording	1
No specific message	4
4 or less messages	14
6 or more messages	16
Total	35

eight specific messages requested to be delivered [see table 4; incidentally no *wa'az* contained five messages].

Imam, who had included four or less key messages on MNCH in their *wa'az*, primarily included key messages on breastfeeding, i.e. early or exclusive breastfeeding [see table 5]. Furthermore, the message delivered the most was on the duration of breastfeeding. This could be due to its clear reference in Quran, unlike other messages, where mothers are advised to breastfeed their children for two whole years.[14] The specific message least likely to be used was on postnatal checkup of mothers six hours after the delivery. Further exploration would be required as no conclusive reason could be provided. However, content analysis of *wa'uz* do show a clear pattern in which imams build their argument in order to deliver key messages – starting from antenatal care to safe and hygienic delivery practices and finally transitioning to newborn and child healthcare ignoring the importance of postnatal care for mothers altogether [see table 5].

Here, it is important to note that imams were not provided with prewritten sermons based

[14]Quran, Chapter 2, Verse 233

Table 5: List of Specific Messages by Number of Wa'az in which they Delivered

Key Messages	No. of Wa'az
Postnatal checkup [6 hours after delivery]	3
Antenatal visits to skilled birth provider [4 visits]	12
Delayed newborn bathing [6 hours after delivery]	16
Newborn's first intake [Mother's milk]	17
Exclusive breastfeeding [6 months]	20
Birth preparedness [Transportation, money, and	22
place/skilled provider for delivery]	
Early breastfeeding [within 1 hour of delivery]	23
Breastfeeding duration [2 years or more]	25
Total Number of Wa'az Delivered on MNCH: 34	

on possibility of being viewed as offensive and dictatorial. During both in-depth interviews and focus group discussions with *ulama*, the idea of providing prewritten *wa'uz* to imams was welcomed. On the other hand, ulama had made it clear that they would construct their *wa'uz* themselves and only choose what they deem appropriate from the given material, including from the prewritten wa'uz. It was, therefore, decided during the design phase to only provide relevant resource on maternal health issues in Pakistan and key set of messages to imams in order for them to construct their own *wa'az*.

The content analysis reveal that almost all the imams contextualized their *wa'az* while adopting an overall theme, normally on the topic of status of women and mothers, rights and responsibilities of individuals and groups, relationship of husband and wife and their rights and responsibilities to each other and the significance of health and a healthy life, all in the context of Islam. Some of the imams built their *wa'az* with an argument that maternal and child health is an extremely important but neglected issue in Pakistan and thus needs our immediate attention and demands a role of *ulama*. In almost all cases, frequent references are drawn from *Quran* and *Hadith* throughout the *wa'az* to build authenticity and credibility of the argument. The most frequently referred verses from *Quran* were:

n regard to the rights and duties of husband and wife to each other: "*They are clothing for you and you are clothing for them*." Chapter 2: Verse 187

In regard to husband's responsibility to his wife and the status of mother in Islam: [14]"*Upon the father are the mothers' provision and their clothing according to what is acceptable. No person is charged with more*

> And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months." Chapter 46: Verse 15

than his capacity. No mother should be harmed through her child, and no father through his child. And upon the [father's] heir is [a duty] like that [of the father]." Chapter 2: Verse 233

In regard to the status and stature of parents: "*Worship Allah and associate nothing with Him; and to parents do good*" Chapter 4: Verse 36

In reference to the rights of parents and the respect which Islam demands for them from its followers: *"And your Lord has decreed that you not worship except Him, and to parents, good treatment. Whether one or both of them reach old age [while] with you, say not to them [so much as], "uff," and do not repel them but speak to them a noble word.*" Chapter 17: Verse 23

In regard to the importance of mother in Islam: *"And We have enjoined upon man [to care] for his parents. His mother carried him, [increasing her] in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the [final] destination.*" Chapter 31: Verse 14

Similarly, at another place a reference is made on the importance of mothers: *"And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months.*" Chapter 46: Verse 15

Similarly, at another place a reference is made on the importance of mothers: *"And We have enjoined upon man, to his parents, good*

treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months." Chapter 46: Verse 15

Incidents and sayings from the life of Prophet Muhammad [peace be upon him] were also quoted in several *wa'uz:*

Abu Huraira reported that a person came to Allah's Messenger (may peace be upon him) and said: Who among the people is most deserving of a fine treatment from my hand? He said: Your mother. He again said: Then who (is the next one)? He said: Again it is your mother (who deserves the best treatment from you). He said: Then who (is the next one)? He (the Holy Prophet) said: Again, it is your mother. He (again) said: Then who? Thereupon he said: Then it is your father. Sahih Muslim, 032: 6180

The best among you are those who are best to their wives. Ibn Majah, 1978 and Al-Tirmizi, 3895

One of the Prophet's sayings quoted by Aisha: "*Believers with the most excellent faith are those with the best manners and those who are kindest to their wives.*"

" Heaven liveth at the feet of mothers"

Some of the similar arguments made by imams to give further weight to the topic of mother and child health were:

A child's health is as important as his education and upbringing. Only a healthy family can construct a healthy society. [Mosque Morjhangi, D. G. Khan]

Children are our future and their health and wellbeing are the responsibility of their parents. However, only a healthy mother can become a foundation for a healthy family. [Mosque Khekheri, D. G. Khan]

> The best among you are those who are best to their wives. Ibn Majah, 1978 and Al-Tirmizi, 3895

Children are our future; their health and wellbeing depends on that of the mother's. [Mosque Hussainia, D. G. Khan]

If your wife is healthy then it is for your own happiness and contentment; it is your duty to take care of her. [Mosque Siddiqu-e-Akbar, D. G. Khan]

A healthy newborn is not only physically strong but intelligent too. He will bring happiness and fame to your family. [Mosque Umer Farooq, D. G. Khan]

A healthy society emerges from the lap of a mother for her child. [Jamia Mosque, Khanewal]

If one is healthy only then he is able to perform his religious and earthly responsibilities. [Mosque Zain-al-Abidin, Khanewal]

Several imams also used statistics and other health indicators, provided to them during the intervention phase, to give added credence to their arguments. These facts and figures were both briefed and provided to them earlier during the sensitization meetings and were primarily drawn from credible national sources e.g. Census reports and Health and Demographic Surveys. Encouragingly, in several of the *wa'uz*, additional messages on maternal health and newborn care were also delivered. These included vaccination of pregnant women against tetanus, recognizing danger signs before and during delivery, safe and clean delivery practices, and immunization of children. In almost all cases, specific messages on maternal, newborn and child health were delivered in the later half of a *wa'az*. While imams had not been directed to deliver MNCH messages at any particular stage of their *wa'az*, the reason for delivering key

Encouragingly, in several of the *wa'uz,* additional messages on maternal health and newborn care were also delivered. These included vaccination of pregnant women against tetanus, recognizing danger signs before and during delivery, safe and clean delivery practices, and immunization of children

messages in the later half could be mainly two. First, the content analysis have shown that imams usually build their argument through first contextualizing the issue and providing facts and figures and only in latter half of their *wa'az* that they deliver key messages. The second reason could purely be due to the fact that congregations are usually built into a sizeable group only in the latter half that imams themselves were inclined to deliver key message at this stage of the wa'az. Similarly, in most cases, each specific message carried some explanation of its necessity and importance. In some cases, specific messages were only delivered at the end, one after the other, but did not carry an associated explanation. While most messages were not repeated during a *wa'az*, the cases where messages were repeated usually pertained to the importance of breastfeeding.

Key Findings and Lessons Learned

The preceding discussion highlights a few important lessons for program managers. Firstly, while all the *wa'uz* were on the issue of maternal and child health, a clear balance between contextualizing maternal, newborn and child health issues and provision of necessary details on the importance of each of the specific messages lacked in many *wa'uz*. Secondly, the reason that several of the imams have refrained from delivering messages other than those related to breastfeeding needs to be explored. This could purely be due to the level of comfort of an imam for delivering one specific message compared to another due to his own knowledge. In such a case, more technical knowledge on maternal, newborn and child health issues needs to be imparted among *ulama* so they may feel confident in delivering messages other than those which purely relate to religious matters. The presence of a technical person, perhaps a medical doctor, at a time when Friday *wa'az* on the issue of MNCH is given could also be tested. Lastly, and perhaps more importantly, the *ulama* intervention in general, and in particular the fact that all the imams contacted for the purpose of this research delivered their *wa'az* on the issue MNCH, provides ample evidence supporting the use of that the *ulama* as an effective vehicle for behavior change communication campaigns. In the next section, *ulama's* response is ascertained on the overall intervention.

The presence of a technical person, perhaps a medical doctor, at a time when Friday wa'az on the issue of MNCH is given could also be tested

VII. Ulalma Response

The ultimate beneficiaries of the *ulama* intervention were men of reproductive age, with Friday prayers being the main point of contact used to reach this audience. It was, therefore, essential that the *ulama* reached through this intervention not only understood and appreciated the cause of the project but also effectively played their part to make the whole activity a success. In order to ascertain the response of *ulama* and the level of their understanding about the intervention, 11 in-depth interviews (IDIs) and seven focus group discussions (FGDs) were conducted with the second and third tiers of *ulama* respectively. Since the *ulama* in the second tier were the most forthcoming to the intervention in their respective districts and had also taken a supporting role in helping the project team in sensitizing and mobilizing additional nearby *ulama*, IDIs were conducted with this group to gain detailed insights into the various components of the project. As originally intended, the discussions and interviews with *ulama* served multiple purposes. Besides gauging the effectiveness of the project and identifying gaps and untapped opportunities, they helped extend their ownership of the intervention as one of its main stakeholders. In addition, by conducting interviews and discussions with *ulama* in their respective communities, it served as a reinforcement and motivation tool for further education, encouragement and involvement of ulama on MNCH issues.

The following discussion combines analysis of FGDs and IDIs into four main sections - level of sensitization of targeted *ulama*, their perceived role in MNCH issues, challenges and obstacles *ulama* have faced or expect to face, and *ulama's* opinion about the project together with suggestions and recommendations for improving the intervention.

> Sensitization of ulama for their greater involvement in MNCH issues constituted the core of the Ulama project

Level of Sensitization

Sensitization of *ulama* for their greater involvement in MNCH issues constituted the core of the *Ulama* project. A series of questions were used to assess to what extent *Ulama* have

been sensitized on the issue of MNCH, and to what level they are personally or collectively willing to take this agenda forward. Both in discussions and interviews with *ulama,* there was high understanding of the importance of MNCH issues as one of the main health concerns in Pakistan as well as strong realization that *ulama* can play a critical role in this regard. While *ulama* agreed that there are many pressing issues which need their attention, there was also a strong recognition that MNCH issues are, perhaps, at the core of most of the societal problems. The following comments highlight the importance *ulama* place on these health messages:

Both in discussions and interviews with *ulama,* there was high understanding of the importance of MNCH issues as one of the main health concerns in Pakistan as well as strong realization that *ulama* can play a critical role in this regard

> *"The issue of mother and child health is an extremely important one. This is integral for a healthy and prosperous society. If a child is raised properly and the mother is healthy to take good care during its upbringing, God willing, the society will improve by itself."*
> *Maan Kot, Khanewal*

> *" Mother and child health issues are among the most basic concerns of our society. If a mother is educated and healthy, she can most certainly raise her child in the right manner. And if she is uneducated or unhealthy, how can she then take good care of her children?"*
> *Khanewal City, Khanewal*

> *" Mother's lap is the first source of education for a child, if she is in best of her health only then she will be able to impart knowledge and wisdom to her child."*
> *Kot Chatta, Dera Ghazi Khan*

During discussions a common thread emerged of strong recognition by *ulama* of a need for their greater role in societal issues, including those that relate to MNCH.

> *"Last year when you had approached us for the first time to start this welfare work, it was something completely new for us. We have been only focusing on religious issues and should have paid much more attention to other welfare matters too."*
> *Khanewal City, Khanewal*

> *"The present state of maternal and newborn health in the country is partly due to the reason that ulama have restricted themselves to preaching purely religious issues only."*
> *Taunsa Sharif, Dera Ghazi Khan*

Ulama were also asked why they have not been able to give much attention to issues like MNCH in the past and how they now intended to relate this topic to their preaching. Generally, the *ulama* were of the opinion that there has been growing disconnect between the religious circles and the community at large which needs to be bridged. *Ulama* also partly blamed the education system in seminaries which primarily focuses on religious issues and also the community which discourages *ulama* from assuming any role other than those that relate to religion.

> *"Ulama are trained on a set pattern and guidelines that normally focus on religious education only."*
> *Khanewal City, Khanewal*

> *"In the past, ulama were scientists; they were judges and were part of almost every sphere of life. Now ulama have restricted themselves to religion only."*
> *Khanewal City, Khanewal*

> *"There is a weakness of ulama here that they have not discussed this, they should have discussed such issues [MNCH] and created knowledge."*
> *Katcha Khou, Khanewal*

Ulama believed that issues such as MNCH or other societal problems have been the domain of religious circles in the past and could again be promoted from this platform. A common recognition was that as long as any issue is promoted in the perspective of Islam and Sunnah, neither *ulama* nor the community can have any objection to such a cause. *Ulama* were also of the opinion that people will pay more attention to their sermons and lectures if they are delivered on topics that reflect and address their real problems. It is important to emphasize that all 11 *ulama* participating in the IDIs and all 44 *ulama* participating in the FGDs showed overwhelming support for the project and had no objection in promoting MNCH issues.

Ulama believed that issues such as MNCH or other societal problems have been the domain of religious circles in the past and could again be promoted from this platform

Role of Ulama in MNCH

The whole premise of the *ulama* intervention was based on

the understanding that *ulama* are looked up to by a majority of people in Pakistan for guidance on a range of issues, including those that relate to their health and well-being. Moreover, *ulama* are widely respected and often perceived as among the few reliable channels of communication, especially among the rural population and in areas where literacy is low and access to mass-media is limited. Through their mosques and seminaries where regular and large congregations of men are held, *Ulama* will hopefully promote positive behaviors. Through this assessment, an effort was made to determine whether *ulama* perceive a similar role for themselves in promoting MNCH issues.

> Islam is not just considered a religion but, in the Muslim world, it is widely perceived as a complete "way of life

Ulama were generally of the opinion that not only do they have an important role in promoting MNCH issues but they can also make a significant impact. *Ulama* considered promoting MNCH issue as their religious responsibility.

> "*This is our religious responsibility; any obstacles must not hinder our resolve now.*"
> *Taunsa Sharif, Dera Ghazi Khan*

> "*Ulama can play an effective role because people come to pray at mosques five times a day and there is a sizeable congregation on the Friday prayer; the way an Alim can promote this issue, it cannot be as effectively promoted by a layman.*"
> *Taunsa Sharif, Dera Ghazi Khan*

Islam is not just considered a religion but, in the Muslim world, it is widely perceived as a complete "way of life". Islam is traditionally explained in terms of moral value of actions ranging from those that are prohibited to those which are obligatory. Many of the moral rules in Islam are considered "rights and responsibilities". This particular aspect of Islam was highlighted in almost all the discussions and interviews. *Ulama* considered the issue of MNCH as one that should be shared as the rights and responsibilities of individuals, communities and the state.

> "*Islam is not just a religion, it is also a way of life and it gives high priority to rights and responsibilities.*"
> *aunsa Sharif, Dera Ghazi Khan*

> "*This [MNCH] is an issue of rights and responsibilities and if we become complacent then God will not forgive us until and unless the person, whom we have conflicted the pain as a result of our complacency, forgive us.*"
> *Taunsa Sharif, Dera Ghazi Khan*

There was also this recognition that *ulama* have been discussing such issues in the past and taking an active role in the social upbringing of the society but with the passage of time, the role of *ulama*, which needs revival, is now restricted to religious matters only.

> "*There is a weakness of ulama here that they do not discussed such issues [MNCH] any more, they should create awareness and understanding on such issues.*"
> *Katcha Khou, Khanewal*

> "*This is in Quran and Prophet Muhammad [PBUH] has also given importance to this issue. Nowadays, ulama mostly talk of praying five times a day and fasting; they have stopped giving attention to such basic issues.*"
> *Khanewal City, Khanewal*

The common thread which emerged during discussions and interviews was that the promotion of MNCH issues falls within the domain of *ulama*. *Ulama* were of the opinion that this is not just their moral responsibility, but also their religious duty as this is one of the issues of "rights and responsibilities" in Islam. *Ulama* were also appreciative of being reintroduced to this issue that they have been neglecting in the past.

> The common thread which emerged during discussions and interviews was that the promotion of MNCH issues falls within the domain of ulama

Challenges and Obstacles Expressed by Ulama

Ulama were generally of the opinion that since promotion of MNCH issues is one of their moral and religious responsibilities, any challenge or obstacle will have to be overcome. *Ulama* agreed that they are not used to discussing MNCH issues in their sermons or lectures but they also believed that people will pay attention to such topics or issues discussed from an Islamic perspective and in light of *Quran* and *Sunnah*. On the other hand, *ulama* expressed their concerns about inadequate health service delivery and rampant poverty, which they believe could prove to

be obstacles in their work. The comments below shed light on these concerns:

> "*If we tell people that you should take extra care of the diet of a pregnant woman, an extremely poor person, who cannot even afford basic necessities, would ask us that how can I take care of my family when I have nothing.*"
> *Vidor, Dera Ghazi Khan*

> "*The main reason because of which the health of mother and child is poor is because these areas are deprived of basic necessities and are extremely poor. Because of poverty, a mother cannot fulfill her and her child's health needs. We need to look into the issue of poverty as well.*"
> *Maan Kot, Khanewal*

> "*Our work [promoting MNCH issues] will be more effective if you also concentrate on improving health services in our union council [smallest administration level]*"
> *Taunsa Sharif, Dera Ghazi Khan*

Even with this realization that there are problems of poverty and lack of health services, ulama expressed their resolve to make the promotion of MNCH issues a success

Even with this realization that there are problems of poverty and lack of health services, ulama expressed their resolve to make the promotion of MNCH issues a success.

> "*To take the pregnant woman to hospital for delivery, to have her examined regularly during pregnancy, and to make sure that there are no complications, if we all do this by ourselves then people are likely to follow our footsteps. People will be of the view that Alim is telling us something that he himself believes in. We have to become role models for creating a health society.*"
> *Khanewal City, Khanewa*l

> "*We need to think how we can reach to more and more people. People do not demand good health and we need to think how we can create this demand. People are simply unaware of the word "health". Some people spend their entire life in sickness.*"
> *Maan Kot, Khanewal*

Ulama were aware of the challenge of keeping the issue of MNCH alive in their sermons and lectures if positive change is going to occur. They were also conscious of the fact that the promotion of MNCH issues is something new for them and will require their time and effort.

> "*If we, the ulama, continue discussing issues of mother and child health, there is a possibility that we can bring change.*"
> *Taunsa Sharif, Dera Ghazi Khan*

> "*This is something new for us. We have also not given attention to this topic in the past so gathering information and improving understanding of the issue is the basic requirement for us.*"
> *Katcha Khou, Khanewal*

The common thread, which emerged from discussions and interviews with *ulama* regarding possible challenges or obstacles they can face in promoting MNCH issues mostly revolve around poverty, illiteracy and lack of health services; issues which can potentially undermine their efforts. *Ulama* understood that basic care is within the abilities of anyone and therefore must be promoted. In no discussion or interview was any challenge or obstacle given, which could severely restrict the role of *ulama* in promoting maternal, newborn and child health issues.

Work with Ulama on Promotion of MNCH Issues

The assessment was also used to ascertain the opinion of *ulama* regarding the project, its approach and how it can be further improved. The analysis of discussions and interviews is grouped in four themes; how *ulama* can be motivated and remain committed to promoting MNCH issues, what other avenues *ulama* believe can be used for promotion of MNCH issues, what types of support *ulama* need, and what apprehensions they have about the project.

Motivation and Commitment: *Ulama*, generally, wanted to have more frequent contacts by the project team, at least once a month where frequency was specified, so they remain motivated and committed to the task of promoting MNCH issues in their sermons and lectures. Time and again, frequent and constant contact and long-term association and networking from the project team with the *ulama* was given importance in discussion. It was also suggested that nationally renowned religious scholars and technical experts be brought to their communities more often to help raise their motivation and commitment level. It was suggested that each community can have an *Alim* working as a focal person to keep other *ulama* committed to the cause of

promoting MNCH issues. *Ulama* also showed their desire to have community meetings that are attended by *ulama,* but also the individuals from different walks of life.

> "*There should be a constant contact with the ulama, as it has been so far. It should not be the way that people came to us, they worked and left. You cannot achieve results in a matter one year.*"
> *Taunsa Sharif, Dera Ghazi Khan*

> "*The fact is that whatever we will say, people will listen to it but they might not act. If there are new faces convening a meeting that has invited all the villagers then what we will say will carry weight, people respect guests, especially those who come from so far just for their benefit.*"
> *Kot Chatta, Dera Ghazi Khan*

Avenues for Promotion of MNCH Issues: *Ulama* identified a number of additional avenues for promoting MNCH issues with mosques and seminaries as the platform. It was suggested that literature on safe and healthy practices for improving MNCH be distributed to congregations in mosques and seminaries. *Ulama* were willing to volunteer for the distribution of MNCH literature. It was also suggested that MNCH could be included in periodic religious publications to reach to the religious community on a wider scale. *Ulama* generally agreed that Friday prayer is an ideal means to promote positive MNCH related behaviors and such issues can be effectively incorporated into the sermons if they are based on *Quran* and *Hadith. Ulama* were also willing to go on house-to-house visits to promote MNCH issues, if a program person accompanies them. *Ulama* were also acutely aware that the impact will be far greater if all stakeholders are involved in an integrated approach and play their respective roles in improving the lives of mothers and children in Pakistan.

> "*We can include mother and child health issues in our religious publications and can also arrange conferences through local ulama on this very issue.*"
> *Taunsa Sharif, Dera Ghazi Khan*

> "*Your focus should not only be on ulama but this should include all stakeholders...collaboration across different sectors and continuous interaction with the local community members will definitely have a much greater impact.*"
> *Maan Kot, Khanewal*

Capacity Building: *Ulama* praised the literature, which was already provided to them, as helping to increase their understanding on the issue of role of *ulama* in ensuring maternal, newborn and child health in light of the teachings of Islam. *Ulama* showed their desire to have more in-depth literature on the topic of Islam and MNCH, which could help them in preparing sermons and lectures and, in some cases, personal counseling if it is required. When asked if they would accept prewritten *wa'az* on MNCH issues to be delivered during the Friday prayer, ulama did not show any reservation and they welcomed any form of literature if based on the teaching of *Quran* and *Hadith.*

> "*When I read the booklet provided by you, I was absolutely stunned. I had no idea that situation is this grave in my village?*"
> *Kot Chatta, Dera Ghazi Khan*

> "*The ulama need further trainings on the issue of MNCH so they can more effectively arrange meetings and deliver sermons and can reach those who are economically deprived and lack basic knowledge about health and hygiene.*"
> *Katcha Khou, Khanewal*

Apprehensions and Suspicions: Family planning is only tacitly accepted and practiced in Pakistan. It is also vehemently opposed by different cross-sections of every major sect in Pakistan. Those who approve family planning primarily do so for medical reasons and to ensure a reasonable gap between births to allow mothers to fully recuperate. Proponents typically do not cite reasons such as fear of poverty or growing population. It is for this reason that *ulama* remain skeptical of any major health intervention which they suspect of having direct or indirect linkages with the larger agenda of population control in the Country. On the other hand, *ulama* are also cautious of extending support to non-governmental organizations fearing that they might be promoting vested agendas of the West; this is especially true of the US. Such apprehensions were made clear by *ulama* during discussions.

> "When asked if they would accept prewritten wa'az on MNCH issues to be delivered during the Friday prayer, ulama did not show any reservation and they welcomed any form of literature if based on the teaching of Quran and Hadith"

> "*Our attendees question us that are there any linkages between what you are saying [promotion of MNCH issues] and what the Department of Population Welfare is trying to do [limit the population size]. They suspect us of having linkages with the department; can you assure*

us that there is no linkage?"
Taunsa Sharif, Dera Ghazi Khan

"Can I ask you something, how strong is your linkage with the population welfare department?"
Khanewal City, Khanewal

"…there are many NGOs in the world to which among those is your organization connected with, does it in any way have a connection with the US?"
Maan Kot, Khanewal

"Even Prophet Muhammad [PBUH] said "marry those women who can bear more children" and he said "I will be proud of those families having more children"
Kot Chatta, Dera Ghazi Khan

Knitting the different threads together

Generally, *ulama* strongly believe that mother and child health is an important issue in their respective communities and, therefore, should be given a priority attention. In almost every discussion and interview, *ulama* made strong references to mothers being the foundation in a nation building process. *Ulama* were aware of the challenges of low literacy, poverty and poor health facilities, and while they identified this as a challenge, it did not prevent *ulama* from delivering the messages. *Ulama* acknowledged their role in promoting positive behaviors for improving the lives of mothers and children and also appreciated the fact that they have been given this responsibility. *Ulama* believed that the issue of mother and child health is not outside the realm of Islamic teaching and falls into the subject of "rights and responsibilities" in the religion. They were confident that as long as they base their preaching's on *Quran* and *Sunnah*, not only will people place more importance on the subject but will also act upon them. *Ulama* were also aware of the fact that they have restricted themselves to only religious matters, while historically social development has played a much larger role. *Ulama* accepted that prior to the intervention they have not paid much attention to social issues. *Ulama* were appreciative of the efforts undertaken by the project; especially that of the literature they were provided, of the interactive meetings to which they were invited, and of other capacity building measures taken to improve their knowledge on MNCH issues. Further, they indicated that multiple channels of message delivery would be beneficial. They requested more in-depth literature, additional venues for message delivery such as literature at seminaries and mosques, and messages delivered through house-to-house visits, and they would willingly partake in these initiatives to support MNCH efforts.

VIII. Acceptability of Messages Delivered During Friday Wa'az

In order to assess the receptibility of messages delivered during the Friday *wa'az*, exit interviews were conducted in a total of 51 randomly selected mosques with those who had come to attend the Friday prayers. Selected mosques were further randomly separated into two groups – intervention and non-intervention mosques. Mosques in the intervention group consisted of those where imams, as requested, had delivered the *wa'az* on the issues of maternal and newborn health, while the mosques where *wa'az* was delivered on other regular topics constituted the non-intervention group. Twice as many intervention mosques as non-intervention mosques were chosen, as it was suspected that not all the imams will deliver the full set of the specific MNCH messages asked to be delivered during the Friday *wa'az*. A total of 1,177 interviews out of the total of 1,197 exit interviews were quality ensured and included in the analysis. In the analysis stage, on the basis of the content analysis of the *wa'uz* delivered on the topic of maternal and newborn health, the intervention group is further divided into two sub-groups – 'intervention group' where six or more specific messages were delivered and the other 'partial intervention group' where four or less specific messages were delivered out of the total of eight specific messages (incidentally, no *wa'az* contained five specific messages; see table 6).

Table 6: Distribution of Number of Mosques and Respondents by Interview Groups and Districts

	D. G. Khan		Khanewal		Total	
	Mosques	Respondents	Mosques	Respondents	Mosques	Respondents
Intervention Group [6 or more messages]	11	253	5	123	16	376
Partial- Intervention Group [4 or less messages]	13	303	5	113	18	416
Non intervention Group	12	260	5	125	17	385
Total	36	816	15	361	51	1,177

A semi-structured questionnaire was administered to conduct exit interviews with the help of trained interviewers in the districts of Dera Ghazi Khan and Khanewal. As the first step, imam of the mosques or the lead *alim* from the seminary where the research was to be conducted was approached and explained the purpose of the research in detail. To further win over their support for the research and to shed any apprehension that they could have had, they were asked to

> A clear pattern can be observed among respondents who received six or more messages as compared to those who had attended Friday prayer in the non-intervention mosques

nominate up to four of their best senior students to be trained in order to conduct the interviews in their respective mosques and seminaries with the attendees of the Friday prayers. Selected students were then trained in small groups on the methodology and procedure for administering interviews. This strategy ensured the support of all those mosques and seminaries randomly selected for the purpose of this research and also helped in increasing the involvement and interest of *ulama*.

On average, an interview took five to seven minutes to complete. Attendees of the Friday prayer were first asked a few screening questions, i.e. marital status, and asked for the permission to conduct the interview. The same questionnaire was administered in both intervention and non-intervention mosques over two consecutive Friday prayers. In intervention mosques, however, interviews were conducted on the particular Friday when the wa'az on MNCH was delivered during the prayer. As a target, each mosque was expected to have at least 20 and not more than 25 exit interviews to ensure a balanced distribution of respondents from all the different mosques. For the purpose of this research, only married respondents were interviewed. Data collected from the interviews was then entered in SPSS for bivariate analysis.

Main Findings from the Exit Interviews

In the beginning of the interviews, respondents were asked whether they think it is necessary for a woman to be examined by a health professional during her pregnancy. A clear pattern can be observed among respondents who received six or more messages as compared to those who had attended Friday prayer

in the non-intervention mosques. Nine out of ten respondents in the intervention group, who had received six or more specific messages, believe that it is necessary for a woman to be examined by a health professional during her pregnancy, as compared to two-thirds of the respondents in the non-intervention group.

A similar pattern can be observed for the number of antenatal visits required. Half of the respondents in the intervention group thought that at least four visits should be made to a health professional during the antenatal period. The level of knowledge on required number of antenatal visits drops to 39.5% among those respondents who belonged to partial-intervention group and finally to 34.8% among respondents of non-intervention group. While the necessity of making arrangements during pregnancy for safe childbirth is acknowledged by a similar proportion of respondents in all three categories of respondents, there were observable patterns in exactly what type of arrangements were cited.

Approximately two-thirds (62.7%) and three-fourths (76.6%) of the respondents in the intervention group considered transportation and money, respectively, to be among the most critical arrangements needed for safe childbirth, as compared to 43.5% and 51.4% respondents in the non-intervention group. However, a negligible difference is observed for level of knowledge on the need of arranging skilled birth attendant and place of delivery

Table 7: Antenatal Care - Message Receptibility in Intervention and Non-intervention Groups [Percentages]

Messages	Intervention [6 or more messages]	Partial-Intervention [4 or less messages]	Non – intervention
It is necessary for a women to be examined by a doctor during pregnancy	91.6	80.5	66.1
Women should be examined by a health professional for at least four times during her pregnancy	49.4	39.5	34.8
It is necessary to make arrangements during pregnancy for safe child birth	93.5	87.8	89.4
Arrangements that should be made during pregnancy for safe childbirth are (multiple responses):			
Transportation	62.7	52.6	43.5
Money	76.6	73.0	51.4
Skilled Birth Attendant	37.3	34.3	36.6
Place of Delivery	21.1	14.5	20.1

during the antenatal period for safe childbirth (see table 7).

Ulama in the intervention group were also requested to deliver a specific message on delayed bathing of the newborn contrary to the common practice of bathing newborns soon after delivery in non-medical settings. Around one-third (34.5%) of the respondents in the intervention group thought a child should be given its first bath after six hours of birth, as compared to a little more than one-tenth (13.1%) of the respondents of the non-intervention group. *Ulama* in the intervention group were instructed to deliver four specific messages on the importance, early initiation, exclusiveness and duration of breastfeeding. While almost a similar proportion of respondents in all three categories considered mother's milk to be necessary for the newborn's health, a pattern in the level of knowledge can be observed in early initiation and exclusive breastfeeding. More than three-fourths (75.7%) of the respondents in the intervention group thought a child should be fed with mother's milk right after birth, as compared to a little over half (44.2%) of the respondents in the non-intervention group. Similarly, half (49.4%) of the respondents thought that a child should be exclusively breastfed for first six months, as compared to less than one-third (28%) of the respondents in the non-intervention group. There were negligible differences in level of knowledge on the ideal duration of breastfeeding (see table 8).

Table 8: Newborn and Child Health Care - Message Receptibility in Intervention and Non-intervention Groups [Percentages]

Messages	Intervention	Partial-Intervention	Non – intervention
Child should be given its first bath after six hours of birth	34.5	31.1	13.1
Child Should be fed with mother's milk right after the birth	75.7	76.0	55.2
It is necessary for a newborn child to be fed with mother's milk	92.8	92.3	90.9
Child should be fed with mother's milk only during the first six months of birth	49.4	43.9	28.0
A child should be breastfed for up to two years or more	83.9	87.2	80.5

As mentioned earlier, among respondents who belonged to the intervention group a little less than one-fourth (23.1%) were not able to attend the Friday *wa'az* and came later during the prayer when the *wa'az* was already over. Table 9 shows comparisons between those who had listened and not listened to the *wa'az* delivered on MNCH during the Friday prayer in the intervention group. Except exclusive breastfeeding, the level of knowledge on messages delivered is higher among those who had listened to the *wa'az* than those who could not listen to the *wa'az*. There are significant differences when comparing the level of knowledge of the arrangements to be made during pregnancy for safe childbirth (see table 9).

For the purpose of the analysis, the intervention and partial-intervention groups as a whole (including all attendees of Friday prayer in analysis regardless whether they had attended or not attended the *wa'az*) are compared with the non-intervention group rather

Table 9: Message Receptibility within the Intervention Group Among Those Who Had Listened and Not Listened the Friday Wa'az

Friday Wa'az	Listened	Did not listen
It is necessary for a women to be examined by a doctor during pregnancy	92.4	60.7
Women should be examined by a health professional for at least four times during her pregnancy	46.4	31.5
It is necessary to make arrangements during pregnancy for safe child birth	94.9	74.5
Arrangements that should be made during pregnancy for safe childbirth are (multiple responses):		
Transportation	61.1	37.9
Money	77.1	59.7
Skilled Birth Attendant	38.4	19.4
Place of Delivery	18.6	12.1
Child should be given its first bath after six house of the birth	33.6	27.8
Child Should be fed with mother's milk right after the birth	78.4	66.7
It is necessary for a newborn child to be fed with mother's milk	94.5	85.7
Child should be fed with mother's milk only during the first six months of birth	42.3	61.7
A child should be breastfed for up to two years or more	87.0	80.9

than excluding those respondents who could not attend the Friday wa'az delivered on MNCH. This is in consideration of the fact that behavior change communication campaigns through Friday *wa'az* will, more or less, always have similar dynamics where a certain proportion of attendees of Friday prayer will not be able to attend the *wa'az*.

The analyses took into consideration literacy status when comparing knowledge level in the intervention, partial-intervention and non-intervention groups between literate and illiterate respondents. The level of knowledge follows a similar pattern for most of the messages delivered during the Friday *wa'az*. The knowledge level is highest among literate respondents in the intervention and then partial-intervention groups followed by literate respondents in the non-intervention group, while the level of knowledge is least among illiterate respondents belonging to the non-intervention group. Perhaps the most specific and critical message was one promoting the importance of at-least four antenatal visits during pregnancy. Among literate respondents in the intervention group, six out of ten (67.4%) were able to recall the message delivered on antenatal visits. This proportion drops to 40% among literate respondents in the partial-intervention group and to 30% among literate respondents in the non-intervention group. Similarly, level of knowledge for antenatal visits is 36.0% for illiterate respondents in intervention group, 24.5% for illiterate respondents in partial-intervention group and 26.1% for illiterate respondents in the non-intervention group (see table 10).

In newborn and child health messages, the level of knowledge is higher among literate respondents in the intervention and partial-intervention groups, as compared to their counterparts in the non-intervention group. Similarly, the level of knowledge is higher among illiterate respondents in the intervention and then partial-intervention groups, as compared to illiterate respondents in the non-intervention group. For messages concerning delayed bathing and early breastfeeding, the level of knowledge among illiterate respondents in the intervention group is even higher than the literate respondents in the non-intervention group. In messages related to early initiation and duration of breastfeeding, the level of knowledge among literate respondents of partial-intervention group is slightly higher than literate respondents belonging to the intervention-group. For exclusive breastfeeding, level of knowledge is higher in the intervention group among illiterate than literate respondents in both the categories of number of messages. On the whole, the level of knowledge for exclusive breastfeeding remains higher in the intervention group, as compared to non-intervention group. The recognition of the importance of mother's milk for the newborn is almost universal, while knowledge for delayed bathing is the least well-known (see table 11).

Results show that messages which contained general appeal, i.e. women should be examined by a health professional during her pregnancy, had fairly high levels of knowledge for all three categories of respondents belonging to the intervention (91.6%), partial-intervention (80.5%) and the non-intervention (66.1%) groups. Messages which carried specific behavior change actions, i.e. women should be examined by a health professional for at-least four times during her pregnancy,

Table 10: Antenatal Care: Message Recall in Intervention and Non-intervention Groups by Literacy Status [Percentages]

Messages	Intervention		Partial – Intervention		Non – intervention	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
It is necessary for a women to be examined by a doctor during pregnancy	93.1	89.6	94.3	56.1	73.3	43.6
Women should be examined by a health professional for at least four times during her pregnancy	57.4	36.0	43.4	24.5	32.6	26.1
It is necessary to make arrangements during pregnancy for safe child birth	95.7	89.5	95.0	74.8	92.3	78.9
Arrangements that should be made during pregnancy for safe childbirth are (multiple responses):						
Transportation	69.2	48.8	58.8	37.5	44.9	33.8
Money	78.9	71.1	76.8	62.5	53.2	40.5
Skilled Birth Attendant	49.3	14.0	41.6	17.0	39.0	25.7
Place of Delivery	22.5	19.0	18.0	6.2	18.0	25.7

Discussion

had comparatively lower levels of knowledge, e.g. the intervention (49.4%), partial-intervention (39.5%) and the non-intervention (34.8%) groups. Results showed an existing high level of sensitization among respondents in all three groups for messages which contained general appeal regarding mother and child health. This presents an opportunity for conducting communication campaigns which target specific behaviors pertaining to mother and child health issues. The relatively low levels of knowledge of messages containing specific behavior change actions highlights the importance of further simplifying messages and increasing their frequency for improved retention. The findings also signify the importance of continuing with the behavior change communication campaigns through different media, as requested by *ulama*, to increase the knowledge and involvement of men on maternal, newborn and child health issues.

Table 11: Newborn and Child Health: Message Receptibility in Intervention and Non-intervention Groups by Literacy Status [Percentages]

Messages	Intervention		Partial-Intervention		Non – intervention	
	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate
Child should be given its first bath after six hours of the birth	24.0	15.9	16.9	11.4	8.5	3.3
Child Should be fed with mother's milk right after the birth	79.3	70.2	85.3	59.9	62.4	33.0
It is necessary for a newborn child to be fed with mother's milk	97.0	86.2	97.3	83.7	93.9	81.5
Child should only be fed with mother's milk during the first six months of birth	47.2	54.3	38.3	55.3	27.5	28.8
A child should be breastfed for up to two years or more	85.4	81.4	90.4	80.8	82.3	74.4

The findings on the level of knowledge about birth preparedness show that if more than one intended behavior is lumped in a single message then their overall retention can be severely affected. Separate messages, with adequate emphasis, need to be communicated during *wa'az* on importance of deciding about skilled birth attendance and place of delivery. It is also important to note that within the three categories of respondents, intervention, partial-intervention, and non-intervention, those in the intervention group have generally higher level of knowledge for all the communicated messages than those who received four or less messages and those who received no message at all. The differences are more pronounced for antenatal and newborn care messages but slightly less stark for messages communicated on breastfeeding. The reason could be the fact that promotion of breastfeeding has been a longstanding objective of the Ministry of Health as well as of some prominent development actors, e.g. UNICEF. This could also be due to the importance of breastfeeding in the religion of Islam, stressed through categorical references to ideal duration of breastfeeding in *Quran:*

> *"[m]others may breastfeed their children two complete years for whoever wishes to complete the nursing [period]."* [15]

Between intervention and partial-intervention groups, the level of knowledge only slightly differs for messages communicated on breastfeeding. In fact, for the duration and early initiation of breastfeeding, the level of knowledge is slightly higher for respondents belonging to partial-intervention group. Content analysis of Friday *wa'uz* show that messages delivered the most were on breastfeeding, which could be one of the reasons for negligible differences between the knowledge levels of intervention and partial-intervention groups.

The obvious inclination of *ulama* towards communicating messages on breastfeeding requires increased and concerted advocacy on other aspects of maternal, newborn and child health i.e. antenatal care and safe delivery. *Ulama* can also be requested to narrow down their wa'az to a few messages promoting a selected aspect of maternal, newborn and child health issues, i.e. importance of antenatal care for the health and wellbeing of mother and her newborn.

Within the intervention group, comparing the level of knowledge between those respondents who had attended the Friday *wa'az* with those who

[15] The Quran, Chapter 2, Verse 233

could not attend the *wa'az* reveals fascinating results. The level of knowledge of those respondents in the intervention group who could not attend the Friday *wa'az* is almost similar to the respondents who belong to the non-intervention group. This particular finding further reaffirms the impact of Friday *wa'az* as an effective health education intervention.

A comparative analysis of levels of knowledge among respondents of different categories according to their literacy status reveal that the level of knowledge is highest for literate respondents belonging to the intervention group and who have received six or more messages

Literacy status and education level are more likely than any other variables to be associated with higher levels of knowledge and positive behaviors in health education campaigns. However, a successful health education campaign has the ability to cater to a spectrum of variations including literacy status and education level. A comparative analysis of levels of knowledge among respondents of different categories according to their literacy status reveal that the level of knowledge is highest for literate respondents belonging to the intervention group and who have received six or more messages. Interestingly, knowledge level is even higher among illiterate respondents who received six or more messages than the literate respondents of the non-intervention group. Moreover, the level of knowledge among illiterate respondents in the intervention group, for many of the communicated messages, is more than twice the level of knowledge of illiterate respondents in the non-intervention group. The findings show that the intervention has had impact on increasing the knowledge among both the literate and illiterate respondents and yet the greatest impact has been among the respondents who were illiterate.

Analyses have further revealed that the number of children, length of marriage, and the respondents' age are all negatively associated, while age at marriage is positively associated with the levels of knowledge in both the intervention and non-intervention groups. It is pertinent to note that for all these determinants, the same correlation exists with the literacy status of the respondents. Among literate respondents in the intervention group, the findings have shown that as the education level increases so does the recall of the chosen messages. Overall, the findings firmly establish the effectiveness of involving *ulama* and using Friday prayer as a medium of communication for health education campaigns.

IX. The Role of Ulama in the Development Process

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 (Bannerman, 1988: p. 10). One of the verses in *Quran* give a clear reference to the completeness of Islam as a religion[16] "This day I have perfected for you your religion and completed My favor upon you and have approved for you Islam as religion." At another place, a similar assertion is made "[This is] a Book whose verses are perfected and then presented in detail from [one who is] Wise and Acquainted."[17] 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 be part of the development process.

Ulama in the modern world, however, have been relegated to a lesser status and deemed as old-fashioned, irrelevant and unable to comprehend or appreciate the newly established institutions and contemporary knowledge. *Ulama* are increasingly seen, by certain sections of the population, as obstacles to progress and an impediment to overall development (Haddad, 1982: p. 10). This assertion not only ignores the expertise of *ulama* but is in complete denial of the importance of traditional Islam for the majority of the population of Muslim countries and, by implication, continuing respect for its traditional guardians – the *ulama* (Zebiri, 1993: p. 3). Rifa'i and Dwiyanto (2005: p. 96) assert that the *ulama* have a central role to play as being 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 let them know of each others' expectations from one another. As educators, *ulama* can advance knowledge in their respective communities and can also filter for useful information for the

Ulama are increasingly seen, by certain sections of the population, as obstacles to progress and an impediment to overall development

[16] Quran, Chapter 5, Verse 3
[17] Ibid, Chapter 11, Verse 1

benefit of progress and development. In many areas, *ulama* continue to enjoy a popular legitimacy through their various roles of preachers, prayer leaders, scholars and spiritual mentors. Rather relegating and sidelining *ulama*, the need of the hour is to develop stronger partnerships and make them an integral part of the overall development process.

Maternal, newborn and child health issues, on which this particular intervention is focused, are among many other social and societal challenges in which *ulama* can play an integral part. Education, conservation, environment, life course development and many other areas that require substantial improvement and uplifting in many of the Muslim countries can be strongly advocated and promoted on the basis of the teachings of Islam with active involvement and support of *ulama*. Common areas for cooperation among the religious leaders, the non-governmental sector and the state can be found in an array of development endeavors without provoking controversies and creating suspicions and mistrust of one another (Rashiduzzaman, 1997: p. 245). The family planning programs of Iran and Indonesia are the cases in point where success could not have been possible without the clergy taking an active role in fertility regulation initiatives. The successful cooperation in Uganda among the nongovernmental sector, the community, and the religious leadership to counter the threat of HIV/AIDS is yet another example of the potential of Islam and of the Islamic institutions in going a long way in spreading the 'right' messages to the community at large (Esack, 2007; Islamic Medical Association of Uganda, 1998). Importantly however, one of the main lessons of this intervention is the great significance of the manner *ulama* are approached and asked for guidance and assistance in order for their successfully integration in the development process.

> Maternal, newborn and child health issues, on which this particular intervention is focused, are among many other social and societal challenges in which *ulama* can play an integral part

The *ulama* intervention discussed in this report is specific to Pakistan and implemented in the domain of MNCH only. Its lessons, however, are far-reaching and have the potential to be replicated in a score of situations and regions.

- The ulama intervention, from the very onset, was shaped, strategized and steered as per the directions of senior *ulama* who were made part of the formal decision making structure in the Project. The constitution of a national level advisory body – Central Council – of renowned *ulama* for the purpose of providing strategic oversight to the overall intervention helped build trust and shared responsibility between the *ulama* and the Project team.

- The essence of the success of the Project lies in its dynamism. The intervention was first pilot-tested in two of the most conservative districts of Pakistan and scaled-up only after lessons learnt during piloting were fully incorporated. Even during the formal phases of implementation of the Project, improvements in the implementation strategy driven by *ulama* were continuously made when and where needed. The success of this Project would have not been possible if the implementation had not remained open and flexible to change.

- The peer-to-peer strategy, approaching *ulama* through their own colleagues (rather than through public health or development professionals) helped in winning the hearts and minds of *ulama*. At all the levels whether national, district and sub-district, *ulama* were reached through an *alim* they knew and respected.

- It was ensured that in all the consultation and group meetings a renowned *alim* of the national level and a respected local *alim* would be present to authenticate and give credence to the whole process. Moreover, every *alim* was first individually met to give him due respect and to aptly address any of his concerns.

> The constitution of a national level advisory body – Central Council – of renowned ulama for the purpose of providing strategic oversight to the overall intervention helped build trust and shared responsibility between the ulama and the Project team

- The main resource material used for sensitization and distributed among *ulama* in consultation and group meetings with them, is a small book entitled “Role of *Ulama* in Promoting Maternal, Newborn and Child Health.” The book is crucial to the whole *ulama* intervention as it uses *Quran* and *Hadith* as its main reference points. It is also written by a renowned

Pakistani *alim* of great respect and contains endorsements of another eight leading religious personalities from all over the Country.

- In addition to the book, it was ensured that every behavior change message intended to be delivered by *ulama* could be supported by verses of *Quran* or sayings of Prophet [PBUH] and they are not controversial or contradictory to existing religious injunctions.

> The findings of this research firmly establish that successful integration of *ulama* into the development process can greatly help in achieving development goals

- At first, some of the *ulama* were reluctant to join hands for promoting the project's cause. Their reluctance was not for the reason that they were necessarily against the project's cause but rather they had apprehensions of being used for some time and then forgotten. To counter this, the project team remained in constant touch with the all the sensitized *ulama* either through planned activities or with the help of telephonic or postal communication. In addition, specific activities were planned to sustain the whole intervention. This was done at two ends. First, by linking *ulama* with local development partners and health officials and, second, by evolving self-sustaining structures from within the *ulama* network to continue implementing the initiative.

These abovementioned steps, on the one hand, enhanced the authenticity and credibility of the whole intervention but, on the other hand, distributed the responsibility of ensuring maternal, newborn and child health among the development community and the clergy alike.

The findings of this research firmly establish that successful integration of *ulama* into the development process can greatly help in achieving development goals. The study has highlighted and testified the importance of Friday prayer and the *wa'az* delivered during the same as an important and effective channel for behavior change communication. The study has, however, only delved into the efficacy of Friday *wa'az* as a possible medium, which is just one of the many modes of communication available with *ulama* for effectively promoting positive behaviors. *Ulama* have further suggested more in-depth literature on MNCH issues, and broader message distribution through seminaries, mosques, and house-to-house visits.

The response of sensitized *ulama* during the Project and later when they were approached for the purpose of this research is nothing less than overwhelming. One clear indication in this regard is the fact that all 35 *ulama* randomly selected from the Project areas not only agreed to deliver their Friday *wa'az* on MNCH issues but delivered them on specific Fridays as requested. This is in itself a strong indication of the realization among *ulama* of their effectiveness in conveying MNCH messages, and their willingness to be part of the development process. During discussions also, there was strong recognition on the part of *ulama* of a growing disconnect between the religious circles and the community at large which they believed needed to be bridged. *Ulama* acknowledged the fact that they have restricted themselves to only religious issues, while historically they had much larger role to play in social issues. It is extremely important, however, that *ulama* are comprehensively sensitized on technical issues and provided with enough literature when they are being sought as a vehicle to reach to the community.

Motivating behavior change is a complex process which passes through several stages and is precipitated by multiple factors (Tetzlaff et al., 2005: p. 204). The findings from this research also signify the importance of continuing with behavior change communication campaigns through different media and not solely or overtly relying on one medium. *Ulama*, therefore, is just one of many stakeholders that need to be approached through communication campaigns if behaviors are to be changed. The research also shows that the level of knowledge among respondents exposed to health messages delivered by *ulama* have generally 20% to 25% higher knowledge than those who were not exposed to health messages. These differences are even more pronounced where messages are delivered requiring specific actions. Clearly, the role of *ulama* as communicators and educators in their respective communities can be effectively used for increasing knowledge and thereby promoting positive behaviors. However, knowledge, in terms of recall and level of understanding, is only the first step towards practicing positive behavior (Piotrow et al., 1997: p. 23). While MNCH messages communicated through ulama will greatly help in their overall approval and recall, a concerted approach is nevertheless needed at both demand and supply sides to influence positive behaviors.

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