

# Evaluation of Advocacy Project of UNFPA through the Ministry of Religious Affairs

[Final Report]

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# 1. Introduction

## 1.1 The setting

The reproductive health status has remained very poor in Bangladesh. The government, donor agencies and a number of development agencies in Bangladesh have been trying to promote reproductive rights and gender issues along with reproductive health and family planning programmes. The outcome of those initiatives was not known as no systematic assessment of the effects of those projects was attempted.

The ICPD in 1994 viewed family planning and reproductive health in a broader development context and established a new agenda for population programmes, focusing on a number of themes viz. reproductive health, reproductive rights and women's empowerment. The strength of the new agenda lies in its emphasis on gender equity and improved reproductive health, which constitutes desirable goals on their own rights. The reproductive health services, according to the ICPD, should include a range of services such as education and services for prenatal care, safe delivery, postnatal care, family planning, prevention and management of the consequences of abortion, treatment of reproductive tract infections, sexually transmitted diseases (STDs) and counseling on human sexuality.

Following the ICPD, implementation of its recommendations was not found simple and easy in most developing countries. The poor status of women together with a general absence of concrete accountability mechanisms, were found crucial among other important constraints. Although ICPD condemns the sexual rights violation, the concept of the reproductive rights of women has been hardly known to and recognised by most health care providers in Bangladesh. Given this backdrop, the government of Bangladesh has initiated an advocacy project with various government agencies, non-government organizations and private sectors to create an enabling condition for the implementation this project. One of the targeted advocates for this project has been the religious leaders (Imams) who were expected to promote reproductive health and gender issues in their communities.

## 1.2 UNFPA supported projects

The government of Bangladesh has been receiving both the technical and financial assistance from UNFPA for many years. The focus of the Fifth Country Programme (CP-V) of the government was to improve reproductive health and family welfare in Bangladesh (UNFPA,

2002). The main purposes of CP-V were to increase access, quality and utilization of reproductive health services, facilitate positive behavioural changes, create a supportive environment for improved family welfare and contribute to increase national capacity to implement population programmes. One major component of UNFPA's programmes during this phase was advocacy.

The advocacy programmes, focusing to improve the reproductive health and gender issues, were among the most innovative projects in Bangladesh. The purpose of the project was to initiate a process of community dialogue to prevent violence against women, reduce early marriage and risky sexual behaviours, and promote access to better care during pregnancy and delivery. It was assumed that this could only happen if a critical mass of people could act as pressure groups to promote improved reproductive health services for the community. To foster a deeper interest and generate yielding discussions in civil society, several projects were designed and implemented. One of such projects was the promotion of reproductive health services and gender equity among religious leaders through the *Islamic Foundation of Bangladesh* of the Ministry of Religious Affairs.

The advocacy project through religious leaders or Imams of the mosques was carried out at the seven *Islamic Training Academies* (ITA) of the Islamic Foundation, which is a statutory body under the Ministry of Religious Affairs. This advocacy component project was aimed at increasing support and involvement of religious leaders (primarily Imams) to promote reproductive health, reproductive rights and gender issues. The strategy was to incorporate reproductive health, reproductive rights, and gender issues into the existing curriculum of the Imam Training Academies (ITA). By the end of December 2002, about 10,000 Imams attended the training sessions, which was little short of the target of 12,000 Imams. Each training session consisted of about 75-100 participants. The projects began in 1998 and continued till the end of 2002.

## **2. Purpose, scope and methodology**

### **2.1 Purpose**

The effects of the advocacy for the promotion of reproductive health and gender issues by the religious leaders were assessed in this evaluation report. The specific objectives of this evaluation were to:

- assess the contribution of the project in raising awareness among the Imams,
- understand the role of Imams to act as advocates for change,
- assess the behavioural changes among Imams, if any,
- identify the difficulties to implement the project,
- examine the effectiveness of the training materials used and
- provide suggestions for the improvement of the project.

### **2.2 Scope**

Since the advocacy initiative for such sensitive issues such as reproductive rights and gender inequality by the religious leaders was in the earlier stage, it was not expected that this project has produced significant positive impact in the community. It was, therefore, considered inappropriate to focus on the contribution of Imams in creating positive environment for the promotion of gender equity and reproductive rights issues. Assuming that the project so far has focused on conducting training workshops with Imams to raise their awareness, this assessment has covered the retention of their knowledge regarding reproductive health and gender issues, contents of training materials, effectiveness of training and their assessment about the quality of training programmes. The lack of benchmark information of the perception, knowledge and behaviour of participating Imams and the unavailability of systematic process documents have significantly reduced the scope of this evaluation.

### **2.3 Methodology**

Data for this evaluation came from various sources such as project documents, surveys of Imams and in-depth interviews with the officials of the Islamic Foundation. This approach

has allowed us to work as much as possible from evidence which have been found in the project documents, survey data and the meeting notes. As no benchmark information about the knowledge and behaviour of the religious leaders were available, it was difficult to assess the change after the interventions had taken place. This evaluation, therefore, followed a cross-sectional approach where a comparison population was also interviewed. The survey of Imams focused essentially on the awareness and knowledge of selected issues of gender equity, reproductive health and reproductive rights. A comparison group of Imams with similar background who never received such interventions was also selected and interviewed. The Imams were randomly selected from the list of participants who received training through the *Islamic Training Academies*. Out of a total of over 7,000 participants, 165 Imams were selected at random. As the comparison group, 150 Imams from the adjacent mosques who never received such training on health were interviewed.

### 3. Assessment of advocacy through religious leaders

#### 3.1 Project efficiency

##### 3.1.1 Design and implementation

The project focussed essentially on the training and dissemination rather than preparing the Imams to become and act as advocates for the reproductive rights of women. In many cases, they were found unaware about their role as advocates. As a result, their output was low and their potentials to act as change agents in their respective communities have remained under utilised.

As mentioned earlier, conducting assessment of the project was difficult because of the unavailability of benchmark information. The progress report of this project contained very little information about the processes or changes. No annual report was available. The project could have designed MIS containing measurable indicators of the process of change and impact of the project to keep relevant officials updated about the progress and problems.

In the project design, no indication has been found about the continuity or sustainability of the advocacy initiative. Given the nature of the project, it is suggested that such initiative should continue because sensitising religious leaders to work as advocates for reproductive rights and gender equity would require longer time than expected to have desired impact.

Table 1. Profile of the sample Imams

Socio-demographic factors	Advocacy project	
	Participant	Non-participant
Mean age (year)	32.7	36.8
Mean schooling (year)	5.0	5.1
% Exposed to media	7.3	4.7
N	165	150

##### 3.1.2 Selection of Imam

It appears that relatively aged Imams were largely excluded from the advocacy campaign (Table 1). Average age of selected Imams was only 32.7 years. Assuming that older religious

leaders have relatively wider influence in their communities than their young colleagues, this selection might have implications in advocating the issues like reproductive health and gender inequality. The level of education among Imams was very low and might have been inadequate to understand many of the reproductive health and gender issues. While the idea of selecting religious leaders as advocates was promising, their background as social leaders suggests that their capacity to deliver the goods would be limited. The choice of such a group to become the advocates for gender equity and reproductive rights was too ambitious.

Not all advocacy project participants were Imams. Students of religious schools (Madrasah) were found among the participants who were not Imams. The list of participants, supplied to the evaluation team by the *Islamic Training Academies* (ITAs), was inaccurate. In many instances, the listed participants, when contacted for interviews, were found unaware about such advocacy workshops. This indicates that the actual number of Imams involved in this advocacy project was significantly smaller than what was claimed by the ITAs. As no monitoring system was in place, such malpractice continued till the end of the project.

### **3.1.3 Training curriculum**

The 3-day training module for the Imams was extensive in terms of coverage. The major topics included reproductive health, sexually transmitted diseases, nuptiality, maternal and child health care, and gender inequality. It is important to note that such topics as the importance of family planning methods and the use of condoms in preventing sexually transmitted diseases were not included in the curriculum. Instead, the module focused on abstinence and being monogamous as measures for prevention of STDs.

## **3.2 Outcome assessment**

### **3.2.1 Raising awareness of reproductive health**

The advocacy project has raised the awareness of various issues of reproductive health of women and adolescents. Although better aware than non-participants, the knowledge about the minimum age of marriage for girls was only 72% among the workshop participants (Table 2). This finding suggests that a significant proportion of religious leaders had limited knowledge about such important issues. The advocacy workshop raised the effects of early marriage on pregnancy and adolescent health compared to others.



Table 2. Knowledge of nuptial issues

Nuptial issues	Advocacy project	
	Participant	Non-participant
Minimum age at marriage		
Not aware	27.9	36.0
Aware	72.1	64.0
Effects of early marriage		
Deterioration of health	81.2	66.7
Remain unhealthy	77.6	70.0
Early pregnancy	33.9	18.0

The need of antenatal care for women was felt by a small proportion of Imams although a major focus of the advocacy was the promotion of reproductive health (Table 3). The family planning and its role to improve women's health were understood by only 35.2% of the advocacy workshop participants. Awareness of safe motherhood, postnatal care and the prevention of HIV/AIDS were also poor. Only a very small proportion of the religious leaders was aware about the need of adolescent health services and neonatal care. Overall, it appears that advocacy programme among the Imams had some role in raising awareness in reproductive health care issues. However, the knowledge level was poor and inadequate. These gaps in knowledge indicate that some of these issues were given less emphasis in the workshop or the Imams had difficulties in retaining the messages.

Table 3. Awareness of the types of reproductive health services

Types of services	Advocacy project	
	Participant	Non-participant
Antenatal care	41.2	36.7
Family planning	35.2	19.3
Safe motherhood	29.1	24.7
Postnatal care	21.8	12.0
Prevention of STD/AIDS	12.5	15.3
Adolescent health	9.7	2.0
Care of newborn	3.0	3.3
Treatment for Infertility	3.0	0.7

The religious leaders were aware about the family planning programme but their

knowledge about the methods was very poor (Table 4). Oral pills and condoms were most frequently cited compared to other methods such as injections, ligations, vasectomy, norplant and IUD. A small proportion of the Imams knew about safe period and withdrawal. Those who participated in the advocacy project were better aware about the methods than the non-participants indicating that advocacy workshop played an important role in promoting contraceptive methods.

Table 4. Awareness of family planning methods

Methods	Advocacy project	
	Participant	Non-participant
Oral pill	98.2	94.7
Condom	94.5	86.0
Injection	66.1	45.3
Ligation	30.9	24.7
Vasectomy	13.3	6.7
Norplant	4.2	2.7
MR	4.2	--
IUD	1.2	--
Safe period	21.2	13.3
Withdrawal	27.3	20.0

Awareness of sexually transmitted diseases and AIDS was quite high although their transmission and prevention were not so well known among the Imams (Table 5). One possible reason might have been that the Imams were poorly educated and had very limited access to the media. Their participation in advocacy project seemed to raise their awareness of both STD and AIDS. While the role of multiple sexual contacts in spreading STD and AIDS was better understood by Imams, the other transmission processes and the preventive measures were not well known. They were not aware that the use of condoms could prevent STDs because this was not included in the training module.

Table 5. Knowledge of STD/AIDS

STD/AIDS	Advocacy project	
	Participant	Non-participant
Transmission of STD		
Sexual relations	78.8	66.0
Infected needle	25.5	9.3
Contaminated blood	16.4	8.0

Transmission of AIDS		
Multiple sexual partners	72.1	57.3
Mating with sex workers	59.4	49.3
Infected partner	59.4	34.7
Use of infected needle	43.0	14.7

### 3.2.2 Understanding gender equity issues

The Imams had very limited knowledge about gender inequality. Most of the participants, however, knew about the existence of unequal rights to inherit property between women and men (Table 6). They were relatively less aware about other forms of gender inequality such as restrictions on women's mobility in the rural communities, lack of decision-making capacity within the family and their dependence on male members of the family, lack of opportunity and intra-family food distribution. The advocacy project was successful in raising gender awareness although their role in promoting the implications of such inequality was not known.

Table 6. Knowledge of gender inequality

Gender issues	Advocacy project	
	Participant	Non-participant
Rights to inherit property	72.1	50.0
Physical and social mobility	29.7	21.3
Male dependency	26.2	18.0
Food intake within family	20.6	14.7
Lack of decision-making capacity	19.4	10.7
Less opportunity	11.5	9.3

The effect of gender inequality on the well being of women was a major theme of the advocacy programme. The Imam community identified the lack of opportunity in receiving education as the major outcome of gender inequality (Table 7). Among other outcomes, malnourishment among girls and preference for male offspring were also mentioned, while poor reproductive health as the effect of gender equality remained largely unnoticed. Although the role of gender inequality on the well-being of women was significantly better understood by the participants than non-participants, the awareness of gender inequality was

poor. Such findings suggest that the trained Imams had difficulties in understanding these issues during the training. It may also indicate the lack of importance given to these issues in the training workshops.

Table 7. Perceived effects of gender inequality

Types of effects	Advocacy project	
	Participant	Non-participant
Less opportunity for education	50.3	36.7
Malnutrition among female children	38.8	26.7
Male preference in fertility	35.2	24.7
Poor reproductive health	10.9	4.0

When asked to suggest possible solutions to promote gender equity, most of the Imams identified women's participation in economic activities and legal reform as two measures that could reduce the gender inequality (Table 8). Allocation of financial resources for them came as the continuity of raising the opportunity of economic activities. Among other issues, they also highlighted legal reform and change of organisational policy issues, the possible role of local government and other organisations in promoting gender equity. The participants were in better position to suggest measures to reduce the gender gaps in the communities. Overall, findings show a tendency of improvement in understanding the existence of gender gaps in the communities as a result of participating in advocacy workshops.

Table 8. Suggested change to promote gender inequality

Suggestion	Advocacy project	
	Participant	Non-participant
Make women self-reliant	36.4	22.0
Allocation of resources	27.3	21.3
Introduce legal reform	26.7	17.3
Modify organizational policies	17.6	6.0
Influence social institutions	9.1	8.0

Unlike conventional wisdom, the religious leaders took a positive approach towards the promotion of reproductive rights, decision in copulation and pregnancy (Table 9).

Regarding the decision in copulation and pregnancy, most of the Imams felt that the spouses should make joint decisions. However, when asked whether women should decide alone about the use of contraceptives, less than a half (45.5%) endorsed the idea that women should have the decision-making capacity by themselves. The advocacy workshop seemed to have played a role in promoting reproductive rights among its participants.

Table 9. Awareness of reproductive rights

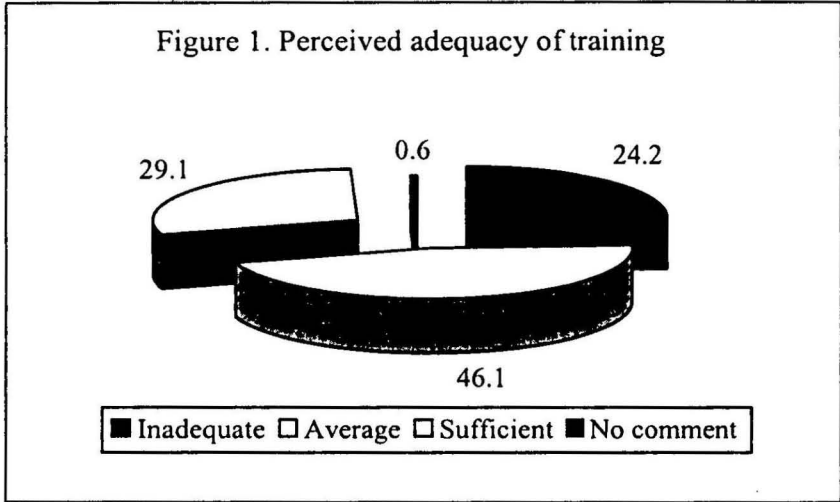
Decision issues	Advocacy project	
	Participant	Non-participant
Sexual intercourse		
Both	95.8	90.0
Husband	2.4	8.0
Did not answer	1.8	2.0
Pregnancy		
Only husband	3.6	11.3
Only wife	5.5	4.0
Both	90.3	82.0
Did not answer	0.6	2.7
Contraception		
No	17.6	32.2
Yes	45.5	21.3
Partly	32.7	40.7
No answer	4.2	6.0

### 3.2.3 Workshop environment

Regarding the role of such workshops, most of the participants agreed that such exercise with Imams and other religious leaders would create a better environment in the community to promote gender equity and the reproductive health services. As they had opportunities to keep routine contacts with the community during prayer and other religious ceremonies, they could make the people aware about gender and reproductive health issues.

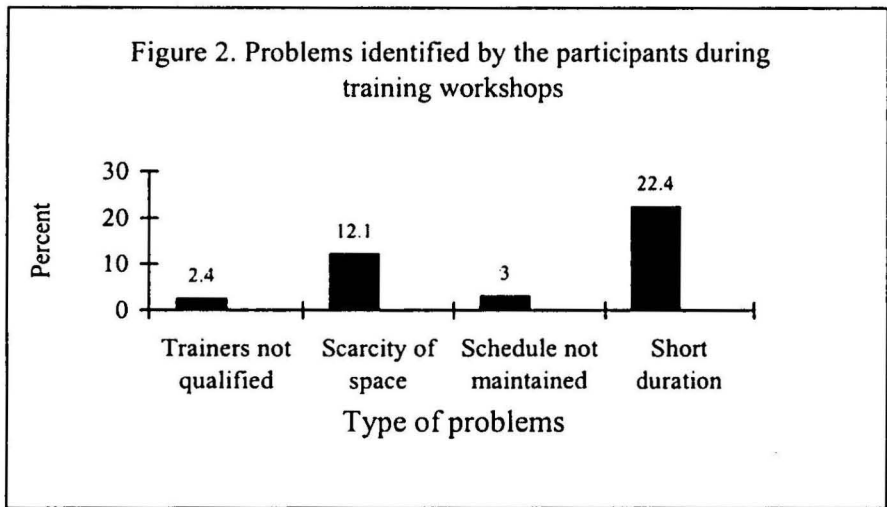
In assessing the workshop contents and deliberations, nearly a quarter indicated that the duration of the workshop was inadequate to discuss most of the issues planned (Figure 1). Although about 46.1% of participating Imams assessed the advocacy workshops as average, nearly 29.1% expressed their satisfaction about the performance of the workshops.

Figure 1. Perceived adequacy of training



In discussing the problems or difficulties during workshop sessions, only few issues were highlighted. As illustrated in Figure 2, these were the lack of adequate time to meaningfully discuss relevant points, and scarcity of space and environment. Some participants complained that the workshop organizers were not well prepared and expressed their dissatisfaction because the workshops could not begin on time and did not follow the workshop schedule. They, however, provided useful suggestions to improve the performance of the sessions in the next phase. These were the expansion of the workshop duration and provision for better accommodation. Some of them also suggested identifying better trainers to conduct such workshops in future.

Figure 2. Problems identified by the participants during training workshops



#### 4. Summary and recommendations

As reported earlier (Khan, 2002), the advocacy for reproductive health through religious leaders has produced desired results in term of sensitizing the Imams about the reproductive health of women. They were found to promote the need of better care for pregnant women during prayer in the mosques and other religious gathering. This improvement is quite consistent with the project goal of initiating a dialogue to change in policy through sensitising the influential members of the community. While there has been an increase in knowledge on some issues like safe motherhood and STDs, reproductive rights, family planning methods, and gender issues were very limited. The following section summarizes important findings of the evaluation and provides recommendations for improvement.

- The project was not very carefully designed and implemented. The workshop module had no provision to discuss the mechanisms through which the Imams would perform as advocates for reproductive health and gender issues. Although the trained Imams carried out special advocacy meetings with the local community leaders, the only effective link between the Imams and others seems to be the religious gatherings where the Imams can speak to the community and influence them. *It is, therefore, argued that the approaches and occasions of disseminating reproductive health and gender issues should be identified and discussed in the workshop.*
- The selected religious leaders for the project were relatively young. Assuming that older religious leaders have relatively wider influence, this selection suggests that their capacity to deliver the goods would be limited. Also, the actual number of Imams involved in this advocacy project was significantly smaller than what was claimed by the ITAs. As no monitoring system was in place, such malpractice continued till the end of the project. *Selection of religious leaders as participants should be done more carefully.*
- Lack of the provision of collecting baseline data has made difficult to assess the impact of this project. The annual reports, prepared by the Islamic Foundation, were not very useful as they contained the description of what has been done. No information on the processes or changes were collected and reported. *It is recommended that measurable indicators should be selected and routine information should be collected to monitor the*

*process of change and impact of the project.*

- Family planning issue is not included in the training curriculum. Perhaps this was purposely omitted because Islam does not actively promote the use of contraceptives. The findings indicated that the Imams had very limited knowledge about family planning methods other than condoms and oral pills. Since the use of condoms to prevent STDs was found very effective, *it is argued that greater emphasis should be placed on family planning, reproductive health and STDs in the training workshops.*

- The overall quality and performance of training sessions were not very high because of the lack of time. As a result, many issues were not adequately discussed in the workshop. *The advocacy project should have extensive review of the training workshops and improve the suggestions made by the participants of the workshops.*

- Women living in rural areas are less likely to go outside their homes and, as a result, they are less likely to be exposed to the Imams. While the Imams have the potentials to influence their own communities, *the advocacy project should think of designing projects or improving mechanisms to reach the women. Special meetings with women could be arranged.*

Overall, the advocacy project through Imams showed promising results. However, management and coordination of various activities should be improved and the training should be made more effective. The study concludes that the advocacy programmes should be continued with religious leaders since they have a unique opportunity to disseminate information in their communities.



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