

A photograph of a man and a woman in a rural, lush green setting. The man, on the left, is smiling broadly and holding a young child on his back. The woman, on the right, is also smiling and looking towards the man. They are both dressed in casual, traditional-style clothing. The background is filled with large green leaves and trees, suggesting a rural or agricultural environment.

**LEARNINGS FROM
MALE ENGAGEMENT STRATEGIES**

STRENGTHENING HEALTH OUTCOMES FOR WOMEN & CHILDREN (SHOW)

THIS PRESENTATION.

1

SHOW PROJECT

- Gender Transformative Ecological Model

2

MALE ENGAGEMENT (FATHERS CLUBS)

- Strategy
- Learnings

3

ENGAGING RELIGIOUS LEADERS (SOKOTO)

- Strategy
- Learning

SHOW PROJECT



SHOW scaled-up improved health outcomes for over:

1.17 MILLION

Women of Reproductive Age
(Incl 0.24 mil adolescent girls)

0.67 MILLION

Children under five

SHOW Engaged:

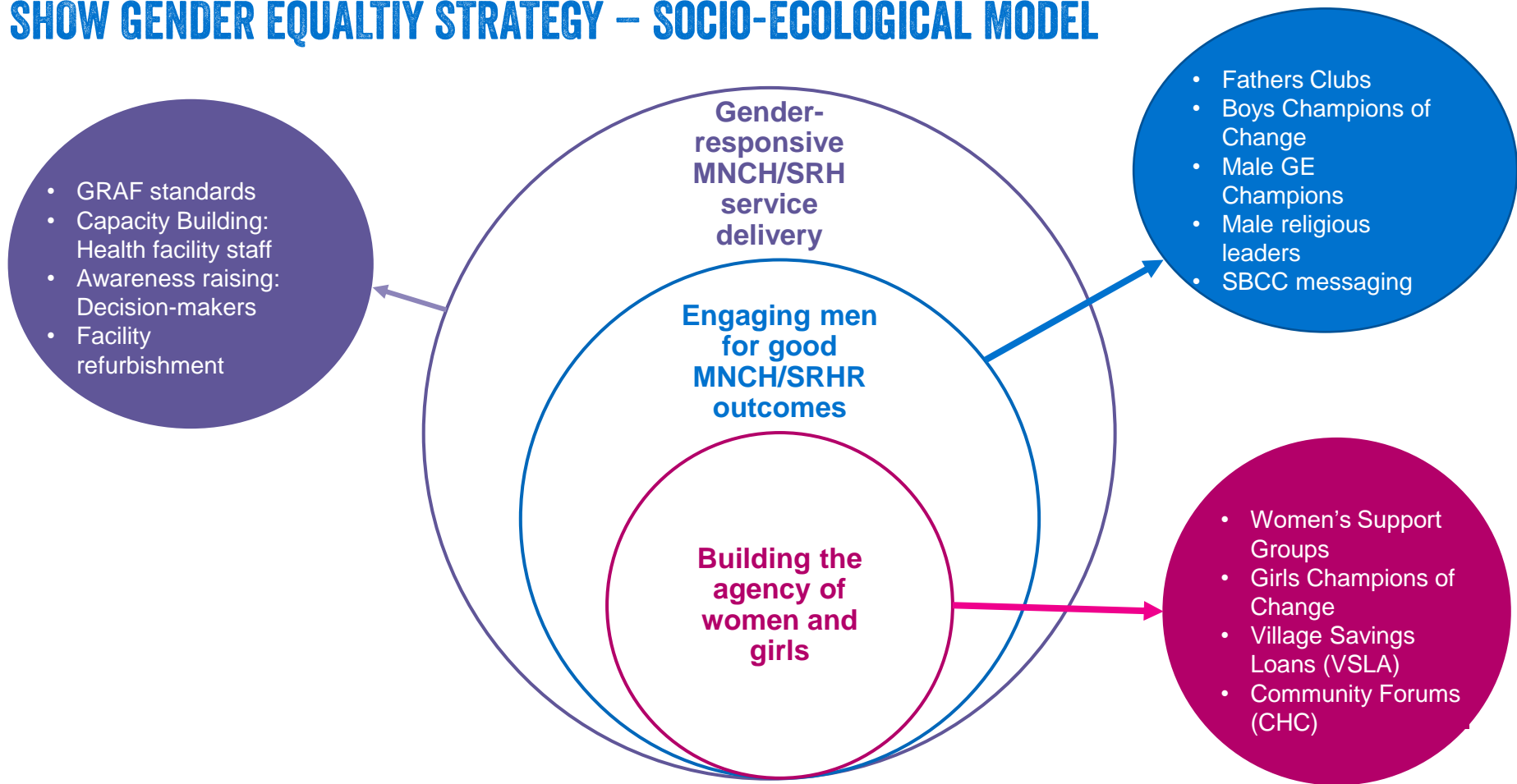
0.53 MILLION

Men & Boys
(including 0.16 mil
adolescent boys)

SHOW reached:

700,000 CANADIANS
Increase awareness of
1.1 MILLION
Canadian on global
MNCH issues

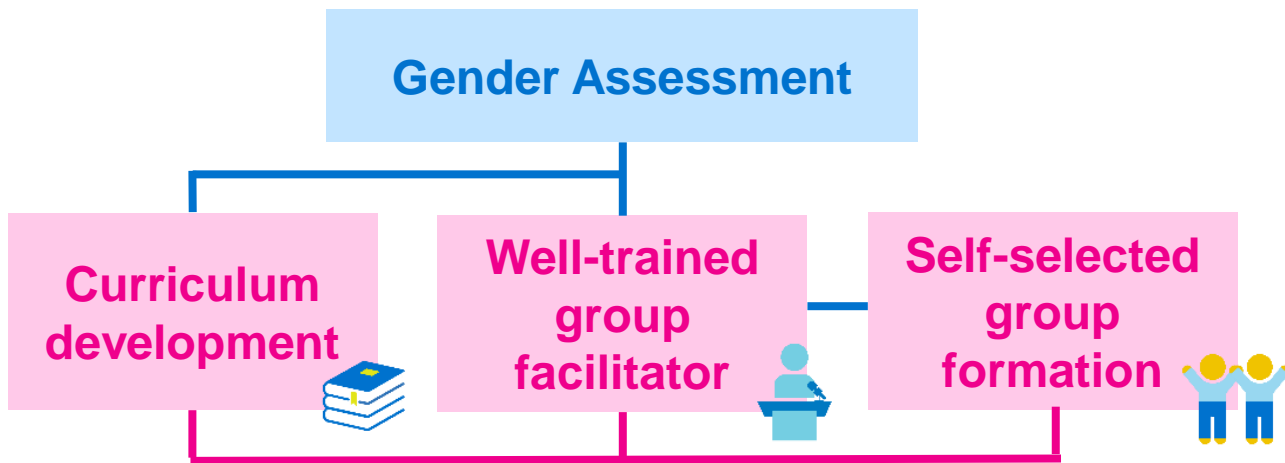
SHOW GENDER EQUALTY STRATEGY – SOCIO-ECOLOGICAL MODEL





FATHERS CLUBS

THE FATHERS CLUB MODEL



FATHERS CLUB MANUAL:

Engaging Men in Maternal, Newborn, and Child Health and in Sexual and Reproductive Health for the Multi-Country SHOW Program



Premised on our do no harm principles

FATHERS CLUBS MANUAL

20 SESSIONS - INCREMENTAL CURRICULUM PROGRESSION



Care work

Gender
Stereotypes

Support in
pregnancy

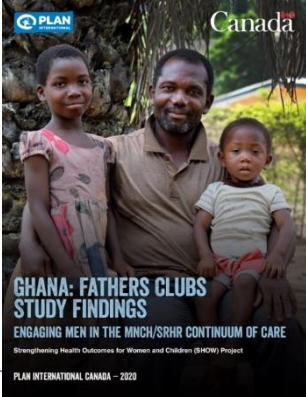
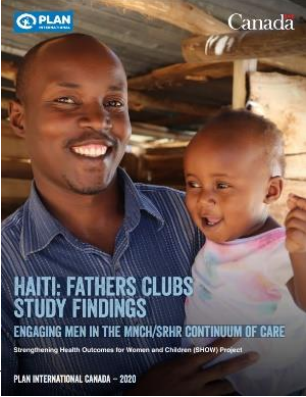
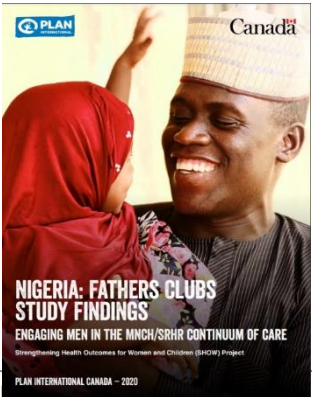
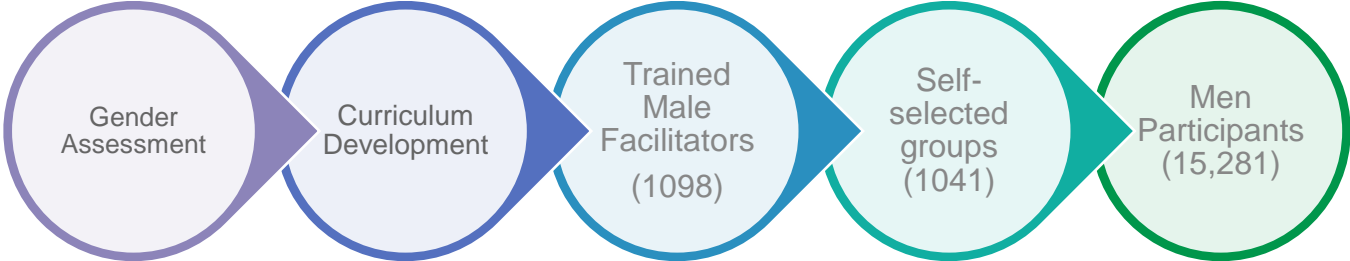
Decision
making

Violence

Healthy
Relationship

Child's
Future

FATHERS CLUBS REACH



RESEARCH FINDINGS OF FATHERS CLUBS IMPACT ON MEN

- 4-country qualitative Fathers Clubs research (Bangladesh, Ghana, Nigeria, Haiti)
(Research Participants: 55 men, 204 Women, 80 Ado Girls, 99 Ado boys, 44 Community leaders).
- Findings revealed positive shifts in men's attitudes and behaviours:

Support in MNCH/SRH

- Increased male engagement in continuum of MNCH/SRH care

Negating Gender-Stereotypes

- Men moved away from stereotypical gender roles and take part in household & childcare

"Helping" vs Sharing

- Men care roles were often perceived as "help" to women and not a joint responsibility

Reduction in GBV

- Men adopted non-aggressive communication styles
- Women reported increased feelings of love, peace in spousal relationships

More Girls Edu. & CEFM Rejection

- Relationships between fathers & daughters improved – support for girls' education & rejecting child marriages

Men faced Social Stigma

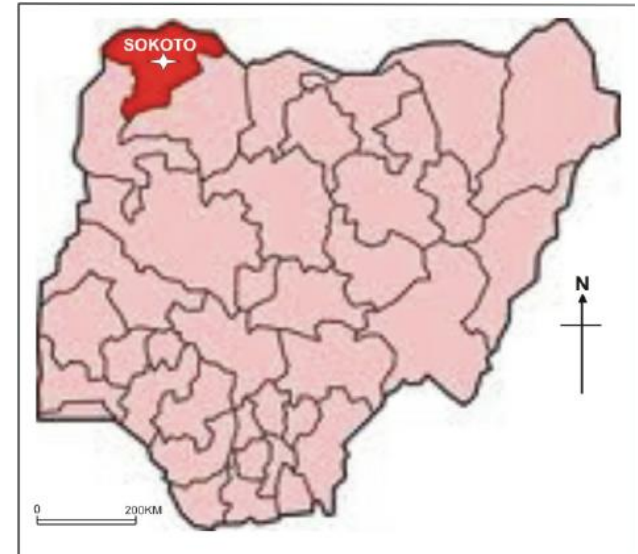
- Men faced ridicule from extended families, neighbours & friends for adopting new gender roles



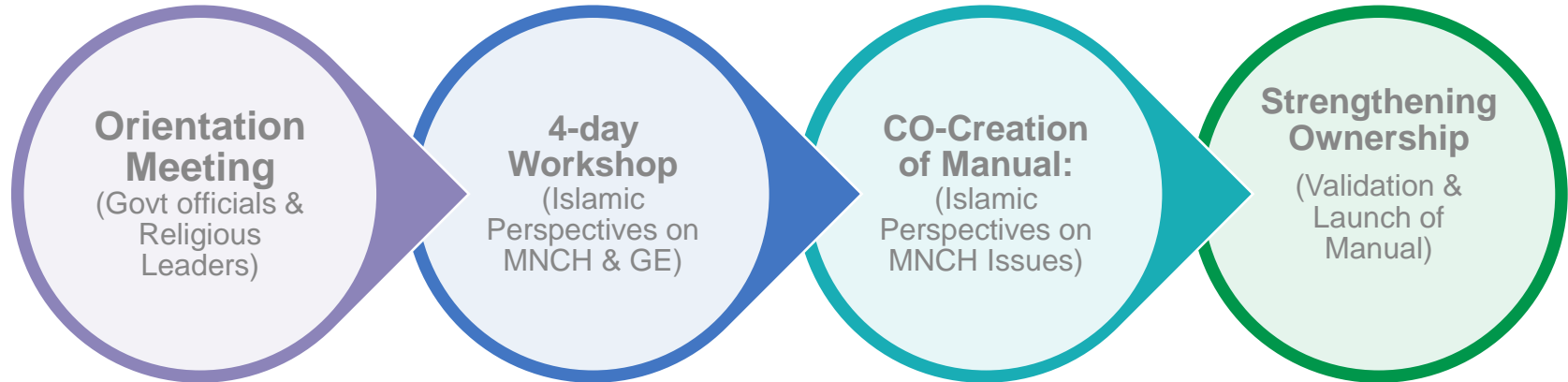
ENGAGING RELIGIOUS LEADERS - SOKOTO EXPERIENCE

ENGAGING RELIGIOUS LEADERS - SOKOTO, NIGERIA EXPERIENCES

- ❑ SHOW's global male engagement strategy includes religious leaders to create a supportive environment for gender-equitable change in MNCH and SRH.
- ❑ In Sokoto, Nigeria, the Islamic religious leaders have a strong following in their communities.
- ❑ The SHOW Nigeria project engaged religious leaders more intensely by working with religious leaders from different sects of Islam.



BUILDING OWNERSHIP OF RELIGIOUS LEADERS ON MNCH/SRH & GE



THE VALIDATION AND LAUNCH EVENT OF THE MANUAL



ISLAMIC PERSPECTIVES ON MNCH ISSUES

FOREWORD

In the name of Allah, the most compassionate, the most merciful. May peace and blessing of Allah, the Almighty, be upon the most eloquent in the Arabic language. I have gladly consented to write a foreword for this manual titled "Islamic Perspectives on Maternal, new new-born and child health (MNCH) issues." The manual also concerns itself with Sexual and Reproductive Health and Rights (SRHR) matters.

2. This manual aims at presenting a comprehensive yet simple elucidation of health guidelines with the whole purpose of educating the masses on the fundamentals of health which although they are seeing as Modern Scientific Developments, they were in essence explained in the Glorious Quran, 1440 years ago.

3. This manual is essential in the sense that, it has discussed these health issues in the light of the Glorious Quran and the Sunnah (traditions of the Prophet S.A.W). This means, Muslim Communities in Nigeria and the Muslim World at large can easily accommodate the health recommendations in the manual without violating any injunctions of the Glorious Quran and the Sunnah as well as the consensus of the past and contemporary scholarship. In other words, for every health issues treated in this manual, it is supported by quotations from all or any of the three sources of Islam. The approach has therefore adequately satisfied the aspirations of the Muslim mind which strives to have the best on earth and the best in the hereafter.

4. It is to my great pleasure and honour that I commend the efforts of P - International for infusing Islamic colouring to this manual so that it will gain acceptability among various Muslim Communities without encroaching upon any of the do's and don'ts of their religion and yet keep pace with trends of contemporary scientific health problems and solutions.

5. I urge other International Organisations to borrow a leaf from P - International especially if they are genuinely interested in the promotion of their projects on health or any issues which need Muslims' cooperation locally, regionally and globally.

Prof. Samba Wali Junaidu
PROF. SAMBO WALI JUNAIDU
WAZIRIN SOKOTO
 27th of Safar, 1440 A.H
 Equivalent to 6th of November, 2018

LIST OF RELIGIOUS LEADERS THAT PARTICIPATED IN THE DEVELOPMENT OF A DOCUMENT ON ISLAMIC PERSPECTIVES OF MNCH ISSUES

S/N	NAME	ORGANIZATION	SIGNATURE
1.	PROF S AMBO WALI JUNAIDU WAZIRIN SOKOTO	SULTANATE DCUNCIL	<i>[Signature]</i>
2.	SHEIKH MUSTAPHA SIDI ATTARIHU CHIEF IMAM	SHEIKH SIDI ATTARIHU MOSQUE	<i>[Signature]</i>
3.	UMAR MUHAMMAD BAGARAWA	COUNCIL OF ULAMA	<i>[Signature]</i>
4.	NASIRU YUSUF	ZAMAN LAFIYA	<i>[Signature]</i>
5.	DR. RUF'A'I ISMAIL	CHAIRMAN ISLAMIYYA SCHOOLS	<i>[Signature]</i>
6.	MUHAMMAD BELLO ABUBAKAR KA'IDA	TSANIYA SUFI MAJALIS	<i>[Signature]</i>
7.	AMINU IBRAHIM	QUR'ANIC SCHOOLS	<i>[Signature]</i>
8.	SHEKH GARBA	NACOMFO	<i>[Signature]</i>
9.	HA'ASAT IBRAHIM	ALHIDMATUL-KHAIRIYA	<i>[Signature]</i>
10.	AISHATU SALIHU MUSA	WOMEN IN DAWAH	<i>[Signature]</i>
11.	ABUBAKAR SADIQ	AMIR MISSN	<i>[Signature]</i>
12.	KHALIFA NURA IDRIS	MAHALA	<i>[Signature]</i>
13.	MUHAMMAD BASHIR MARAFA	RELIGIOUS LEADER	<i>[Signature]</i>
14.	BELLO MUHAMMAD SOKOTO	KADIRIYA	<i>[Signature]</i>
15.	BASHAR YAHAYA	IZALA JOS	<i>[Signature]</i>
16.	MUHAMMAD ABDULLAH	IZALA KADUNA	<i>[Signature]</i>
17.	UMAR JIBRI KABBE IMAM	EX-PARLIAMENTARY GIFTS	<i>[Signature]</i>
19.	MURTALA SHEKH DUPUTY IMAM	SHEKH SIDI JUNAH AT MOSQUE	<i>[Signature]</i>
20.	UMAR USMAN DARIELA	DIRECTOR DAWAH/MINISTRY OF RELIGIOUS AFFAIRS	<i>[Signature]</i>
21.	MUHAMMAD AMEEN UMAR	DUPUTY DIRECTOR COMMUNITY, MINISTRY OF RELIGIOUS AFFAIRS	<i>[Signature]</i>

22 Aishatu Salihu Musa Ameerah Miss
 23 BASHIRU BUTHARI NACOMFO

MANUAL: “ISLAMIC PERSPECTIVE ON MNCH ISSUES”

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

DISSEMINATION STRATEGIES

Friday
Sermon at
Mosque

Radio &
Television
Shows

Community
Engagement
Talks

Ramazan
Religious
Gatherings

PLAN INTERNATIONAL & PROMUNDO STUDY - FIELD EXPERIENCES FROM ENGAGING RELIGIOUS LEADERS

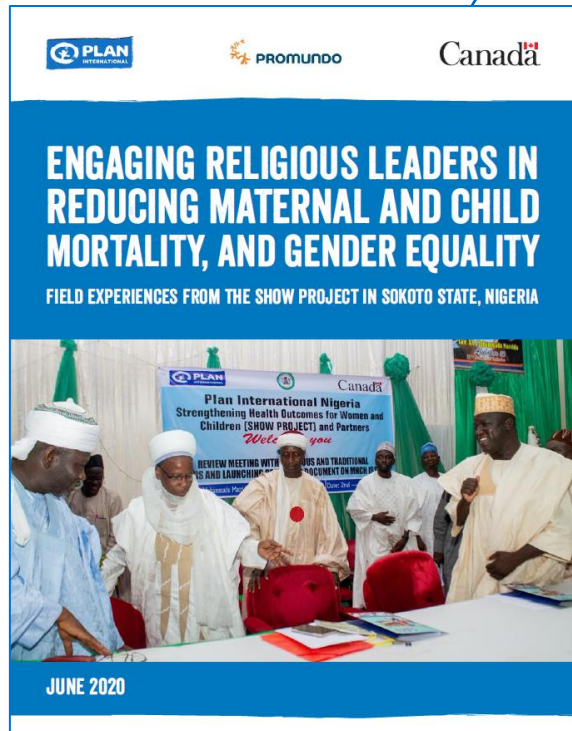
“In the mosque, my followers (men) and I discuss freely on disputes they have with their wives regarding child spacing and antenatal care. I encourage them to discuss and plan child spacing with their wives”. (Male Religious Leader)

“On these (Radio) shows, I shared with listeners the importance of women delivering in hospitals and advantages of men escorting their wives to the hospital” (Female Religious Leader)

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

I encouraged men to help their wives with household chores and escort them to the clinic. The ceremonies present a good opportunity to talk to both men and women”. (Female Religious Leader)

PLAN & PROMUNDO STUDY - FIELD EXPERIENCES FROM ENGAGING RELIGIOUS LEADERS



Findings

- Successful engagement of religious leaders
- Community-level changes on MNCH/SRH & GE
- Changes among religious leaders on MNCH & GE

Challenges

- Older men were more reluctant to changes than the younger men
- Female Religious leaders did not have regular access to groups of women
- Manual development was challenging – different sects



FOR MORE INFORMATION PLEASE CONTACT:

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THANK YOU