WHO-EM/HED/118/E

Report on the

Consultation on addressing harmful practices influencing women's and children's health

Cairo, Egypt
14–15 January 2013

World Health Organization
Regional Office for the Eastern Mediterranean

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FIGO
INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS

جامعة الأزهر
المركز الدولي الإسلامي للدراسات والبحوث السكانية

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1. INTRODUCTION

The WHO Regional Office for the Eastern Mediterranean and the International Islamic Centre for Population Studies and Research (IICPSR), Al-Azhar University have agreed to collaborate to strengthen and scale up religious approaches to address key risk behaviours hindering health of women and children from an Islamic perspective. The regional operational framework seeks to consolidate regional efforts combating harmful traditional practices through: 1) advocacy with/within religious authorities/leaders, health professionals, media and legislators; 2) capacity-building to create, facilitate, develop and forge political and community-level commitment to fight against harmful traditional practices; and 3) awareness-raising and communication for behaviour change.

The Regional Office, International Federation of Gynecology and Obstetrics (FIGO) and the IICPSR jointly organized an expert consultation on 14–15 January 2013 in Cairo, Egypt with the following objectives:

- review the current situation and responses to harmful practices regarding women's and children's health;
- develop a regional framework for preventing harmful practices regarding women's and children's health through faith-based communication; and
- agree on a roadmap to implement a regional framework for preventing harmful practices regarding women's and children's health through faith-based communication.

Participants included religious scholars, mainly from Al-Azhar University, religious leaders, health professionals and behavioural scientists as well as representatives from international and regional agencies including the Arab League/Pan Arab Project for Family Health (PAPFAM), Population Council, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), UN Women and WHO.

The consultation was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who drew attention to the fact that mothers and newborns were still dying of preventable health complications in the WHO Eastern Mediterranean Region. Ten out of 23 countries were at risk of not achieving Millennium Development Goals (MDGS) 4 and 5 by 2015 and some countries were witnessing setbacks despite past progress. In addition to efforts to respond to the health needs of mothers and newborns, unless women's health was addressed holistically and from early childhood, with the focus not only on reproductive health, the health response would have limited impact. He referred specifically to harmful practices that contribute to maternal and newborn morbidity and mortality, namely child marriage, early pregnancy and female genital mutilation (FGM) and social and cultural barriers that prevent women from accessing information and services on maternal and reproductive health. Community mobilization through advocacy by religious scholars and leaders was essential to stop these harmful practices, and IICPSR played a catalyst role.

Professor Serour, Director, IICPSR, Al Azhar University, addressed the meeting and noted that IICPSR had long worked in addressing these harmful practices that were not supported by Islam. The Regional Office, FIGO and IICPSR were collaborating to strengthen

and scale up faith-based approaches to address key risk behaviours and practices hindering the health of women and newborns, from an Islamic perspective. He pointed out that political instability might provide opportunities for certain groups to advocate for an expansion of these harmful practices, particularly in remote areas, and that therefore concerned stakeholders including religious leaders, health experts, media, civil society, international and UN organizations need to join forces to fight harmful traditional practices.

Dr Haifa Madi, Director of Health Protection and Promotion, WHO Regional Office for the Eastern Mediterranean provided an overview of the regional situation of maternal and child health. The root causes of poor women's and children's health lay not only in weak and inadequate health systems but also in the low social status of women and in practices based on certain traditions and on limited health literacy. Cultural practices such as child marriage, for example, had tremendous negative health impacts on women and newborns as it doubled the risk of spontaneous abortion and quadrupled the risk of losing a foetus. The practice of FGM was still widespread in several countries of the Region, including Somalia with 98% prevalence (MICS 2006), Djibouti with 93% (MICS 2006), Egypt with 91% (EDHS 2008) and Sudan 90% prevalence (SHS 2006–201). Moreover, the age at which FGM was performed had decreased, and FGM was being performed on children younger than five years. With regard to social barriers to accessing sexual and reproductive health information and services, looking at usage of modern contraceptives, antenatal care visits and birth attended by skilled health professionals, the countries with the lowest indicators were those with the highest maternal and child mortality and morbidity rates. The lack of appropriate legislation and policies to ban harmful practices reflected limited political support, and changing community practice would require more effort.

2. REVIEW OF THE CURRENT SITUATION AND RESPONSES TO HARMFUL TRADITIONAL PRACTICES

Chair: Professor Gamal I. Serour, Professor of Obstetrics and Gynaecology and Director of International Islamic Centre for Population Studies and Research, Al-Azhar University, and former president of FIGO

Addressing social determinants of women's and children's health through a faith-based approach is key to addressing some deeply rooted practices. There are several faith-based initiatives taking place in the Region. The purpose of this session was to draw on the lessons learnt and scale up successful interventions with regard to addressing child marriage, banning FGM and improving access to health care information and services.

2.1 Addressing child marriage: UNICEF experience

Dr P. Duamelle, UNICEF Representative, Egypt

Great inequalities still prevail and negatively affect the health of girls. There are three key challenges that UNICEF has focused on: 1) education; 2) harassment, violence and abuse; and 3) early marriage. As for education, the level of education of the mother has a direct correlation with the chances of survival and well-being of her child. Early childhood mortality rate drops as the level of education of the mother increases. As for gender-based violence, 6 out of every 10 women experience physical and or sexual violence in their lifetime. It is a

major violation of the rights of women and children which has tremendous social, public health and economic impacts. In Egypt, FGM affects 74% of 15–17 year-old girls, with 72% of procedures performed by medical staff. Child marriage is a denial of childhood and exposes girls to physical and psychological stress for which they are not ready biologically or psychologically. Child marriage often leads to serious reproductive health complications due to early pregnancy, which is the leading cause of death among married girls 15–19 years. Child marriage usually ends a girl's education and makes her more vulnerable to violence, abuse, illness and death. It also often perpetuates the vicious circle of poverty transmitted from generation to generation. UNICEF's response focuses on three axes:

- Promoting access to quality education especially for girls through: supporting child-friendly schools, mainstreaming of community schools in education system and promoting of preschool education and inclusive education;
- Addressing violence through ensuring access to recovery and social reintegration services including access to medical care and psychological support and establishing specialized child and women sensitive services at central and local levels to identify and support victims; and
- Promoting a culture of non-violent values and addressing social norms that impede the fulfilment of women's and girls' rights through promoting non-violent disciplinary practices, breaking the culture of silence around violence through public advocacy and media and promoting women's and children's rights and creating strategic partnerships with opinion leaders especially religious leaders.

Through partnership between UNICEF and IICPSR, several resource materials have been produced including books such as *Children in Islam*, produced in Arabic, English and French, and questions and answers to religious leaders on FGM. A publication on violence against children, a joint work with Al-Azhar University and the Coptic Church, will be finalized shortly.

2.2 Population Council experience

Dr N. Abdel Tawab, Population Council, Country Director, Regional Office for West Asia and North Africa

The Ishraq project is considered a successful intervention from the Population Council dealing with child marriage as well other harmful traditions pertaining to women. The project is a community-based programme implemented over 24 months. It uses youth centres as "safe spaces" and young women from the same communities as "promoters", serving as teachers, advocates and role models. Parents, brothers and community leaders are involved in the project through home visits, community meetings and activities. Ishraq offers a skills-building package for girls on literacy and numeracy; life skills for girls and boys; sports and recreation; financial literacy and food rations for girls and their families. The project has been successful in increasing girls' mobility, skills, knowledge and sense of power and fostering the formation of peer relationships, mainstreaming girls back into formal schooling. It has also managed to change community norms concerning girls' education and early marriage. It helped encourage policy change in favour of girls' education, empowering girls and delaying marriage. Religious leaders played a key role in the Ishraq programme as they supported recruitment

and sustaining of girls in the programme and were resource persons in community seminars. They helped address controversial issues such as women's rights to education, property inheritance and choosing her husband, and negative effects of early marriage and FGM from a religious perspective. While religious leaders can be a tremendous positive resource, they can also hinder the programme if there is no buy-in on their side. Religious leaders need to be educated, and adequate training of religious leaders guarantees positive results.

2.3 Islamic based argument against child marriage

Professor Dr A. Al Nagar, Professor of Islamic Shariaa and Law, Al-Azhar University

The main source of Islamic argument is authenticated *hadith*. Girls at this age are not fully aware of their bodies or of how to deal with a house, family and money. As marriage is a contract between two partners she has to agree fully, if she does not it is considered against *sharia'a* even if her parents fully agree. Parents have a role in assessing a match from the social and financial perspective. When a girl is young, she is not financially or psychologically ready to manage the needs of a marriage.

With regard to forced marriage, Dr Al Nagar noted that this practice is degrading to the girl's humanity, and said it is considered a rape rather than marriage as the marriage has to be approved by both partners.

That was re-emphasized by Sheikh Yahya Al Najjar, who referred to the verse. "Allah does not charge a soul except that within its capacity" (لا يكلف الله نفساً إلا وسعها) So almighty God does not create obligations except for those who have the capacity to fulfil those obligations. With regard to child marriage, the girl child clearly does not have the physical, mental or psychological maturity to manage the marital burden.

Another counterargument is related to the matching and suitability between the wife and husband. In the verse "they are a garment (i.e. vestment, mutual protection) for you, and you are a garment for them".187 هن لباس لكم وانتم لباس لهن من سورة البقرة This verse emphasizes the matching between partners, which is lacking in the case of an adult man with an immature girl child.

2.4 Addressing female genital mutilation: UNFPA experience

Dr Magdy Khaled, Assistant Representative/Head of Egypt office, UNFPA

The prevalence of FGM remains high in Egypt even though there is a decline among girls and women of younger age. Studies showed that FGM percentage is 91% among women aged 15–49 years (DHS 2008) and 74% among girl age between 15–17 years (DHS 2005). At the same time, the medicalization of FGM is increasing from 17% in 1996 to 76% in 2008. UNFPA works through promoting child protection mechanisms and advocating for combating FGM in collaboration with religious leaders, nongovernmental organizations, schools and the International Federation of Medical Students Association (IFMSA). As an example, a project to combat FGM implemented jointly with IISPSR is using the approaches of capacity-building of house officers in medical schools, public awareness campaigns carried out in medical school campuses, production of publications, conducting media campaigns, conducting research for generation of evidence-based doctors and establishing surveillance

systems in hospitals which respond to FGM complications and for medical doctors who perform FGM.

In 2009–2010, UNFPA conducted a knowledge, attitudes and practices study on reproductive health, rights and gender issues in the context of Islam. Key findings were as follows.

- Religion is not a barrier and that religious leaders can be supportive to reproductive health and gender issues.
- Well trained religious leaders and community leaders are effective in influencing their community and in promoting the respective programme of action.
- Religious leaders can act as advocates for sound reproductive health behaviour and empowerment of woman. They act as source of information on reproductive health issues to target groups (youth, men and women).
- When religious leaders endorse behaviour change messages, change happens faster than when messages are spread through other channels
- Well-educated religious leaders create supportive environment for reproductive health rights through Friday sermons and after-prayer education sessions for the community.
- Religious leaders need more information to help their followers make informed choices about their reproductive health and rights.

In the London Summit on Family Planning (July 2012), a declaration was signed by more than 250 religious leaders and their partners, including Muslims, Protestants, Catholics, Buddhists and Hindus registering their support for family planning to improve family health and well-being. They also called upon governments and donors to reach out and partner with faith-based organizations, which in return would stimulate them to "bring their faith to action"

2.5 Islamic-based argument against FGM

Professor H. Abou Taleb, Former Dean of Faculty of Islamic Sharia'a and Law, Al-Azhar University

Among religious leaders there is confusion about FGM with regard to two issues. The first that religious leaders do not know exactly what happens during the FGM; many consider it just the cutting of a small piece of skin. The second is the argument about FGM legitimacy (مشروعية الختان)

If the religious leaders were aware of what takes place in the FGM procedure, they would consider it like a crime. They need to be informed about the practice and its harmful influences. They need to be aware of the negative physical and sexual consequences for women as a result of this practice.

Scholars with documented sayings against FGM include the following.

Ibn Elmonzer said "FGM is neither evidence to support nor a *sunnah* to follow" (ليس في الختان خير يرجع إليه ولا سنة تتبع)

Elshiekh Saied Sabek said in Fekh ElSunna: "Hadiths allowing FGM are weak and cannot stand as proof" (أحاديث الأمر بختان المرأه ضعيفة لم يصح منها شئ)

Among the many current scholars who are against FGM are: ElshiekhMohamed Rasheed Reda, Elshiekh Mahmoud Shaltout, Grand Sheikh Mohamed Said Tantawi, Dr Salim ElAwa and others. The presenter concluded that as there is a fatwa condemning FGM, the practice does not exist in Saudi Arabia and there is no proof that it is *sunna*, it should be criminalized and penalized.

Sheikh Al Najjar from Yemen emphasized the same points and mentioned that the sources of Islamic laws are the Holy Quran, *sunna* and *ijma* (consensus) and juristic analogy. Regarding the Quran, nothing is mentioned relating to FGM. In *sunna* there are *hadith*, however they are not authenticated. Concerning consensus, there is no consensus between scholars about the legitimacy of FGM. He concluded that for those who believe that FGM is *sunna* but without obligations or forcing, they have to answer the question of who can choose, the parents or the girl child. He recommended conducting a social study with circumcised and uncircumcised females to enable the partners to tackle this harmful practice on an evidence-based data.

Regarding the same topic, Professor Dr A. Al Husseini drew attention to some other points to rely on in condemning FGM, including maintaining physical integrity and a woman's right to a lawful sexual relationship.

2.6 Barriers to access to reproductive health information and services: UN Women experience

Ms. Rana Korayem, Programme Associate, UN Women Egypt Country Office

Social discrimination is a key contributing factor to women's ill health. Have shown that reproductive health service use is often constrained because of women's lack of decision-making power, which leads to delays in seeking medical care as well as lower expenditures for girls on their health. Cultural and attitudinal barriers make women reluctant to approach male doctors. This is an additional barrier to the unaffordability of the cost of care and the distance to health care services, particularly in remote areas. UN Women in Egypt has worked closely with national partners, and grass-roots nongovernmental organizations in order to reach influential religious leaders and key religious institutions. Programme approaches include capacity-building for religious leaders and partnership with "muftis" and priests to deal with sexual harassment incidents.

2.7 Islamic-based argument promoting women's health

H. E. Professor Dr A. Al Husseini, Former Minister of Awqaf and Former Rector, Al-Azhar University

Although women are half of the community, they constitute more than 50% of community power. Islam gives women many rights with no bias, especially regarding liberty and equity. Bias against women can be traced to the pre-Islam era. At the same time, social factors are very influential and some social norms are considered barriers regarding women's

access to health care in general and reproductive health in particular. Root causes of women's ill health include poverty and illiteracy, and Islam has recommendations for tackling those factors. Islam emphasizes the a mothers' rights to care. It also recommends spacing between pregnancies and urges breastfeeding for 2 years "[….] and his weaning is in two years" (وفصاله في عامين). Another social norm for some women is delay in seeking medical advice due to reluctance to visit male doctors; this is not correct from an Islamic perspective.

Regarding the dominance of men "Men are the protectors and maintainers of women, because God has given the one more (strength) than the other, and because they support them from their means". (الرجال قوامون علي النساء بما أنفقوا), the dominance referred to here is related to their financial means as well to their body build.

2.8 Discussion

Discussions emphasized the need to include all religious groups with community influence in the Region.

- There should be clear selection criteria for recruiting religious leaders as trainers and advocate.
- Community religious leaders are eager for information and capacity-building programmes and more effort should be exerted different agencies to have a comprehensive and complementary effort and respond to this existing need.
- Many capacity-building programmes have taken place; however, the impact was not as expected due to the ad hoc nature of the activity and lack of follow-up actions.
- The terminology used by international agencies should be culturally sensitive and not refer to harmful traditional practices but rather to practices harmful to women's and newborn health. This would facilitate community acceptance.
- There is widespread confusion between social norms and religious laws among communities. Religious leaders need to be well equipped to bring out relevant religious arguments to clarify the confusion, especially with regard to women's rights in Islam.
- Sexual and reproductive health should be an integral part of the medical school curriculum and Al-Azhar could be the first university to introduce sexual and reproductive health into its curriculum.

3. REGIONAL FRAMEWORK TO COMBAT HARMFUL TRADITIONALPRACTICES THROUGH A FAITH-BASED APPROACH

Dr Faten Ben Abdelaziz, Regional Adviser for Health Promotion and Education, WHO/EMRO

The Regional Office has developed an operational regional framework to combat harmful practices using a faith-based approach for 2013–2015. The main goal is to mobilize key global and regional stakeholders and advocate for the issues. The proposed framework was developed around three key action areas: 1) advocacy with/within religious authorities/leaders, health professionals and media and legislators; 2) capacity-building to create, facilitate and strengthen political and community-level commitment to fight against

harmful traditional practices; and 3) communication for behaviour change. The draft operational framework is provided in Annex 3.

4. MOBILIZING RELIGIOUS LEADERS TO ADDRESS PRACTICES HARMFUL TO WOMEN'S HEALTH

Chair: Dr Haifa Madi, Director,

4.1 Yemen experience

Sheikh Yahya Al Naggar, Social Guidance Foundation, Yemen

Religious leaders may be influenced by their social norms, and this is reflected in their teaching. Capacity-building programmes were conducted in Yemen to equip religious leaders with the required information and counterarguments. For the more conservative groups, a special course was designed and conducted by IICPSR, Al-Azhar Universit,y which was found to be very effective in changing their attitude.

4.2 IICPSR experience

IICPSR has extensive experience in designing and producing training resources and curricula targeting religious leaders. It has training-of-trainers (TOT) packages for religious leaders and facilitates cascade training for religious leaders in many countries. IICPSR has designed tailored training for extremist religious leaders. It holds mobile seminars to raise community awareness. It is involved in many television talk shows in which it explains Islamic teaching regarding women's health and prevention of harmful practices pertaining to women's health. IICPSR has also conducted capacity-building exercises for health care providers and the media.

4.3 Mobilizing health experts

Dr Ahmed R. A. Ragab, Professor of Reproductive Health, IICPSR, Al-Azhar University

Religious leaders consider medical experts as *ahl el-zekr*, and consequently in their messages to the public they construct them to ask the medical doctors. At the same time there are health experts who are against harmful practices such as FGM, there are those that support the practice and that are consulted by parents regarding the need for circumcision for their daughters. Both ethical and religious approaches can be used to combat FGM. The four ethical principles involved in traditional practices are justice, autonomy (respect for persons) beneficence and non-maleficence. As FGC violates all those principles, it is an unethical procedure. From the religious approach, the Quran says nothing either explicitly or implicitly about female circumcision. The use of the general term '*sunna* circumcision' is a form of deceit to misguide people and give the impression that the practice is Islamic. The presenter noted that as for the traditions attributed to the Prophet (PBUH), past and present scholars have agreed that none of these traditions are authentic.

With regard to child marriage, Dr Ragab noted that *sharia'a* fixed standard of mental maturity or sound judgment. He added that performing FGM curbs woman's potential for sexual satisfaction in conjugal sexual intercourse. Scholars of jurisprudence maintain that the

cutting of the labia entails complete blood-money (*diya),* because the labia are instrumental in reaching orgasm in sexual intercourse. To cause failure to reach orgasm, wholly or in part, entails remedial penalty to the perpetrator. He recommended to refer to *al-muhalla* by ibn-Hazm az-Zuhairi, where he reported views of scholars of jurisprudence and pointed out his disagreement with them on the requirement of inflicting chastisement (*qisas)* on willful perpetrators. In this respect, ibn-Hazm says, "If a girl, who has been circumcised, incurs, sooner or later, some injury, she must file a legal action against her father, mother and the person who performed the operation. The competent judge may inflict the penalty of *qisas* on them and order as much as was cut from her clitoris to be removed the body of each." *Al-muhalla* by ibn-Hazm az-Zuhairi, Cairo (X/458). The presenter concluded by saying that mobilizing health experts in any faith-based approach is mandatory since their opinions are respected by the religious leaders. A discussion between religious leaders and health experts regarding harmful traditions is needed. The experience of IICPSR showed that providing the religious leaders with the correct information from reliable sources is successful. There is clearly a difference between attaining puberty and physical aptitude on the one hand and maturity and the qualification to manage life on the other. Married life necessitates that both husband and wife are enlightened and sensible; it is not, therefore, served by the marriage of children. Subsequently, scholars from Al Azhar University released a manual on the rights of Muslim children which specifies that marriage in Islam is regulated by certain rules, including reaching maturity so that they can get married.

4.4 Discussion

Participants of the consultation agreed that in order to sustain and expand existing actions addressing harmful traditional practice, the following messages and actions are needed.

- Development of a regional web-based database with:
  - religious counterarguments adaptable to country context
  - names of trained religious leaders
  - examples of existing legislation and conventions in countries
  - advocacy materials
  - health education and communication materials.
- A consistent and clear message disseminated to religious leaders, health professionals and the media stating that FGM is a crime from the Islamic perspective and that it should be penalized.
- As Islam teaches spacing between births so mother can breastfeed the child, access to reproductive health information and services should be promoted by all religious leaders.
- The misinterpretation of Islamic laws is due ignorance or intention to achieve financial gains. Therefore, it crucial to disseminate more religious information of authenticated religious texts.
- In order to change behaviour, a mixed approach is needed covering various perspectives of issues to be addressed, including medical, religious, social and legal perspectives. The materials used to educate people can include films, recorded messages and recorded talks to convey the proper messages.

- In order to reach out to religious leaders, it is preferable to use a medical and scientific argument rather than a religious one.
- For health experts, it is recommended to tackle FGM from a rights perspective rather than health.
- The dialogue between health experts and religious leaders is vital and should take place prior to involving the media.
- Engaging female religious leaders is vital to reach some groups of women.
- Any action to address harmful practices hindering women's health should:
  - be part of an overall strategy/plan and include capacity building programme with training of trainers for religious leaders, health professionals and the media,
  - contain a generic curriculum adaptable to country context for cascade training
  - include a monitoring and evaluation system.

5. MOBILIZING THE MEDIA TO ADDRESS HARMFUL PRACTICES

Chair: Mrs Sabah Al Bahlani, Regional Expert, Health Promotion and Social Mobilization, Oman

PAPFAM/Arab League has organized regional workshops for media professionals, especially producers of data and users of data, to become future advocates of different health causes.

5.1 Moroccan experience

Mr M. Bellekbir, Director of the Centre for Studies and Research in Values, Morocco

A situation analysis was conducted about the opinions of religious leaders regarding selected topics. The objective was to determine the key strategies and action plan to equip the scholars with the proper knowledge and skills as well as identify the appropriate indicators to monitor progress.

The study was followed by design of a training module based on adult learning principles. A guideline was produced for middle-level religious leaders to help them convey the proper messages related to the selected topics to the community.

5.2 Role of media in advocacy for women's health and condemning the harmful traditions

Dr T. Abu Krisha, Former Vice-Chancellor, Al-Azhar University, Egypt

The media plays and indispensible role in advocating with communities for the right practices and condemning the harmful ones. The media can be a powerful tool if it tailors its messages to different strata of society. As well, it can play a significant role in presenting the dangers resulting from early marriage, early pregnancy and multiple pregnancies without adequate spacing on women and children. It is recommended to have a media strategy and plans to tackle those harmful practices through its programmes in a systematic and organized way. Media professionals should seek support from religious leaders, health experts and sociologists to convey proper messages to the community. That will create an advocacy front

from the community itself, as it will adopt these causes. It is important to use different channels such as newspapers, radio programmes, sitcoms, talk shows and websites.

Dr M. Mahmoud emphasized the importance of the role played by the media in raising awareness and influencing the public, noting that the media should be provided with messages to disseminate.

5.3 Discussion

The media plays a crucial role in highlighting and advocating against harmful practices hindering women's health. The media is great partner for raising awareness about issues and educating people. Health and religious messages should developed and tailored to media professionals and messages disseminated through traditional media and social media. The media should be first educated and then provided with materials to be used to advocate against harmful traditional practices. IICPSR, Al-Azhar could provide articles to be published in newspapers as a first step in raising awareness. Parents can be targeted through the media. The school's curriculum of theology should be amended to match the new scientific proceedings.

6. CONCLUSIONS

- Unless harmful practices to women's and children's health are addressed, MDGs 4–5 will not be achieved.
- There should be more collaboration between all stakeholders working on child marriage, FGM and social barriers to accessing reproductive health services, including governments, religious scholars/leaders and international organizations.
- UN organizations need to revisit approaches and actions against child marriage, FGM and social barriers to women's health which they have been addressing based on the past lessons and the current regional situation.
- Islamic and health institutions have produced a wealth of reliable evidence-based religious and scientific resources that should be capitalized on.
- Information on successful experiences should be disseminated and experiences scaled up.

7. NEXT STEPS

For IICPSR, Al Azhar

- Provide background documents.
- Develop various messages including fliers, videos and posters.
- Provide advocacy related to child marriage, FGM and social barriers to women's health.
- Provide training programmes for religious leaders.
- Provide training of trainers in different countries.
- Develop review articles from reputable resources.
- Conduct seminars for male and female university students.
- Study tours for experts from various countries of the Region.

- Engage in consultations for capacity-building of countries.

For the Centre for Studies and Research in Values, Morocco

- Enhance the capacity of the trained religious leaders.
- Scale up training to include other religious leaders.
- Build the capacity of media professionals.
- Adapt and update curricula and training materials.
- Introduce peer education in theology schools.
- Engage in the media talk shows to convey related messages.

For the Social Guidance Foundation, Yemen

- Provide community awareness-raising.

For PAPFAM/Arab League

- Conduct situation analyses.
- Build the capacity of media professionals and trainers.
- Produce training curricula for media professionals.
- Disseminate messages in scientific periodicals, websites and monthly electronic newsletters.

For the Federation of International Gynaecologists and Obstetricians

- Provide evidence-based educational materials on FGM, child marriage and maternal and child health.
- Organize regional seminars for health professionals on harmful practices in women and children health.

For all United Nations agencies

- Adopt the regional operational framework related to preventing child marriage and FGM and promote access to reproductive health information and services.
- Assist in resource mobilization.

For UNFPA country office

- In collaboration with Al-Azhar University, share experience in:
  - Capacity-building: training master trainers, curricula
  - integrating gender-based violence in service delivery training packages for health professionals
  - combating sexual harassment.

For WHO

- Finalize the regional operational framework.
- Lead operationalization of the work which will be done and produce a regional plan of action.
- Share in the development of a communication package for each target audience in collaboration with the different partners.
- Organize a regional conference towards the end of 2013 with key regional players.
- Assist in resource mobilization.

Annex 1

PROGRAMME

Monday, 14 January 2013

08:00–08:30	Registration
08:30–09:00	Welcome remarks Dr A. Alwan, Regional Director, WHO/EMRO Professor G. Serour, Director, IICPSR, Al-Azhar University
09:00–09:15	Consultation objectives and expected outcomes Dr H. Madi, Director of Health Protection and Promotion, WHO/EMRO
09:15–10:45	*Session 1: Review of the current situation and responses to harmful traditional practices* Chairperson: Professor G. Serour, IICPSR, Al-Azhar University Video: Why did Mrs X die?" Introduction Child marriage Dr P. Duamelle, UNICEF Representative, Egypt Dr N. Abdel Tawab, The Population Council, Country Director, Regional Office for West Asia and North Africa (WANA) Islamic based argument against child marriage, Professor Dr A. Al Nagar , Professor of Islamic Shariaa and Law, Al-Azhar University Female genital mutilation Dr M. Khaled, UNFPA Representative, Egypt Islamic based argument against FGM, Professor H. Abou Taleb, Former Dean of Faculty of Islamic Shariaa and Law, Al-Azhar University
11:00–11:30	Social barriers to women's health Ms R. Korayem, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), Cairo Office, Egypt Islamic based argument promoting women's health, H. E. Professor Dr A. Al Husseini, Former Minister of Awqaf and Former Rector, Al-Azhar University
11:30–12:30	Plenary discussion on persistent challenges
13:30–17:00	*Session 2: Regional framework to combat harmful traditional practices through a faith-based approach*
13:30–14:00	Presentation a draft outline of a regional operational to combat harmful traditional practices Facilitator: Dr F. Ben Abdelaziz, RA/HED, WHO/EMRO
14:00–15:30	Group work: Experts will work in 3 groups to: review a draft operational framework to combat harmful traditional practices; suggest structure and key component of a communication package

16:00–17:00	Group reports and discussion

Day 2: Tuesday, 15 January 2013

08:30–09:30	*Session 3: Mobilizing religious leaders, health experts and media*
09:30–10:00	Panel session: Mobilizing religious leaders and health experts Facilitator: Dr H. Madi, Director of Health Protection and Promotion, WHO/EMRO Sheikh Yahya Al Naggar, Social Guidance Foundation, Yemen Professor A. Ragab, IICPSR, Al-Azhar University
10:00–10:30	Plenary discussion
11:00–11:45	Panel session: Mechanisms for mobilizing media Facilitator: Ms S. Al Bahlani Dr T. Abu Krisha, Former Vice-Chancellor, Al-Azhar University, Egypt Mr M. Bellekbir, Director of the Centre for Studies and Research in Values, Morocco Professor M. Mahmoud, IICPSR, Al-Azhar University
11:45–12:30	Plenary discussion
13:30–14:00	Salient points
14:00–15:00	Recommendations and ways forward
15:00–15:30	Closing session

Annex 2

LIST OF PARTICIPANTS

TEMPORARY ADVISERS

Dr Salem Abdel Guellil
Under-Secretary
Ministry of Awqaf
EGYPT

Dr Ahmed Abdel Moneim
Director
Pan Arab Project for Family Health
League of Arab States
Cairo
EGYPT

Dr Nahla Abdel Tawab
Country Director
The Population Council
Regional Office for West Asia and North Africa
Cairo
EGYPT

Ms Sabah Al-Bahlani
Regional Expert
Health Promotion and Social Mobilization
Muscat
OMAN

Sheikh Yahya A. Al-Naggar
Social Guidance Foundation
Sana'a
YEMEN

Mr Mohamed Bellekbir
Director of the Centre for Studies and Research in Values
Rabat
MOROCCO

AL-AZHAR UNIVERSITY

Dr Taha Abu Krisha
Former Vice-Chancellor
Al-Azhar University
Cairo

Professor Dr Hamid Abu Taleb
Former Dean of Faculty of Islamic Shariaa and Law
Al-Azhar University
Cairo
EGYPT

Professor Dr Abdallah El Husseini
Former Minister of Awqaf
and Former Rector
Al-Azhar University
Cairo
EGYPT

Professor Dr Abdallah El Nagar
Professor of Islamic Shariaa and Law
Al-Azhar University
Cairo
EGYPT

Professor Mervat Mahmoud
International Islamic Centre for Population Studies and Research
Al-Azhar University
Cairo
EGYPT

Professor Dr Ahmed Ragab
Professor and Senior Consultant
Reproductive Health
International Islamic Centre for Population Studies and Research
Al-Azhar University
Cairo
EGYPT

Professor Gamal I. Serour
Professor of Obstetrics and Gynecology and
Director of International Islamic Centre for Population Studies and Research
Al-Azhar University
Cairo
EGYPT

Ms Dalal Ahmed
Secretariat
International Islamic Centre for Population Studies and Research
Al-Azhar University
Cairo
EGYPT

UNITED NATIONS ORGANIZATIONS

Dr Philip Duamelle
United Nations Children's Fund
UNICEF Representative's Office
Cairo
EGYPT

Dr Sahar Hegazy
Head, Communication for Development
United Nations Children's Fund
UNICEF Representative Office
Cairo
EGYPT

Dr Magdy Khaled
Technical Advisor
UNFPA
Cairo
EGYPT

Ms Rana Korayem
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
Arab States Regional Office
Cairo
EGYPT

WHO SECRETARIAT

Dr Ala Alwan, Regional Director, WHO/EMRO
Dr Samir Ben Yahmed, Director of Programme Management, WHO/EMRO
Dr Haifa Madi, Director, Health Protection and Promotion, A/Director, Non-Communicable Diseases and Mental Health, WHO/EMRO
Dr Ramez Mahaini, Coordinator, Family and Community Health, WHO/EMRO
Dr Faten Ben Abdelaziz, Regional Adviser, Health Promotion and Education, WHO/EMRO
Ms Joanna Vogel, Regional Adviser, Gender in Health and Development, WHO/EMRO
Dr Mervat Gawrgyous, National Professional Officer, Health Promotion and Education, WHO/EMRO
Ms Jamela Al-Raiby, Medical Officer, Family and Community Health, WHO/EMRO

Annex 3

OPERATIONAL FRAMEWORK TO COMBAT HARMFUL PRACTICES RELATED TO WOMEN'S AND CHILDREN'S HEALTH USING A FAITH-BASED APPROACH, 2013–2015

Goal	Required actions	Expected results	Mechanisms	Resources (existing and new)	Tasks	Responsible entities
Combat harmful traditional practices using a faith-based approach	**Advocacy** with/within: • Religious authorities/leaders • Health experts • Media professionals • Legislators • Health care providers • Education professionals	• Endorsement from religious institutions and leaders • Formal agreements with religious institutions • Religious leaders plead against harmful practices related to women's and children's health (HPWCH) • Media advocates against HPWCH • Curricula include messages condemning HPWCH	• Surveys • Consultancy meetings • Visits of advocates to countries • Seminars • Competitions • Talk shows • Websites	• Advocacy materials targeting religious leaders health experts and media professionals • Teams of experts • Websites	• Set up a roster of regional experts, put it on the websites • Organize a visit plan to countries • Conduct meetings with national and local religious leaders , medical experts , media professionals, sociologists and decision makers, and education professionals • Collaborate with PAPFAM/Arab League to put that initiative on the agendas of ministries of health and education • Prepare advocacy materials based on the consultancy meetings	
	Capacity building for all stakeholders to create, facilitate, develop and forge political and community-level commitment to fight against harmful traditional practices	• Engagement of religious/political/ community leaders/ policy makers to combat HPWCH • Health experts comply with global strategies on HPWCH • Media networks are mobilized • Mobilization of opinion leaders/advocates • School children are aware of negative effects of HPWCH	• Build capacities of religious leaders to become advocates • Round tables between health professionals and religious leaders • Build capacities of media professional/ opinion leaders • Formal agreements with media channels • Productions of short films that could be disseminated through social media	• Compilation of religious and health messages regarding combating HPWCH • Training programmes • TOT materials • Trainers	• Compile religious and health messages that condemn HPWCH • Develop concise curricula tackling HPWCH • Tailor advocacy and religious materials to country context • Identify potential local trainers • Develop training programmes • Conduct TOT • Conduct seminars for students in theology (pre service) • Set up meetings with media professionals • Produce films that demonstrate HPWCH • Develop a monitoring and evaluation plan	

	Communication for behaviour change	Dissemination of religious and health messages through: • Various media channels • Religious comm. channels (seminars, Friday prayers , conferences, talk shows, brochures, posters , lectures for communities and students) • Curricula • Social media such as twitter, facebook, SMS, storytelling, poems and songs	Communication for behaviour change • Situation analysis regarding the cultural and social norms for each community • Respect and tailor programmes according to different beneficiaries and different cultures	• Formulating a communication package which is rights-based, ensure the roles and responsibilities and tailored according to the targets • Formulating a committee for managing work, receiving suggestions and conducting M&E and distributing tasks among countries.	• Endorse the communication between the Regional Office and other interested agencies • Develop a communication package for the Regional Office • Conduct outreach activities through mobile lectures and other means • Conduct health education in: o schools o universities o television/radio programmes o workplaces o community	

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int