Religious Leaders’ (R.L.s’) Training Manual on Family Health

Prepared by the Ministry of Awqaf, Islamic Affairs and Holy Places (MAIAHP), in cooperation with the Higher Population Council (HPC) and Jordan Health Communication Partnership (JHCP)
R.L.s’ Training Manual on Family Health
Index

<table>
<thead>
<tr>
<th>Subject</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>(1)</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>(2)</td>
</tr>
<tr>
<td>Prologue</td>
<td>(3)</td>
</tr>
<tr>
<td>Training objective</td>
<td>(7)</td>
</tr>
<tr>
<td>Training methodology</td>
<td>(8)</td>
</tr>
</tbody>
</table>

First Session: R.L.s’ Role in Advocating for Family Welfare (9)

- First: Demographic status of Jordan
- Second: Muslim population requirements
- Third: R.L.s’ role in promoting the role of the family
- Fourth: Planning is key for a better life
- Fifth: Early marriage

Second Session: Mixed - Gender Relations in Islam (22)

- First: Islam’s position on mixed - gender relations
- Second: Family life principles in Islam
- Third: Role of the family in child rearing
- Fourth: Gender and social roles
• Fifth: Roles and social standards in Muslim communities
• Sixth: Gender equity

Third Session: Islam and Family Health
(31)

• First: Parents’ role and responsibility in ensuring family health and proper child rearing
• Second: Healthy marital relationships
• Third: Reproductive health
• Fourth: Islam’s position on family planning

Fourth Session: Islam and Safe Maternity
(40)

• First: Pregnancy and delivery complications
• Second: The important role of mother and child health centers (MCH) in your community and the locations in your area
• Third: The local community’s role in enhancing mother and child health
• Fourth: Breastfeeding
Fifth Session: Islam and Birth Spacing

- First: Islam’s position on family planning
- Second: Gender equity among children
- Third: Husband’s role in family planning and birth spacing
- Fourth: Family planning methods
- Fifth: Misconceptions about family planning methods
- Sixth: Worship and prayer during vaginal bleeding (other than the normal menstrual period)

Sixth Session: Leadership Skills

- First: R.L.s’ role in improving health status in their communities
- Second: Leadership prerequisites
- Third: Leadership concept
- Fourth: Exercise on shared values
- Fifth: Current leadership trends
- Sixth: Self assessment
- Seventh: Health information resources which can be used by R.L.s as a reference in social awareness activities
### Seventh Session: Mobilizing Local Communities Towards Better Health Standards

- First: Analyzing the problem
- Second: Setting up a community action plan
- Third: Community mobilization
- Fourth: Identifying health priorities

### Eighth Session: Setting Up Action Plans and Impact Measurement

- First: Setting up action plans
- Second: Groups' Presentations
- Third: Progress indicators of R.L.s' interventions regarding reproductive health and family planning on a national level.

### Ninth Session: Training Manual and Tools Evaluation

- First: Pre and post examination
- Second: Training manual - Final evaluation form
### Appendixes

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Modern FP methods</td>
<td></td>
</tr>
<tr>
<td>• R.L.s action plan regarding family health</td>
<td></td>
</tr>
<tr>
<td>• Training course registration form</td>
<td></td>
</tr>
<tr>
<td>• Training course daily attendance form</td>
<td></td>
</tr>
<tr>
<td>• Follow up sheet to the R.L.s’ local activities regarding family health</td>
<td></td>
</tr>
</tbody>
</table>

### References

- Hadith (Prophetic Narrations) Documentation (97)
Introduction

This manual is designed to be used as a reference for R.L.s, Imams and Preachers, in addition to anyone who is involved in offering guidance and increasing awareness among individuals. The manual will provide the necessary information regarding family health, in accordance to Islamic values, and in accordance with our changing societal requirements. Our belief lies in providing all of these subjects in one comprehensive manual as a useful source for researchers.

Seeking knowledge is an obligation placed upon every Muslim, since it is the key to a sound family life and a developed community, in addition to being imperative for limiting social and health problems our society. Thus, the role of R.L.s in community reform is highlighted here, in light of our tolerant Sharia, which emphasizes the importance of health and wellbeing, moreover, on the individual's role in taking the necessary precautions to prevent harming himself or others.

The mosque is the heart of the Muslims' community, as Muslims visit the mosque at different times in order to learn and ask for guidance. They prepare for prayers by performing ablution, and when they complete prayers they sit down and listen quietly as a sign of respect to the sanctity of the place and to the Imam. This deep respect that a Muslim offers to the leader of the congregation makes the Imam's sermon a great opportunity for raising awareness and offering spiritual guidance to the congregation, compelling them to take action to better themselves.

Unfortunately, many Muslims have come to believe that the mosque is merely a place for praying, which, of course, is not true. Throughout Islamic history, the mosque has played a major role in Islam, since it was a place for learning, delivering sermons, preaching and lecturing, as well as a place for worship. However, during the last few years, the mosque has begun to regain its role and is beginning to represent a place of
learning again. Therefore, it has become crucial for R.L.s and the concerned institutions, along with people in pursuit of knowledge in general, and for Imams and preachers in particular, to start caring for family health and welfare issues.

Thanks to the hard work of many dedicated Muslims, the mosque has started to take on its reformative role; mosques are now witnessing a significant revival in congregations that are hosting educational discussions, preaching and guidance seminars, in addition to lectures, scientific classes, courses, libraries and other activities.

Given the importance of family in Islam, R.L.s should consider the best interests of a family and everything that affects it. Since reproductive health and family planning are within a family's best interests, we provide R.L.s with this manual, which is a part of "R.L.s Training kit on Family Health", as a reference to be used in raising awareness in order to benefit our Jordanian family.

You can copy this manual or parts of it, to increase awareness within the Jordanian, Arab, and Islamic communities, free of charge and without the need for correction. However, please refer to the manual's source, since the goal of it is to spread our Islamic principles regarding family health and welfare of the Islamic family.
Acknowledgements

We would like to thank the Ministry of Awqaf, Islamic Affairs and Holy Places (MAIAHP) represented by the Minister and the Ministry’s employees, in addition to the team members from the Ministry, Jordan Health Communication Partnership, (JHCP), and the Higher Population Council (HPC):

- Dr. Abdel Rahman Ibdaah/ Assistant Secretary-General for Dawa and Islamic Affairs/ Guidance and Preaching Director (MAIAHP)
- Ms. I’etdal Dawod Al Abadi/ Women Affairs Director (MAIAHP)
- Mr. Yousef Ibrahim Al Shabli/ Dawa Department and Islamic Centers Director (MAIAHP)
- Ms. Lina Qardan/ Advocacy and Technical Affairs Consultant (JHCP)
- Mr. Ahmad Nofal/Community Partnership Manager (JHCP)
- Ms. Rania Al Abdai/Information and Technical Support Unit Director (HPC)

We would also like to thank the following R.L.s from (MAIAHP), for their participation in the field study for this manual, and for applying it in cooperation with other R.L.s from the Ministry's Rsifeh Department and Zarqa’s Department, a combined effort that has truly enriched the content of this manual.

<table>
<thead>
<tr>
<th>Mr. Ahmad Thalji Salim Khawaldeh</th>
<th>Mr. Imad Mohammad Al Ma'aytah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Hatim Jameel Al Shimat</td>
<td>Mr. Yihya Shwaqi Mohammad Shaheen</td>
</tr>
<tr>
<td>Mr. Netham Taher Al Otom</td>
<td>Mr. Zaidan Hassan Ishmael Hmaidan</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Mr. Basim Abas Mahmod Mahmod</td>
<td>Mr. Abdel Jaber Mohammad Al Iza</td>
</tr>
<tr>
<td>Mr. Ibrahim Hassan Al Abwene</td>
<td>Mr. Mohammad Fawze Fayez</td>
</tr>
<tr>
<td>Mr. Abdel Salam Mohammed Abas</td>
<td>Mr. Ammar Mohammad Abdel Latif</td>
</tr>
<tr>
<td>Mr. Basim Asad Qasim Mosa</td>
<td>Mr. Sa'ed Mohammad Farid Isa</td>
</tr>
<tr>
<td>Mr. Hassan Salameh Al Shwaheen</td>
<td>Mr. Suleiman Odeh Slman Al Awdat</td>
</tr>
<tr>
<td>Ms. Sanaa Hassan Said Al Khalidi</td>
<td>Mr. Mohammad Salih Ali Suleiman</td>
</tr>
<tr>
<td>Ms. Wafa'a Mohammad Al Amad</td>
<td>Ms. Rahma Ahmad Abdel Rahman Damra</td>
</tr>
<tr>
<td>Ms. N'amat Rohe Mohammad</td>
<td>Ms. Wala'a Suleiman Al Rwashdih</td>
</tr>
<tr>
<td>Ms. Abla Mohammad Al Shmayleh</td>
<td></td>
</tr>
</tbody>
</table>

**Best Regards,**

**Bushra Jaber**

Health Communication Consultant

Jordan Health Communication Partnership (JHCP)
In the third millennium, population issues have become a main concern and interest for development plans, and social and economic development projects all over the world. This significance is due to the crosscutting dimensions of these issues, in addition to the fact that population issues are interrelated with cultural, social, economic, and environmental resources systems, with the individual placed at the center of its actions, performance, and objectives respectively.

These diversified dimensions and their overlapping aspects, have emerged in recent international conferences, in particular, the International Conference on Population and Development (ICPD), which was held in Cairo, Egypt in 1994.

The main discussions of the Conference focused on the overlapping aspects between population and sustained economic growth, sustainable development, the empowerment of women, reproductive health, reproductive rights, population distribution, immigration, and education. The Conference recommendations have also emphasized the interrelated relationship between education, population, reproductive health, and sustainable development.

In February 1990, the International Congress on Islam and Population Policy (Aceh Declaration) has highlighted the importance of taking urgent and specific procedures to spread Islamic values, in relation to population issues, among Islamic countries and communities.

These procedures shall be based on media, educational, and communication campaigns that aim to eliminate misconceptions about Islamic legislations related to population issues.
The Congress is reaffirming that Islam teaches optimism in viewing life in general and that Islam also emphasizes human responsibility towards current world problems as these determine one's destiny in life and hereafter. Specific recommended actions to be taken are as follows:

1- The Congress appeals to all Muslim communities throughout the world to assume their responsibilities to seek appropriate ways and means within the realm of the Religion of Islam to enhance and improve the quality of life both for the present and future generations.

2- The Congress notes with concern the unfavorable demographic conditions of Muslim countries and communities, and urges all Muslim countries to immediately initiate and/or intensify firm policies and programmers to rectify these adverse conditions.

The Congress further urges all Muslim countries to formulate population policies according to country specific needs, and integrate these policies into development plans.

Due to R.L.s’ significant role in increasing awareness among individuals, in addition to guiding them in their worldly matters, within the realm of Sharia, the MAIAHP, in cooperation with HPC and JHCP, has designed this manual to be a reference for them in the field of reproductive health and family health and welfare. The manual aims at strengthening R.L.s’ role in improving family welfare, along with helping individuals within the local community in adopting behavioral patterns that will help them in maintaining their wellbeing, in addition to improving the quality of their lives and the lives of their families.
The family is the cornerstone of Islamic communities, as Islam considers marriage to be a sacred institution, whereby; the husband and the wife are the foundation of the family.

Sharia has stated obligatory detailed provisions, in addition to other provisions that were mentioned as general rules and guidance, to give individuals the opportunity to decide what suits their life the best, as long as they do not violate the general rules concerning the topic of marriage and family.

In this area, Islam provides us with a number of significant principles regarding marriage and family, in which these principles contain practical guidelines and wise instructions that will lead to better family welfare. These principles include:

**First: Tranquility, Cordiality and Compassion within the Family**

The Holy Quran states that tranquility, cordiality, and compassion are the purpose for marriage.

“And of His signs is that He created for you from yourselves mates that you may find tranquility in them; and He placed between you affection and mercy. Indeed in that are signs for a people who give thought.” Surat Ar-Rūm, Verse (21)

**Second: Good Parenting (Child Rearing)**

Islam highlights the importance of good parenting in order to produce “veracious offspring”. Therefore, parents need the knowledge and the ability to raise children and teach them about their worldly and religious matters, in addition to providing them with safety and treating sons and daughters with equality. The Prophet, peace be upon him, says: “Fear Allah and treat your children fairly”.
Third: Providing for the Family Adequately

Achieving tranquility and serenity for the family, means seeking its comfort financially, which means that all members of the family must work for the greater good, if necessary, so that the family won’t suffer in the future. The Prophet, peace be upon him, said to Sa`d ibn Abi Waqqas, when he wanted to donate all or half of his money “One-third is alright, yet it is still too much, for you’d better leave your inheritors wealthy than leave them poor, begging of others.”

This manual focuses on the issues that concern the individual, family, and local community, regarding health, economic, and social aspects, along with social roles in our changing Jordanian society, in order to achieve health efficiency and social welfare within the community.

We have also included in this manual a number of subjects and exercises, along with study cases that are meant to act like a framework, which R.L.s can use with local community members in order to discuss their needs and help them in understanding the importance of the decision making process in issues concerning them and their families, such as family relations and family planning, which are considered key elements for having a happy family and ensuring sound health for the family and its members.

These interventions are part of the national campaign for family planning “Hayati Ahla”, which targets youth couples, who are engaged and are soon to be married, and newlyweds, and are designed to encourage them to establish a healthy family that enjoys good social and economic welfare. Of significant importance to these interventions is the necessity to preach the value of family planning behaviors, such as birth spacing by at least three years.
R.L.s’ Role in Empowering the Jordanian Family

The family is the basic unit of our society. Therefore, taking care of it and strengthening it is the responsibility of all institutions, and first and foremost, it is the responsibility of R.L.s. This significance arises from the crucial role that R.L.s play in spreading awareness regarding parental roles in our contemporary world, which is witnessing rapid changes in living patterns, some of which may have positive or negative effects on the quality of our lives and our family relations.

This manual’s objective is to support R.L.s, Imams, and preachers in helping couples dealing with daily family matters, in addition to maintaining the family’s unity and solidarity, caring for children, and child rearing, and ensuring the health of the mother and the children, in accordance with the Sharia.

Issues related to the family and its welfare are considered a forum for religious, educational, cultural, and moral principles, where the religious leader, Imam, or preacher identifies the moral principles that individuals should strive to uphold, by interpreting Sharia texts and, in turn, explaining its laws.

Raising awareness among couples, in addition to changing their behaviors, is a crucial thing for the advancement of the Jordanian family’s quality of life. Therefore, R.L.s have a significant role in this area as well, since Sharia texts highlight the necessity of family welfare and child protection, in addition to providing children with a suitable environment for their growth and development, and encourages parents to carry out their responsibilities; actions which will result in happiness in their life and salvation in the afterlife.

“The Islamic Manual on Family Planning" has identified the most important population issues that call for R.L.s’ intervention, as follows:
1) Reform

God says “Indeed, Allah will not change the condition of a people until they change what is in themselves” Surat Ar-Ra’d Verse (11).

And He also says “No good is there in much of their private conversation, except for those who enjoin charity or that which is right or conciliation between people.”

Surat An-Nisa’ Verse (114)

2) Collaboration

R.L.s and preachers should urge people to engage in constructive collaboration based on righteousness and (piety) devoutness.

God says “And cooperate in righteousness and piety, but do not cooperate in sin and aggression”. Surat Al Ma’idah, Verse (2)

3) Good – Neighborliness

God orders people to be good to their neighbor. Thus, R.L.s should urge people to conduct themselves in such a manner, and to do well unto their neighbors.

God says, “Worship Allah and associate nothing with Him, and to parents do good, and to relatives, orphans, the needy, the near neighbor, the neighbor farther away, the companion at your side, the traveler, and those whom your right hands possess. Indeed, Allah does not like those who are self-deluding and boastful”.

Surat An-Nisa’, Verse (36)
4) **Family Welfare**

R.L.s should help families to become familiar with Sharia related to the importance of building a society based on the fear of God and encourage them to seek His gratification. In addition, R.L's should direct people towards the importance of collaboration within the family and the importance of caring for children on different levels of education outside the house, as well as taking care for their affairs within the house. This mutual care among individuals will turn them into one big family, where everyone is responsible for his folk. As Abdul Abdullah Ibn Omar says, I heard our Prophet, peace be upon him say, “Each one of you is a shepherd. And each of you will be asked about your flock. A ruler also is a shepherd and he will be asked about his flock. And every man is a shepherd to his family. And every woman is the custodian of her husband’s house and his children. Thus each one of you is a shepherd and each one will be asked about his flock.”
Training Objectives and Training Methodology

Training Objectives

This manual aims at helping R.L.s assist and enable families and their local communities to acquire the required information, skills, and views that are needed to help in bettering a family’s health, development, and welfare. R.L.s can:

- Emphasize communication and cooperation between spouses in order to build the family, and ensure its development and success.
- Clarify Islam’s position on gender equality.
- Educate men on the importance of maintaining good health for their wife and children. In addition, educate and encourage women to take care of their health, so that they will be able to take care of their husband and their children’s health.
- Introduce reproductive health concepts and components (healthy pregnancy, family planning, birth spacing, domestic violence prevention)
- Refute misconceptions about information and concepts in relation to reproductive health, family planning and gender equality, which result from a lack of knowledge of our True Religion and its laws.
- Explain how R.L.s can motivate the local community concerning awareness and education for the advancement of their health and growth.
- Set up an action plan for R.L.s, which supports reproductive health and development in different and varied aspects (accessing information and utilizing available services) in local communities.
Training Methodology

This manual was designed to help R.L.s to discuss worldly matters with individuals within the local community, and educate and encourage them to lead a healthy lifestyle. It is important to note, that even after receiving the information, lessons, and encouragement on certain issues, some individuals won't necessarily abide by these guidelines, much like the way that some individuals forego or ignore the knowledge and instruction that they have been given, regarding the importance of family planning and the hazards of smoking.

A husband may know about the importance of family planning, and its positive effects on the family’s welfare, however, he doesn't practice family planning methods, and he may not even discuss such issues with his wife. Thus, he knows but he does not comprehend the significance of these issues and is unable to discuss them with his wife and share the responsibility with her.

An individual or society that is aware of the presence of a health problem has exceeded the realization phase and has reached a phase where he has to understand the problem, and realize the importance of taking action to address the issue.

At that point, this individual or society is able to say (I know, I understand, I am excited, and I am going to do something about it). In order to reach the “doing something about it” phase, we have to promote health messages, which call for a certain action based on the availability of information and services that are required to either, enhance or call for certain behavioral changes and the adoption of certain ideals.
In developing this training, it was taken into consideration the necessity of creating a positive atmosphere that will motivate participants to think, analyze, and make the right decisions, by discussing various life situations related to pertinent issues, connecting reasons with results and analyzing alternatives.

The direct and traditional (or conventional) style of lecturing was avoided, and we focused, instead, on collaborative learning methods, which have been proven to be effective in conveying concepts, trend-setting, and motivating individuals to practice and adopt healthy life patterns.

It is necessary to note that, the more relevant that the discussed issues were to real life situations, the more likely the individuals were to participate. Moreover, participants’ attendance could be guaranteed, if the issue is presented to them as a case study or a specific situation, which will allow them to think scientifically. This helps to prevent them from jumping to conclusions until the details have been adequately analyzed and the different aspects of reality and possible solutions were understood before reaching a conclusion.

Furthermore, group discussions that introduce different opinions will increase an individual participant’s contribution and can help ensure that various solutions and courses of action will be mentioned, and the consequences of each behavior will be evaluated, so that participants have a better understanding and will learn to take the correct course of action.

In conclusion, R.L.s and preachers’ guidance, regarding the importance of taking action to improve family welfare, gives the issue particular significance and encourages individuals to take a positive approach to following these guidelines.
First Session

R.L.s’ Role in Advocating Family Welfare
Session Topics:

- First: Demographic status of Jordan
- Second: Muslim population requirements
- Third: R.L.s' position in promoting family role
- Fourth: Planning is a key for a better life
- Fifth: Early marriage

Session Objective:

- Introduce demographic status in Jordan and how population increase affects family welfare
- Highlight the significance of the R.L.s' role in promoting the family's role to achieve social and family welfare
- Highlight the importance and methods of planning the future within the family to ensure social welfare for the family

Session Duration: 1:30

First: Demographic Status/Jordan Population 45 minutes
Use the attached illustrations or display the attached film, then ask participants the following questions:

- **What was Jordan’s population in 2010?**
  6,094,751

- **What was the Jordan’s population in the years 1952, 1961, 1979, 1994, and 2009?**
  - 1952: 500,000 persons
  - 1961: 900,000 persons
  - 1979: 2,133,300 persons
  - 1994: 4,139,000 persons
  - 2004: 5,300,000 persons
  - 2009: 5,980,000 persons

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1952</td>
<td>500,000</td>
</tr>
<tr>
<td>1961</td>
<td>900,000</td>
</tr>
<tr>
<td>1979</td>
<td>2,133,300</td>
</tr>
<tr>
<td>1994</td>
<td>4,139,000</td>
</tr>
<tr>
<td>2009</td>
<td>5,980,000</td>
</tr>
</tbody>
</table>

Population in Jordan has doubled twelve times during the last fifty years (Chart 1)

Population has increased by about one million people during the last five years.

- **What are the reasons behind this increase in population?**
  This increase is due to the high birth rate and lower death rate, along with net migration rate.

- **What is the expected census for 2020, if the population growth continues to follow the current pattern?**
8 million people

- **What does total fertility rate mean and how has it developed during the last few decades in Jordan?**

  Total fertility rate is the ratio of live births to each woman during her reproductive life (from 15 – 49 years old):

  - 1961: 9.0 child(ren) to each woman
  - 1976: 7.4 child(ren) to each woman
  - 1997: 4.4 child(ren) to each woman
  - 2009: 3.8 child(ren) to each woman

  **Total Fertility Rate** (Chart 3)

  Total fertility rate: births to each woman during her reproductive years (from 15 – 49 years old)

How could these changes affect the quality of life in Jordan?

**Ask participants to mention the effects of population increase on an individual’s or a family’s quality of life. Make sure to add the following points to the discussion:**

Continuous population increase has significant effects on different aspects of life, which include social, health, and economic aspects:

1- Increase in the demographic dependency ratio, which is an age-population ratio of those who typically are not in the labor force (less than 15 years old, and more than 64 years old), compared to the rate of individuals in the labor force (15 –
64). Since 60% of the Jordanian community is less than 25 years old, this means that the dependency ratio is 63% for every 100 people in 2010, and economic dependency is 5 to 1, which means that each working individual has to support himself and four other individuals that are less than 15 years old or more than 65 years old.

2- In general, during high population growth, income levels are lower prices increase rapidly, inflation occurs, and the global economic crises that we undergo currently.

3- High increase in universities graduates' rates compared to available jobs in the local job market. In other words, the size of the available labor force will continue to increase presently and in the near future, which will result in an increase in unemployment rates, if the number of available jobs does not increase at the same rate. This estimation is due to the high number of children, which ensures the continuity of rapid growth in labor force during the next 20 years.

Unemployment Rates According to Age Groups in 2007:
According to the Department of Statistics, the overall rate of unemployment in Jordan was 13.1% in 2007 (10.3% males and 25.6% females).

**As for the age group 20 – 39, the unemployment rate is as follows:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 24</td>
<td>34.7%</td>
<td>42.8%</td>
</tr>
<tr>
<td>25 – 39</td>
<td>33.5%</td>
<td>49.5%</td>
</tr>
</tbody>
</table>

The return migration from the Gulf countries, after the global economic crisis, has aggravated the labor market problems.

4- Increase in demand for economic resources and investments in order to provide more health services. According to a statistic conducted by the Ministry of Health in 2008, there are 24.9 doctors for every 10,000 citizens.

5- Increase in demand for health services sectors, in addition to an increase in the costs to provide health services. There is also a need for expanding the number of health care facilities and increase the number of trained personnel in the healthcare field, in order to meet the requirements resulting from higher population growth.

6- Providing the education sector with more economic resources, such as new buildings, school supplies, teachers, curriculums, schoolbooks and other necessities as a result of the increase in annual enrollment.

7- Increase in demands for natural and environmental resources, particularly water and food. This increase coincides with the shortage in water supplies and arable lands.
Jordan is considered one of the four main countries that suffer from drought. According to His Majesty King Abdullah II “*Our water status is a strategic challenge that we cannot ignore. We have to balance between drinking water needs and industrial and irrigation water needs. Drinking water is the foundation and the priority.*”

According to the National Water Strategy in Jordan, the per capita water share has decreased from 3600 cubic meters in 1946, to 140 cubic meters in 2008. It is also estimated that the demand for water will double, as a result of population growth to reach 1673 cubic meters per capita by the year 2022.

The National Water Strategy has stressed the importance of raising awareness among the Jordanian population and decision makers, as a first step to changing behaviors and laying out the required foundation for changing policies.

In the other hand, the per capita arable lands share has reached 0.44 acres in 2007, while 2020 projections shows that the per capita share of these lands will decrease to 0.33 acres.

8- In regards to the consumption of water resources in Jordan, studies show that the annual per capita share is 126 cubic meters, which is significantly low when compared to other countries such as Syria, where the annual per capita of water is 1028 cubic meters, and Iraq where it reaches 2172 cubic meter annually. It is worth mentioning that the annual per capita share should not be less than 1000 cubic meters, which is the international water poverty line.

9- The average family size has reached 5.4 members in 2007.

10- 80% of the Jordanian population lives in Amman, Irbid, and Zarqa, an issue that will pose huge challenges on services, such as housing, transportation, education, health services, water, wastewater sanitation, and laborers in these areas.
11- Economic migration and “brain drain”, are factors that will separate families.

Water Consumption Patterns (Chart 4)

Required Amounts of Water to Cover Households’ Needs (Chart 5)

Second: Muslim Population Requirements
Discuss with the participants the prevailing sayings in our community, regarding the multitude of offspring and its association with religion. Based on the following points, explain Islam’s position on the population growth of Muslims.

Over the years, people have associated offspring issues with religion, dependence on God, and fate. Since a large population size was not an issue in early Islam, it should be considered according to the public interest and damage control, without violating Islamic principles and values. This is consistent with the Jurisprudence rule “harm should be removed” and “the Law of God is where there are benefits for others.”

God says “Allah does not intend to make difficulty for you, but He intends to purify you and complete His favor upon you that you may be grateful” Al-Ma’idah, Verse (6)

Many individuals have misconceptions regarding offspring, and they associate this issue with religious beliefs. They think that multitude of offspring is of God’s satisfaction and blessings, of which there is nothing mentioned in the Holy Quran or the Sunna.

Multitude itself could contain good people, bad people, believers and disbelievers. If we looked at this issue in the Holy Quran, we will find that God doesn’t commend multitude, just for the fact that it is a multitude, and He doesn’t condemn minority groups, just because they are a minority. God even condemns multitude when it is not accompanied by fear of God and righteousness, and He commends righteous minorities. God says: “How many a small company has overcome a large company by permission of Allah. And Allah is with the patient.” Surat Al –Baqarah, Verse (249).

God also says: “Not equal are the evil and the good, although the abundance of evil might impress you.” Surat Al-Ma’adah, Verse (100).

Our Prophet, peace be upon him, says condemning weak abundances, “The nations are about to flock against you [the Muslims] from every horizon, just as hungry people
We said: O Messenger of God, will we be few on that day? He said: No, you will be many in number, but you will be scum, like the scum of a flash-flood, without any weight, since fear will be removed from the hearts of your enemies, and weakness (wahn) will be placed in your hearts.”

When the Prophet says “many”, he doesn’t mean multitude, just for the sake of multitude. He was talking about powerful, righteous, educated abundances, which are abided by God’s and his Prophet laws. Islam calls for conservation of the nation from weakness and warns from being like the scum of a flash flood.

For Muslim population not to be like the scum of a flash flood, as our Prophet, peace be upon him, predicted, we should seek to achieve the following elements:

- **To be an educated and advanced nation**: Our nation should take its place among developed countries in sciences and technology.
- **To have good manners and values**: Good manners are the foundation of our Islamic community.
- **To be powerful and respected by other nations**
- **To be a productive nation**: Population growth rates should be consistent with economic development rates.
Third: R.L.s’ Position in Promoting Family Role

Ask participants to identify R.L.s’ position in promoting family role. Make sure to identify the following points:

• Islam is the religion of the present time and the future. Population issues are also associated to the present time and the future

• Since the goal of studying and examining population issues is to provide solutions that will provide a decent lifestyle for individuals, in addition to eliminating the challenges that nations face in regards to this matter, it is crucial to take specific and urgent measures to spread Islamic values related to population issues. This could be achieved by increasing awareness regarding the individual and family responsibilities and eliminate misconceptions regarding Islamic views on population and family welfare. God says “Indeed, this Quran guides to that which is most suitable” Surat Al-Isra’, verse (9)

• Decisions made by a certain generation and the actions related to them, will affect the quality of life for future generations. Furthermore, the relation between population and environmental resources is interrelated, and requires everyone to create a balanced and sustainable relation between the two aspects.

• Women’s equality is a vital right. Islam came to ensure women’s rights that were taken from them in the pre-Islamic society. First, Islam gave women the right to life, the right to raise children, to inherit, and ownership of property. Islam
ensured her all the rights that were taken from her before Islam. God says “And due to the wives is similar to what is expected of them, according to what is reasonable. But the men have a degree over them [in responsibility and authority]. And Allah is Exalted in Might and Wise” Surat Al-Baqarah, Verse (228)

However, there are still some social traditions that deprive women from some of these rights. Here, the role of R.L.s, Imams, and preachers is highlighted to explain these rights stated by our True Religion. There are also many false sources of information that people use to justify the practices that damage family life. R.L.s are able to provide accurate information and guide people towards the right practices.

Women can also play a vital role in Islamic communities’ development processes, if they have been given the chance to be educated and are allowed to participate in the decision-making process in relation to family and community. By doing so, they can contribute towards increasing quality of life standards, in addition to ensuring preferred development rates in our nations.

- Integrated and balanced efforts that include social, economic and spiritual dimensions, calls for mobilizing experiences, and knowledge at the disposal of R.L.s, in order for them to discuss the matters that concerns individuals in more practical ways and on all levels.

- Spread of false information has many negative effects on family and society’s interests. Usually, an individual’s practices are based on traditional and societal pressures from family and friends. Therefore, the significance of spreading the right information is emphasized here, in addition to urging individuals to benefit from mother and child services and family planning services. On this topic, the R.L.’s role is crucial in formulating standards and setting trends within the community. R.L.s must
continue to make more effort to help in the development process in order to achieve family happiness.

**Fourth: Planning is a Key for a Better Life**

Start the discussion by asking about the difference between reliance and reckless reliance. Make sure to help the participants to identify the following:

There is no doubt that reliance on God is fundamental in Islam. However, there is no contradiction between reliance on God and planning, since intention should precede reliance.

God says “And when you have decided, then rely upon Allah. Indeed, Allah loves those who rely [upon Him]” Surat ‘Ali ‘Imran, Verse, (159)

This was also mentioned in Hadith, when a Bedouin asked the Prophet, peace be upon him, if he should fetter his camel or rely on God. The Prophet said “Fetter it, and then rely on God”

Ask participants how individuals can start planning their lives, and what the significance of this planning in our day is. Start a discussion using the following questions:

- **What is the significance of planning in our days?**
  - Recognize the available possibilities
  - Define the objectives in consistence with these possibilities
  - Take the required procedures to achieve these objectives… etc.

Discussion is a key element to a happy family, in order for them to consider different choices and make the best decision after ample discussion and consultation.
When does discussion start between spouses?
Discussion starts during the engagement period, since it is preferable to start marital life on the basis of partnership and understanding and it should continue throughout all marital life. It is also advised to include children in the discussions in order for them to learn about responsibility and receive practice in making choices.

What are the issues that engaged couples should discuss before getting married?
- Wedding date
- Residence
- Wife’s work after marriage
- Number of children and other issues

What are the basic skills that couples should have during the engagement period and in their marital life?
- The ability to engage in discussion about their personal issues, such as their financial situation and the family size they wish to have.
- The ability to depend on each other when facing difficulty, without relying on their parents’ intervention.
- Mutual respect and honesty, in addition to accepting each other, and being able to look beyond each other’s flaws. The Prophet, peace be upon him, says “A believer must not hate a believing woman; if he dislikes one of her characteristics he will be pleased with another."
- Avoid routines and enjoy marital life, in addition to focusing on the positive things, instead of negative things.
- Shared decision making regardless of the importance of these decisions.
God says “and whose affair is [determined by] consultation among themselves”

*Surat Ash-Shuraa, Verse, (38)*

- **What are the guidelines that couples should follow to organize their marital and family life?**
  - Discussion and understanding is the key for a successful and happy family.
  - Enjoy each minute of the marital life, by living it day by day, in addition to spending quality time together.
  - Keep in mind that spouses are no longer living by themselves. Thus, it is crucial to consult the other partner before making any decisions regarding the family.
  - Keep love and intimacy alive between spouses, for better and for worse, in addition to preventing others from disturbing the serenity of the marital life.
  - The Prophet, peace be upon him, says “Treat women well”
  - Effective discussion between spouses regarding the number of children they wish to have, in addition to birth spacing years, based on the future vision of the family’s financial and social status. It is advised that birth spacing should be at least three years.
  - Spouses should be committed to the decision they make regarding the size of the family. In doing so, they will enjoy a happy marital and family life.

Read the following case study. Start a discussion using the following questions:

Samira and Riyadh have a two year old child, named Dima. Dima enjoys good health and she is a joy for Samira and Riyadh. Samira is teacher, while Riyadh is an employee. Riyadh’s mother always stresses the importance of having at least 4 children. However, Riyadh and Samira are aware that they are not capable of having too many children, since their income is barely enough for their current needs. Therefore, they do not intend to have a second child during the next two years.
Discuss the above-mentioned case by asking the following questions:

• Who decides on having children? (the husband and the wife, the husband, the husband's mother, or the friends)
• How is the decision made?
• On what grounds should the decision be made?
• What are the family functions in child rearing?
  - Teach them the Sharia Laws and Islamic morals
  - Provide food, shelter, comfort, entertainment, and education
  - Teach children social skills
  - Introduce the knowledge, principles, values, and traditions that our True Religion called for
  - Maintain family health and preserve the family from disease

• Are larger sized families able to ensure all of these roles and needs?
• What are the major interests in a larger sized family?
  Providing food, shelter, and clothes

• What are the consequences of a larger sized family?
  Neglecting other aspects of life, such as educational, psychological, social, cultural, entertainment and religious aspects.
Fifth: Early Marriage 45 minutes

First step: (Ask the participants)

At what age one were the participants married?

Write all of the responses on the board, and then circle the youngest and the oldest ages that were provided. Ask the participant that was married at the youngest age and the participant that was married at the oldest age “why did you get married at that age, and how did you get married?”

Discuss with the participants their opinions regarding the right age for marriage. Ask them how the right age for marriage could be affected by circumstances.
Second Step: (Case Study)

Read the following case study, and then begin a discussion using the following questions:

Hana is a beautiful 15 year old girl, who finds herself married to a man ten years older than her. During the wedding night, Hana suffered from bleeding and severe pain. She kept the matter a secret from her husband and her mother, since she was brought up to not discuss these matters. Furthermore, she did not have the required information that every girl needs before getting married.

Hana continued to suffer until her first pregnancy, which ended in a miscarriage, and caused her to experience severe exhaustion and vaginal infections. Hana cried silently, as she did when she received her first period, since she didn’t know what was going on with her body.

She became pregnant again and she had to suffer so much until she had her baby girl, Lubna. Lubna wasn’t even three months old yet, when her husband started to say that he wants a boy.

Hana became pregnant again and suffered again until she had Sadeq, who had breathing difficulties and jaundice.

As time passed, Hana became weaker and sicker, until she was no longer able to look after her family, an issue that has aggravated the tension and the pain within the family.

He husband started threatening her with divorce and having a second wife, who can look after him.

What are the causes behind Hana’s problem?
She wasn’t prepared, neither physically nor psychologically for marital life, lack of information regarding birth, reproductive health, early marriage and pregnancy, husband’s negligence for his wife’s health, lack of discussion between Hana and her husband, and lack of family support.
How would Hana’s health status affect her psychologically and how could it affect her family?

Was Hana able to discuss the matter with her family?

Do you know anyone like Hana?

What prevents mothers from talking to their daughters about physiological changes that occur during adolescence?

What could you do in your family to avoid such cases?

- Talking to girls and teenagers about the physiological changes that could occur during adolescence
- Promote discussion between spouses

Start a discussion about the suitable age for getting married. Conclude with the idea that the suitable age for females is 18 years old, and for males is 22 years old, which is when their physical and mental maturity is completed, so they would be able to build a strong family. Furthermore, the social relationship between spouses depends on the mental maturity of both of them, and paves the way for the future marital relationship between the two of them.

Mention to the participants that, according to the Department of Statistics, the average age for getting married in Jordan is 29.8 years old for males and 26.3 years old for females during the year 2008.
* Ask the participants about the risks of early pregnancy (less than 18 years old), and then write the answers on the board. Make sure to mention the following points:

- Pre-eclampsia
- Delivery complications due to the non-completion of the pelvis bones (the growth of the pelvis bones is completed at the age of 18)
- Anemia
- Miscarriage
- Fetus/baby’s death in the womb (uterus)
- Give birth to underweight babies
- Distorted pelvis and osteomalacia (softening of the bones)
- Maternal mortality
- Child mortality during the first year after birth

*Ask participants about the disadvantages of early marriage to the girl. Make sure to establish the following points:

- Limit the girl’s chances for receiving an education
- Limit the girl’s potential to support herself and her family in the future if necessary
- Effects her quality of life, her status in the family, and in the community in a negative way
- Leads to serious health risks to the mother and the child
- Affects children’s physical, psychological, and educational development in a negative way.
Conclude the discussion by saying that early marriage has many disadvantages. However, the Jordanian community has gone a long way, regarding this matter, but there is still a need for further advancements in the future.

Second Session: Mixed - Gender Relationships in Islam
The Second Session: Mixed - Gender Relationships in Islam

Session Topics:

- First: Islam’s position on mixed-gender relationships
- Second: Family life standards / principles in Islam
- Third: Family role in child rearing
- Fourth: Gender and social roles
- Fifth: Roles and social standards in Muslim communities
- Sixth: Gender equity

Session Objectives:

- Emphasize the basics of mixed-gender relationships in Islam
- Introduce the difference between sex and gender along with gender stereotypes
- Examine and discuss examples of the roles related to gender in the Islamic communities and the need to reform these views

Session’s duration: 2 hours
First: Islam’s Position on Mixed - Gender Relationships – 15 minutes

The session should start with the question: Does Islam expect, offer, and/or require equality between men and women with regards to religious duties, obligations, and responsibilities in life?

Listen to the participants’ answers. The discussion should cover the following points:

- Islam specifies that women and men complete and support each other. The Holy Quran describes them as: “They are your garments and you are their garments.” Surat Al Baqara, Verse (187)

The garment is a symbol of the warm relationship and support between spouses as they suit each other.

The relationship between spouses is companionship, friendship and partnership.

“The Believers, men and women, are protectors one of another” Surat Al Tawbah, Verse (71)

“And their Lord hath accepted of them, and answered them: Never will I suffer to be lost the work of any of you, be he male or female: Ye are members, one of another” Surat Al Imran, Verse (195).

The previous verses indicate that men and women are expected to support each other.
The belief that men are better than women is wrong and goes against the Holy Quran, which insists that men and woman are equal except for piety that affects their behaviors.

“O mankind! We created you from a single (pair) of a male and a female, and made you into nations and tribes, that you may know each other (not that you may despise (each other). Verily the most honored of you in the sight of God is (he who is) the most righteous of you. And God has full knowledge and is well acquainted (with all things).” Surat Al Hujurat, Verse (13).

“Whoever works righteousness, man or woman, and has Faith, verily, to him will we give a new Life, a life that is good and pure and we will bestow on such their reward according to the best of their actions.” Surat Al Nahel, Verse (97).

The fact that there is a whole Surat for women, “Al Nisa” in the Holy Quran, stands as evidence that Islam has proclaimed equality for women and has given them their rights. The Surat includes marriage, divorce, and inheritance provisions. Some of the traditions, still practiced currently, are practiced against the authority of Islamic teachings, as per the Holy Quran, and they prohibit woman from enjoying the rights that are given to her by the Holy Quran.

The role of R.L.s.is to introduce the Islamic provisions and rules to individuals.

“So fear Allah, and keep straight the relations between yourselves” Surat Al Anfal, Verse (1).

“Verily never will Allah change the condition of a people until they change it themselves (with their own souls).” Surat Al Ra’d, Verse (11).
Second: Family Life Standards / Principles in Islam – 15 minutes

Ask the participants to mention the principles of a Muslim’s daily life. After listening to their answers, write them on the board and discuss the following principles of the family life with them:

1. **Tranquility:**

“And among His Signs is this that He created for you mates from among yourselves, that you may dwell in tranquility with them, and He has put love and mercy between your (hearts): verily in that are Signs for those who reflect.” Surat Al Rum, Verse (21).

“It is He Who created you from a single person, and made his mate of like nature, in order that he might dwell with her (in love).” Surat Al Araf, Verse (189).

“And God has made for you mates (and companions) of your own nature, and made for you, out of them, sons and daughters and grandchildren” Surat Al Nahel, Verss (72).

These verses emphasize the important role of tranquility in a family life.

2. **Endearment:** This includes love, affection, friendship and companionship.

3. **Mercy:** This includes good treatment, endurance and forgiveness.
4. **Responsibility:** This means meeting the needs of the family members and helping them build their future through studying and learning to accept and uphold their responsibilities.

5. **Shura (Consultation):** This includes dialogue and joint decision-making

“The Believers, men and women, are protectors one of another” Surat Al Tawbeh, Verse (71).

“And their Lord hath accepted of them, and answered them: Never will I suffer to be lost the work of any of you, be he male or female: Ye are members, one of another” Surat Al Imran, Verse (195).

**Third: Family Role in Child Rearing – 15 minutes**

Ask the participants about the family role in child rearing. You should conclude with the following:

- Provide a safe environment, residence, healthy and nutritious diet, education and positive or wholesome entertainment.
- Help children to acquire social skills, educate them according to the Islamic principles, and provide them with opportunities to develop their own skills and abilities.
- Educate them on the Islamic traditions, knowledge, and values found in the Holy Quran.

Discuss the following questions:

- **Can a large family perform all of these roles and meet these needs?**
- **What is the main concern of a large family?**
  Provide residence, food, and clothes.
- **What are the results?**
Tendency to ignore or neglect these responsibilities (educational, psychological, cultural and social roles).

Fourth: Gender and Social Roles – 30 minutes

- Ask the participants to say any word, thought, or characteristic that comes to their minds when hearing the words “man” and “woman”, and write the words on the board.
- Prepare a list of men’s and women’s roles on the board, and ask the participants to take part in the following exercise:
- Mention some examples on men and women roles according to their gender (biological functions) and social functions.
- Divide the participants into groups and ask them to write down their conclusions, and then invite each group leader to share their group’s conclusions with the others.

Example:

<table>
<thead>
<tr>
<th>Gender roles and functions</th>
<th>Social roles and functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving birth</td>
<td>Child rearing</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Providing family income</td>
</tr>
</tbody>
</table>

Write the results on the board and discuss how specific genes determine the gender when the fetus is developing in the womb, but the social roles and functions are determined by the community’s culture, values, and era or time period.

Gender (biological) and social functions and roles list

<table>
<thead>
<tr>
<th>Gender/ Biological roles and</th>
<th>Social roles and functions</th>
</tr>
</thead>
</table>
The conclusion should be as follows:

- The social roles change according to communities, cultures and historical periods.
- The factors that determine the social function are: sex, educational level, economic conditions, personal skills, community’s development, environment, and lifestyle.

• **Gender:**
  - Roles, functions and responsibilities
  - Duties, rights, point of view and status
  - Determined by society for men and women depending on social, cultural, economic and political ideology.
  - Acquired and changeable according to the place and time

• **Sex:** Determined by specific genes and unchangeable.

**Fifth: Roles and social standards in Muslim communities – 15 minutes**
Ask the participants to think about the following tasks and roles and specify to whom they are related:

<table>
<thead>
<tr>
<th>Function/Task</th>
<th>Men</th>
<th>Women</th>
<th>Sons</th>
<th>Daughters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household chores</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide the main source of income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision of marriage / divorce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes advantage of health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages the family budget</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom of movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sixth: Gender Equity – 30 minutes

Choose one of the following cases and explain it to the participants. Afterwards, have a discussion with them using the questions provided.

Sami and Samira have been married for 5 years now. She was 18 years old when they became married. They have 3 daughters, but Sami wants a son and is verbally trying to force and coerce Samira into giving birth again. Samira doesn’t want to get pregnant because she wants her daughters to have the much-needed
attention that they deserve, and at the same time, she has to take care of herself. She has heard about family planning programs, but she is sure that her husband wants her to keep giving birth until she has a son.

Ask the following questions:

• What do you think about Samira’s situation?
• What would you do if you were Samira?
• How does Samira’s situation reflect the relationship between gender equality and reproductive health?
• What can you do to help women resolve problems such as?

Discuss these questions and write the main points on the board including the following points:

• The importance of gender equality in all aspects
• The importance of the dialogue between spouses as well as joint decision-making
• Man’s role in protecting his wife’s health and his awareness of the tremendous strain that pregnancy has on his wife’s body and health.
• Understanding how important it is to keep a woman healthy and how the status of her health effects the family.
• Reproductive health awareness
• Appreciating women’s economic contribution

Abu Mohammed has 2 sons and a daughter; Mohammad, Ali and Asma’a. Abu Mohammad raised his children but he favored his sons, and distributed his wealth to them, while his daughter Hind started working and established her own business in order to ensure herself a stable income.
The father became sick and entered the hospital, and it was his daughter Hind that took care of him and helped him financially and spiritually. At that time the father felt guilty and asked her to forgive him.

Discuss women’s role at the present time and try to conclude the discussion with the following points:

- Women’s roles have changed, since it is now acceptable for the woman to work outside of the home (as long as she remains within the religious restrictions), to help the husband with living expenses.
- The woman can work in all fields that suit her characteristics and talents, in addition to maintaining her role as a mother.
- The family is the cornerstone in the society; if it is stable, the community will be stable and vice versa. Building a good and stable family needs a moderate to fairly good level of knowledge to modify the concepts and behaviors such as gender bias.
- The parents’ role towards gender equality is to give their children the same opportunities in all of the fields within the religious restrictions.

- The parents should avoid putting their children under pressure to have children immediately after getting married.

“To Allah belongs the dominion of the heavens and the earth. He creates what He wills (and plans). He bestows (children) male or female according to His Will (and Plan)” Surat Al Shura, Verse (49).

- The parent’s intervention in the spouse’s private life to give birth to a baby boy affects their acceptance to any daughters that are born. The continuous pregnancies, in an attempt to give birth to a son, can have negative effects on the woman’s health. This can leads to problems as the woman may neglect herself, her children, and her husband.
Gender bias affects both girls and boys negatively; since the boy will grow up depending on his family and he may become arrogant because of the extra care that he received, in comparison to his sister(s). In addition, the daughter may resent her brother and feel jealous or neglected.

“You know not whether your parents or your children are nearest to you in benefit. These are settled portions ordained by God; and God is All-Knowing, All-Wise” Surat Al Nisa, Verse (11).

End the session by asking the participants to give examples on gender bias and its effect on the family. Explain that these traditions are against our religion and the teachings of the Holy Quran.
Third Session: Islam and Family Health
Session Topics:

• First: Parents’ role and responsibility in ensuring family health and child rearing
• Second: Healthy marital relationships
• Third: Reproductive Health
• Fourth: Islam’s position on family planning

Session objectives:

• Enhancing the parent’s role and responsibility in ensuring family health and child rearing
• Encouraging the dialogue between spouses, and ensuring a healthy marital relationship
• Defining reproductive health concepts within development and lifestyle framework
• Introducing the main factors affecting the reproductive health
• Introducing the R.L.s’ role in advocating awareness of family health

Session duration: 2 hours

Introduction

Start the session by summarizing what has been discussed in the previous session. Ask the participant about how Islam took care of the family? What are its roles? And what are the spouses’ roles?

Listen to the participants’ answers, and explain that this session will deal with the main family issues in Islam.
First: Parents’ role and responsibility in ensuring family health and child rearing

Ask the participants to mention children’s rights in Islam. You should conclude with the following points:

• The right to have a stable life
• The right to have a family, name, property, and inheritance
• The right to have health care and healthy nutrition
• The right to have proper education and to acquire skills
• The right to live in a safe environment under the care and protection of responsible parents
• The right to receive the society’s and country’s care and support the families who can’t provide a proper life to their children

The Islamic Sharia’ stated those rights in the Holy Quran and in the Sunna.

Second: Healthy marital relationships – 30 minutes

Begin with this verse from the Holy Quran:

“The Believers, men and women, are protectors one of another” Surat Al Tawbah, Verse (71).

Ask the participants the following questions:

• What are the characteristics of healthy marital relationships?
Dialogue and joint decision-making
- Join planning
- Mutual respect
- Mutual support
- Intimacy and privacy (avoid parent's and friends' intervention in your personal issues)

**What are the husband's responsibilities during pregnancy, delivery, and later on, in child rearing?**
- Discuss the proper time for pregnancy with the wife (according to work and financial responsibilities that may affect the wife and the children)
- Support the wife during pregnancy and encourage her to visit health care centers during pregnancy and after delivery, in addition to ensuring that she takes care of herself and maintains a nutritious diet and engages in daily exercise (such as walking)
- Support the wife emotionally and spiritually during pregnancy and after delivery
- Help the wife to take care of the children and actively participate in child rearing during all ages of the children's lives
- Avoid being aggressive with children and avoid committing gender bias. Try to help them acquire the experience and skills that will prepare them for the future. Be attentive to them and help them make the right decisions.

**Third: Reproductive Health – 60 minutes**

Discuss the following points with the participants:

- What is the meaning of a healthy lifestyle?
- What should we do to enjoy a healthy life style?
Make sure that the answers include consideration for the emotional, social, and mental health as well as physical health. Help the participants by asking the following questions:

- Do you think that a good relationship with others (such as wife/ husband/ family/ parents/ friends/ co-workers) affects the health of an individual? Why?
- Do you think that money and financial resources are required to enjoy good health? Why?
- Does a person’s education level relate to their health status? Why?
- Does the number of children affect the family’s health? Why?
- What is the ideal number of children for a healthy family?
- What does the term reproductive health mean?

Ask the participants to define the term reproductive health (Write the answers and provide the following definition to the list of answers):

**Definition of health (as defined by the World Health Organization (WHO) )**:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

**Reproductive health**: Reproductive health implies that people are able to have a responsible, satisfying, and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women have the right to be informed of, and to have access to, safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth.
Ask the participants to identify the most frequent reproductive health problems in their communities (List them on the board), and then add the following points:

**Reproductive health services:**

1. Safe motherhood and health care services such as pregnancy care, safe delivery, after-delivery care and breastfeeding.
2. Safe family planning methods to avoid abortion and unplanned pregnancy, in addition to ensure adequate birth spacing
3. Abortion prevention and dealing with unsafe abortion
4. Treatment of reproductive tract disease
5. Early diagnosis and treatment of breast and reproductive tract cancers
6. Consultation related to infertility and helping spouses to take steps towards having a healthy infant
7. Prevention of sexually transmitted diseases such as HIV/ AIDS
8. Encourage breastfeeding
9. Avoid domestic and sexual violence

**Reproductive health problems:**

- Closely spaced births
- Successive births
- Pregnancy and delivery problems
- Infertility
Dealing with these problems:

• Using modern family planning methods
• Consulting a doctor or a health care provider when needed
• Antenatal, delivery and after delivery care
• Gender acceptance and avoiding social interventions
• Acquiring necessary skills and knowledge to deal with family health problems

How can the spouses maintain their health?

• Follow a healthy lifestyle
• Family planning through birth spacing
• Consult a doctor or a health care provider when needed
• Get the information from the right resources

- Ask the participants about Islam’s position on reproductive health and how it deals with its problems as well as the reasons why we should be concerned about this topic. You should conclude with the following reasons:

  • One fifth of premature deaths are related to reproductive health issues (one third of female deaths occur at reproductive age). This can be treated by bridging the gap between health services and the families through enabling them to benefit from these services and by increasing their awareness about reproductive health and various reproductive health services that are available.
  • As Islam is a religion that guides us on a daily basis and determines how we approach our daily activities, we should deal with reproductive health issues within the religious instructions
• Muslim society faces challenges related to reproductive health, so the R.L.s who have a well respected position in society, should play a large role in the promotion of the virtue and prevention of the vice, in addition to their eagerness to benefit people and call them to piety and cooperation. R.L.s should inform and guide individuals regarding the importance of their role in the family, in addition to helping them to improve all other aspects of their lives.

- Discuss the main issues that require the intervention of R.L.s. Conclude with the following points:
  § Conciliate between individuals and encourage them to take positive actions that help bring together and solidify the Muslim family.

“In most of their secret talks there is no good: But if one exhorts to a deed of charity or justice or conciliation between men” Surat Al Nisa, Verse (114).

  § Encourage cooperation

  “Help you one another in righteousness and piety, but help you not one another in sin and rancor” Surat Al Mai’dah, Verse (2).

  § Care for the family and take responsibility:

  “All of you are shepherds and each of you is responsible for his flock” (As mentioned in Al Hadith)

Ask the participants about the reproductive health’s target groups. Conclude with the following:

- **Infant**: Maintain an infant’s health, protect the infant, nurture it, and develop it
- **Teenagers and youth**: Help them avoid wrong behaviors that threaten their health and future, and encourage them to take on an increasing amount of responsibility and prepare them for the future.
- **Men and women at reproductive age**: Increase their health and nutritional intake during this period.

- **Women at menopause**: Prevent reproductive tract diseases by encouraging routine checkups, early diagnosis, and proper medical treatment.

**Factors that affect reproductive health:**

1. Reproductive health affects and is affected by a community’s social, cultural, and economic status and conditions. It is negatively affected by illiteracy and unemployment. It is also affected by the community’s traditions, values, and knowledge, in addition to family relationships; spousal relationships, parent-child relationships and sibling’s relationship with each other.

2. When we talk about reproductive health, we should take into consideration the marital relationships and family formation’s behaviors that are affected by many cultural, biological, psychological, and social factors.

3. Women’s position in society is a key factor that affects reproductive health. Many girls suffer from gender bias worldwide and where women have neither right to equal education nor access to health care. The studies show that women in some countries are not receiving proper health care even when they desperately need it.

4. Health services have a significant impact on reproductive health. Reproductive health problems can’t be prevented or treated if there are no suitable health services available for individuals in need.
Fourth: Islam’s position on family planning – 25 minutes

Discuss Islam’s point of view about family planning, and how it helps young couples and families plan their lives comfortably. Ask the participants about Islam’s position on family planning using the following points:

- The Sharia urged family planning when both spouses accept it. It should take into account the social, health, and economic conditions. The spouses should discuss the issue together to make the right decision. It is worth mentioning that family planning is different from birth control; there is no evidence in the Holy Quran about birth control, since the verses emphasize that the children are a blessing, but when we look at the Suna we find out that family planning methods, such as coitus interrupts, did exist as Al Sahaba were following this method and the prophet Mohammed accepted it.

- The Sharia aims to benefit the individuals in their lives and in their afterlife. Islam has set forth detailed rules, suitable for all eras and times, and has left some cases for individuals to decide, according to the time and its conditions. The R.L.s are responsible to inform the people about their responsibilities toward maintaining their family health and protecting the strong relationships between its members.

“God intends every facility for you; He does not want to put to difficulties” Surat Al Baqarah, Verse (185).

“And has imposed no difficulties on you in religion” Surat Al Hajj, Verse (78).

“God doth wish to lighten your (difficulties): For man was created weak (in flesh).” Surat Al Nisa, Verse (28).
“It is part of the Mercy of God that thou dost deal gently with them. Wert thou severe or harsh-hearted, they would have broken away from about thee: so pass over (Their faults), and ask for (God’s) forgiveness for them; and consult them in affairs (of moment). Then, when thou hast Taken a decision put thy trust in God. For God loves those who put their trust (in Him).” Surat Al Imran, Verse (159).

Speak about the parent’s role in protecting the child’s right to live a safe life, have a proper education, and acquire life skills

The Sharia pays much attention to the children before and after birth; as it allows the pregnant woman or the women who is breast feeding to be excused from fasting during Ramadan because fasting would risk the health of her and her baby, but she has to compensate for these days by fasting later.

We see that Islam emphasizes the characteristics of the person who wants to get married and establish a family, as said in the Hadith: “If someone whose religion and trustworthiness you are pleased with comes to you [proposing], then marry him. If you do not then there will be fitnah and a great fasād!”

Family Welfare

“Live with them on a footing of kindness and equity.” Surat Al Nisa, Verse (19).

“Annoy them not, so as to restrict them” Surat Al Talaq, Verse (6).

The Prophet says: “Those with the best manners and who take care of their families are those with the most complete faith”
“The upper hand is better than lower hand”

“Oh God protect me from Shirk and poverty”

- Islam urged people to establish a family based on religion and acknowledge the right of the wife and the whole family, which will result in having a healthy family. The Prophet said: “Hey, young people! Whoever amongst you has the ability to bear the responsibilities & fulfill the obligations of marriage, should definitely get married. Because certainly, it will be more restraining for the eyes & more protecting of the private parts. And whoever isn't able to fulfill the obligations of marriage should fast a lot, because surely it will be a shield for him.”

- Islam encouraged the people to have proper education as the first verses of holy Quran received by Prophet Mohammed were about reading: “Proclaim! (or read!) in the name of thy Lord and Cherisher, Who created Created man, out of a (mere) clot of congealed blood Proclaim! And thy Lord is Most Bountiful He Who taught (the use of) the pen Taught man that which he knew not” Surat Al A’laq, Verses (1-5).

- An education is considered to be the cornerstone in building the Muslim family and in the development of its members. Islamic society has flourished and developed by educating their members, and the opposite has occurred when they neglected the educational sector. “O my Lord! Advance me in knowledge.” Surat Taha, Verse (114).

The Prophet said in the Hadith: “When a person dies all his good deeds cease except for three; a continuous act of charity, beneficial knowledge, and a righteous offspring who prays for him”
The development of the social, spiritual, and educational skills has a high importance, since these skills are considered the cornerstone of knowledge and the following stages. It is worth mentioning that having a proper education is considered a basic right of the child.

The three phases of child rearing and a child’s skills development:

• First phase: (infant – 6 years old) – The child needs to feel safe and respected. He should feel that he can express himself and can succeed in doing what he is asked to do. These needs are essential for the spiritual development of the child that is mixed with the physical and mental development. All of these needs should be fulfilled to grow together. The development of mental skills and abilities is met through playing and communicating with parents and other children. In other words; by enhancing participation and by teaching the child the concepts of forgiveness and respect.

• Second phase: (7 -12 years) - The child has the right to receive proper education without any gender bias.

  “God will raise up, to (suitable) ranks (and degrees), those of you who believe and who have been granted Knowledge. And God is well-acquainted with all you do.” Surat Al Mujadala, Verse (11)

  The Sharia expects equality between men and women in education opportunities. The Prophet said: “Seeking knowledge is obligatory on every Muslim man and woman.”

• Third phase: Teenagers (12- 18 years) – The individual has the right to continue acquiring knowledge and skills; as teenagers need to find their sense of identity and to explore things. They are also affected by their peers, and thus, strict and harsh parenting results in nothing but
strengthening a teenager’s resistance and inciting aggressive behaviors. The parents should help their children acquire scientific and religious knowledge as well as respond to their questions. The parents should also support their children to resist the pressures imposed upon them.

Child rearing requires a big effort to establish a healthy and well educated generation.

Conclude the session by summarizing the most important topics. Ask the participants if they have any questions or inquiries about the topic and try to answer or review them before beginning the next session.
Fourth Session: Islam and Safe Maternity
Session Topics

First: Pregnancy and delivery complications
Second: The role and importance of Mother and Child Health centers (MCH) in your community and their locations in your area
Third: The local community’s role in enhancing mother and child health
Fourth: Breastfeeding

Session Objectives:

• Introduce the basic elements of safe maternity and the phases that couples go through after marriage
• Introduce problems and complications that women face during and after pregnancy
• Introduce services available in the community to help achieve a safe maternity
• Highlight the importance of breastfeeding and its role as a family planning method

Session Duration: 2 hours

Introduction:
Begin the discussion by saying that the session will address the importance of promoting safe maternity in the local community and will analyze the cultural, social, and traditional elements in relation to pregnancy, natal, and post natal care. The session will also review pregnancy and delivery complications, in addition to the husband’s role and responsibility in supporting and ensuring the health and safety of his family.
First: Pregnancy and Delivery Complications 45 minutes

Ask the participants the following question:

Who knows a female relative or a neighbor that suffered pregnancy and delivery complications? What were these complications?

After listening to some of the participants’ answers and writing them on the board, narrate the following case study and ask the questions that follow:

Nawal is pregnant with her fifth child, after being married to Said for nine years. She was feeling tired and her feet were swollen throughout her entire pregnancy. However, she did not go to a health center because she thought that swelling is a natural symptom of pregnancy.

Nawal asked her neighbor, Um Ali, for help when she went into labor. However, she suffered delivery complications and Said had to take her to the hospital.

The doctor performed a C-section and was able to save both Nawal and her baby’s lives. The doctor told Said “Fortunately, they are both still alive, but their condition is still serious. We must keep them under observation.” Said seemed confused and he started to think about his children at home, and wondered who would take care of them.

What are the mistakes that Nawal made? For discussion purposes, introduce the following answers:

- Close birth spacing
- Refrained from going to regular visits to a health center to monitor the progress of the pregnancy
- Decision to have a home birth
- Seeking help from an untrained neighbor (non professional health care)
• Lack of awareness about signs or symptoms of serious health problems
• Multiple children

What do you think about Said’s position? For discussion purposes, introduce the following answers:

• Lack of family planning
• Lack of awareness about signs or symptoms of serious health problems
• Lack of appreciation or concern for his wife’s health
• Lack of responsibility or planning for the care of his children

Ask participants to mention signs of serious health problems that a pregnant woman must be aware of and should consult a doctor if she experiences them. Write the answers on the board and be sure to cover the following:

• Dizziness and blurred vision
• Continuous headaches
• Vaginal discharge
• Lack of fetal movement
• Cramps
• Early Contraction (before week 37)
• Vaginal bleeding
• Swelling of the hands, face, and/or legs
• Continuous vomiting
• Abdominal pain
• Difficulty breathing
• Fever and chills

Ask participants about their point of view regarding the causes or triggers of these health problems

• Malnutrition
• Anemia
• Smoking and alcohol consumption
• Ignorance about health matters
• Early marriage and pregnancy
• Late marriage and pregnancy
• Hard or physical labor
• Frequent pregnancies
• Close birth spacing
• The husband is the sole decision maker in the family
• Women’s low social, economic, and cultural status
• Men’s lack of appreciation for the status importance of a woman’s health
• Lack of utilization of the maternity services available within the community

Who are the women most susceptible to pregnancy and delivery complications?

• Young women (less than 18 years old), and women 35 years or older
• Women who have given birth more than 4 times
• Women with close birth spacing
• Short women
• Women who suffer from obesity, diabetes, or high blood pressure
Second: The role and importance of Mother and Child Health centers (MCH) in your community and their locations in your area

Ask participants to mention the services offered by MCH, and the advantages of these services. Make sure to mention the following points:

1- **Antenatal Care Services:**
   - Monitor and ensure mother and fetal health
   - Identify fetal age and observe its growth and development
   - Reduce the risks that may affect pregnant women and prevent complications
   - Educate pregnant women about health preservation methods, and prepare them for labor and delivery
   - Help her in setting up a delivery plan and teach her how to take care of her newborn
   - Schedule postnatal visits

2- **Postnatal services:**
   - Examine mother’s health and follow up with any post-pregnancy and delivery complications (if applicable)
   - Ensure the safety of the reproductive organs and make sure they are similar to what they were like before pregnancy
   - Prevention, early diagnosis, and treatment of common problems and complications that can occur in mother or child
   - Prevent transmission of disease between mother and child
   - Recommend specialized medical care for mother and child if necessary
• Offer consultation and information to newborn mothers regarding methods of caring for their newborn
• Support mothers and advise them to breastfeed and offer tips and methods for breastfeeding
• Educate the mother and her family about the importance of maintaining her nutrition and any supplements that she may need
• Provide consultation on contraceptive methods and family planning services before the resumption of sexual activity
• Vaccinate the infant and schedule other vaccination visits, and explain the importance of keeping up to date on vaccinations.

3- **Family Planning Services:**

• Provide initial consultation and offer couples clear, precise, and complete information about contraceptive methods, their benefits, and their side effects. Assist them in making the best decisions and help them choose a suitable FP method, in order to avoid unplanned pregnancy.
• Examine the wife before recommending contraceptive methods to ensure that she doesn’t suffer from a condition that may prevent her from using a certain method.
• Provide detailed consultation for the chosen FP method by explaining ways of use, the physiological changes that occur to women when using the method, and how to deal with these changes.
• Provide an appropriate follow up consultation to FP methods users.
• Provide a number of FP methods for free or for a nominal price.
4- **Consultation Regarding Breastfeeding During Pregnancy**

- Provide knowledge and skills regarding breast care during pregnancy.
- Provide knowledge regarding the benefits of breastfeeding for both mother and child.
- Provide knowledge regarding the best breastfeeding practices.
- Examine and discuss breastfeeding options.
- Introduce the importance of intimacy between mother and child.
- Introduce the importance of early breastfeeding.
- Introduce supplementary food that accompanies breastfeeding after the sixth month.
- Introduce the disadvantages of formula feeding.
- Explain the necessary conditions for using breastfeeding as a FP method (for birth spacing).

**Third: The local community’s role in enhancing mother and child health**  
15 minutes

Ask participants to mention what R.L.s’ and men do in order to enhance a mother’s health. Be sure to mention the following points:

- Encourage mother to utilize and benefit from maternal health and safety services during and after pregnancy.
- Raise awareness among men, women, and families about serious signs of health problems during pregnancy, and the necessity to deliver in a hospital by a doctor or a certified (licensed) midwife.
- Create a positive social tradition that promotes men’s role in supporting their wives to ensure safe maternity.
Discuss the above mentioned points with the participants and emphasize the necessity of the husband’s participation and support of his wife during the phases she goes through before, during, and after pregnancy.

Fourth: Breastfeeding 45 Minutes

Start the discussion with the following Verse:

“Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing [period]” Surat Al-Baqara, Verse, (233)

Ask participants to mention the reasons why breastfeeding is important, in addition to its advantages for both the mother and child. Make sure to mention the following points:

Reasons Why Breastfeeding is Important

- A mother's milk contains the best types of proteins, fats, vitamins, iron, water and enzymes, which help the child’s digestion in addition to enhancing its immune system and protecting them from diseases. Therefore, a mother should be careful not to give her baby any other nutrition during the first six months. Exclusive breastfeeding for the first six months will benefit her and her child.
- A mother should breastfeed her child immediately after birth, since colostrum, which is considered the best nutrition for a newborn, will be formulated during that time.
- Avoid giving the child any formula or liquids, such as sugar and water or pure water immediately after birth.
- All of the basic nutritional elements that a child needs during the first six months are available in mother’s milk. Therefore, there is no need to add any supplementary food, including water, to the newborn’s diet.
- Mother's milk contains antibodies that will protect the child from serious diseases such as diarrhea, ear infection, chest infection, and other diseases or allergies.
- Breastfeeding will increase the emotional bond between mother and child, since the child feels its mother’s tenderness and enjoys her closeness and intimacy.
- Working mothers can pump breast milk and store it in a clean bottle so that the child’s caregiver can give it to the child when necessary. (The milk should be kept at room temperature for 6 hours, and may be stored for up to 24 hours if kept refrigerated).

**Breastfeeding Advantages for the Child**

- Mother’s milk is considered a sufficient source for all nutritional elements that the child needs until it reaches the age of six months. After that, the child will require supplementary foods.
- Mother’s milk is considered the most suitable nutrition for a child, since its cleanliness is guaranteed (it isn’t prepared), its temperature is suitable for the child, and it changes according to seasons.
- Mother should breastfeed immediately after natural childbirth, since that will affect the milk production. In the case of a C-section, mother should breastfeed her child immediately after regaining consciousness.
- Colostrum protects the child from many infectious diseases early in the child’s life. This is due to the fact that colostrum contains a large amount of antibodies.
- Milk production will increase over time and the child’s suckling of the mother’s nipples will stimulate production.
- Breastfeeding will decrease stomach flu, which is common among babies who are formula fed.
- Breastfeeding establishes a close and intimate relationship between a mother and her child.
- Breastfeeding affects a child’s psychological or emotional stability, and lack of breastfeeding may be reflected by a child’s behavior.
Breastfeeding Advantages for the Mother

- Breastfeeding helps the uterus return to its pre-pregnant state more quickly (the contractions mothers feel is due to the fact that the uterus is shrinking back to its normal size).
- Breastfeeding reduces the breast's tenderness and swelling, and prevents complication that may arise from tenderness or swelling.
- Breastfeeding helps a mother in birth spacing in accordance to specific physical conditions that will preserve her health.
- Breastfeeding reduces the possibility of breast cancer

Breastfeeding as a Family Planning Method:

Ask participants about their thoughts and knowledge regarding breastfeeding as a Family Planning method. On the board, list what the participants mention and be sure to emphasize the fact that there is a common misconception about this particular issue.

Breastfeeding can be used as a FP method, when taking into consideration the following:

Breastfeeding can prevent pregnancy since it reduces the secretion of certain hormones necessary for the ovulation process, and then if stops ovulation all at once. However, there are three basic conditions to the use of breastfeeding as a FP method. These are:

1- Start breastfeeding the child within the first six months of the child's birth
2- Absence of menstruation
3- Breastfeed the child from both breasts regularly every time the child needs to be fed, and not less than 10 times daily. In addition, do not use supplementary nutrition during the first six months.
If any of the above mentioned conditions are not met, and the mother wishes to practice FP, we recommend that she consult with her doctor to help choose an alternative and more suitable FP method. It is worth mentioning that there are contraceptive pills that do not affect the quality or quantity of the milk, and the use of these pills guarantees pregnancy prevention during the breastfeeding period.

Conclude the session by emphasizing the importance of looking after women during the above mentioned phases, in addition to the importance of breastfeeding to both mother and child.

Remind the participants that there are health centers and pharmacies that can provide contraceptive pills for nursing women that do not affect breastfeeding and will ensure pregnancy prevention during that period.
Session Five

Child Spacing in Islam
Session Topics:

- First: Islam's position on family planning.
- Second: Justice and righteousness among sons and daughters.
- Third: The husband's role in family planning and child spacing
- Fourth: Family planning methods.
- Fifth: Misconceptions about family planning.
- Sixth: Praying and worshipping during chronic bleeding outside of normal menstrual period.

Session Objective:

- Highlight the importance of having dialogue between spouses on child spacing.
- Define Islam's position on child spacing and the use of modern family planning methods.
- Explain Sharia verdicts on justice and righteousness among sons and daughters.
- Highlight and promote the importance of the husband's cooperation in family planning and helping to maintain the family's health.
- Explain the benefits and limitations of modern and traditional family planning methods.
- Explain the different kinds of traditional family planning methods and their shortcomings.
- Clarify the misconceptions about family planning methods.
• Explain the Fiqeh (Islamic jurisprudence) verdicts concerning acts of worship when side effects of using family planning methods occur.

Session Duration: Three hours.

Preface:

Begin the session by stating the following objective: In this session, we will discuss the issue of family planning and Islam's position, in addition to the role of religious scholars, in order to clarify any misconceptions and misinterpretations. We will try to correct the information that community members may already have on family planning by providing them with the correct information on methods of family planning and Islam's position on these methods.

First: Islam's position on family planning 30 minutes

Begin by asking participants about Islam’s position on family planning and child spacing.

Write what the participants say on the board or flip chart. Always refer to the Qura'anic Verses like the following to support your argument:

"To Allâh belongs the kingdom of the heavens and the earth. He creates what He wills. He bestows female (offspring) upon whom He wills, and bestows male (offspring) upon whom He wills." Surat As-Shoora, Verse (49).

Allah almighty also says:

"And the bearing of him and the weaning of him is thirty (30) months" Surat Al-Ahqaaf (verse 15)

Discuss with the participants their understanding of those verses, and what they refer to. What is the Sharia verdict on preferring male babies to female babies, and what impact does this have on child spacing? What is the Islamic view regarding people who insist on frequent pregnancies in the hopes of being granted a male child? What can we tell them? You may underline the fact that Sharia verdict supports child spacing through:
- The pregnancy period:

Allah Almighty has referred to the pregnancy period:

"And We have enjoined on man to be dutiful and kind to his parents. His mother bears him with hardship and she brings him forth with hardship, and the bearing of him, and the weaning of him is thirty (30) months." Surat Al-Ahqaaf, Verse (15).

Thus, child spacing should be approximately three years.

The Holy Quran has mentioned that breast feeding the baby extends for two whole years.

Allah said: "The mothers shall give suck to their children for two whole years, (that is) for those (parents) who desire to complete the term of suckling." Surat Al-Baqarah, Verse (233).

- Baby's Gender:

The verses of the Holy Quran call for justice and righteousness between the male born and the female born and for child spacing regardless of the gender of the first born. Allah Almighty says:

"To Allâh belongs the kingdom of the heavens and the earth. He creates what He wills. He bestows female (offspring) upon whom He wills, and bestows male (offspring) upon whom He wills. Or He bestows both males and females, and He renders barren whom He wills. Verily, He is the All-Knower and is Able to do all things. " Surat As-Soora, Verses (49 and 50.

The holy Hadith (saying of the Prophet) also calls for justice: "Fear Allah and treat your children justly."

There is no verse in Holy Quran that prohibits family planning. The general rule in Sharia is that all things are permitted, unless prohibited.
Ask participants about the purpose of child spacing. Underline the importance of child spacing and demonstrate that it is desirable and consistent with Sharia verdict for the following reasons:

- For contributing to the well-being of the family and guaranteeing comfort and tranquility to spouses.
- For fulfilling the social justice through applying equality between males and females.
- For raising children, teaching them and supporting them regardless of their gender.
- For benefiting the health of both the mother and the child.
- For creating a strong Muslim generation that enjoys good health.

Support these thoughts by mentioning the following verses from the Holy Quran:

"Allâh intends for you ease, and He does not want to make things difficult for you." Surat Al-Baqarah, Verse (185).

"And do not throw yourselves into destruction." Surat Al-Baqarah, Verse (195)

And the following Hadith: "O Allah, I seek refuge in you from the trial of poverty."

Explain the following points:

There is no text in the Holy Quran that prohibits contraceptive methods. Thus, family planning is permitted using deductive analogy, as coitus interrupts was permitted during the time of the Prophet, peace be upon him.

The Hadith narrated by Jabir bin Abdullah (may Allah be pleased with him): "We used to practice coitus interrupts at the time when the Quran was being revealed."
The Prophet, peace be upon him, has called intercourse, while the wife is breastfeeding, "ghila" intercourse, because it brings pregnancy that spoils the milk. Islam has permitted family planning, but it has strongly prohibited limiting it or issuing laws that would limit it.

It is clear from the Hadith above that the Prophet (PBUH) has agreed to the use of coitus interrupts by the Sahaba (May Allah be pleased with them) to avoid pregnancy at that time. He did not prevent them, thereby proving, in his approval, that family planning is permitted.

The Fatwa by Al-Azhar Sheikh Dr. Mohammed Sayyed Tantawi on family planning said:

• It is permitted to use the modern contraceptive methods temporarily or to delay the pregnancy for a period of time.

• There is no contradiction between calls for family planning and tawakol on Allah (relying on Allah). The temporary use of contraceptive methods is a permissible action and still allows a person to rely on Allah, as a Muslim always should.

• Sterilization of any of the spouses is prohibited, unless necessary.

• Abortion is prohibited, unless there is a medical necessity and if such action would preserve the life of the mother¹.

What do we mean by Family Planning?

Family planning is a way to help the spouses, through a joint decision, have the number of children they want, at the time they want, without negatively affecting their health or the health of their children.

¹ The Islamic Guide for Family Planning and the International Islamic Centre for Population Studies and
Second: Justice and righteousness among sons and daughters  

Discuss the traditional preference of boys over girls.

Discuss the effect of social traditions and the views of Islamic Sharia on this subject, in addition to its impact on the family life.

Ask participants to list the negative effects of preferring boys over girls in the modern age. Afterwards, ask participants:

- Is this preferential treatment consistent with Islamic Sharia verdicts or not?
- Is there anyone who thinks that preserving such traditions and practices is justified? If the answer is yes, then ask: why?

Manage a discussion on the above and be sure to stress the role of religious scholars and preachers (Wo'ath) in promoting justice and righteousness between sons and daughters and working towards changing the social norms that negatively affect individuals, families, and society.

Third: The husband's role in family planning and child spacing  

Start by reciting the following Quranic verse:

“And the bearing of him and the weaning of him is thirty (30) months.” Surat Al-Ahqaaf, Verse (15).

Ask participants the following question:

What are the justifications for child spacing with 3-year-intervals at least?

Conduct a discussion and write the main points on the board or flip chart. The following points must be covered:
• Pregnancy at an early age, before 18, or at an older age, after 35, increases health risks for both the mother and the baby.

• The possibility of having a neonatal death, preterm birth, or birth defects increases if the time intervals between pregnancies are less than 3 years.

• Frequent pregnancies and consequent births expose the mother to increased health risks the while pregnant and when delivering.

• The complications of pregnancy and giving birth cause the death of 500,000 women annually in different countries throughout the world, resulting in more than 500,000 babies left behind without mothers. Most of these deaths can be avoided today by benefiting from the use of information on child spacing.

Start the next activity by reciting the following verse:

"And of His Signs is this that He has created for you wives from your own species that you may find peace with them, and created love and mercy between you. Surely in this there are many Signs for those who reflect." Surat Ar-Room, Verse (21).

Provide the following example and discuss the following questions with them:

Salwa is a mother of four children aged: 5 years, 3 years, and 2 years and 6 months.

Ask participants to prepare a list of the tasks and chores Salwa has to do in one day, taking the following into consideration:

• What if one of the children becomes sick?

• What would happen if Salwa were to become sick?

• How can this situation be avoided?

• What are the tasks that the family members can do to lighten Salwa’s burden?
Discuss the cons and disadvantages of frequent births to the mother's and baby's health.

Some women think that they can prevent their husbands from marrying another by giving birth to many children. They start giving birth at a rate of one baby annually. They will have 5 or 6 children within the first 7 years of marriage, which will increase the load of burden on the husband. The house will then turn into a mess that may lack tranquility. The husband may no longer find comfort in his home, and may eventually leave the home for another marriage.

Narrate the following case:

Huda and Nabil have been married for 3 years and have a one year old daughter. Nabil works at the Municipality, while Huda is a primary school teacher. Huda drops her daughter at her mother’s house daily to be taken care of while she goes to work. Huda thinks that she has to wait 2 years before becoming pregnant again, because the daughter will be going to kindergarten and their financial situation should improve by then.

After discussing Huda’s case, ask participants to discuss the ideology of family planning and its methods and share ideas.

Discuss the following points relying on what you have heard from participants:

- Why some women are against using family planning methods:
  - Pressuring the husband in order not to think about remarrying.
  - Fear that the use of family planning methods may lead to infertility.
  - The woman may be unfamiliar with the various methods available.
  - Inefficiency of methods.
  - Fearful side effects of some methods.
o Not wanting to miss prayers and acts of worship due to the usage of some methods that extend the menstruation period for extra days or cause irregularity or bleeding.

- Reasons causing women to have lots of children:
  o Interference from the husband's or wife's family members.
  o The husband was an only child and wants a large family.
  o Being jealous of friends and neighbors.
  o The husband wishes to have many male children.
  o To gain an advanced social status.

- The stance of some men on family planning:
  o Rejecting the method or the idea of family planning.
  o Rejecting the use of any family planning method.
  o The misconception that the use of any family planning method is prohibited by Sharia.
  o The wish to have male children.
  o Excluding the wife from deciding on the best methods for the family
  o Lack of communication with the wife over family planning. This leads to the wife’s thinking that he is against it.
  o Some husbands threaten their wife that they would remarry if she uses contraceptive methods.

- Benefits of family planning:
  o Protects the health of the baby.
Protects the health of the mother.

Provides enough time for the mother to take care of the baby.

Gives a chance for both the mother and the father to provide the necessary financial resources to cover the family's expenses, which benefits both the family and society.

Fourth: Family planning methods

Allah (SWT) says in the Holy Quran:

"The mothers shall give suck to their children for two whole years, (that is) for those (parents) who desire to complete the term of suckling." Surat Al-Baqarah, Verse (233).

Explain the holy verse that clarifies Islam's position on family planning.

Allah (SWT) in the Holy Quran stresses the importance of breastfeeding, "give suck to their children for two whole years," and child spacing. Muslim scholars have relied on the holy verses and Hadith urging natural breastfeeding and permitting coitus interrupts.

The Hadith narrated by Jabir bin Abdullah (may Allah be pleased with him): "We used to practice coitus interrupts at the time when the Quran was being revealed."

All of the statements quoted above permit the practice of child spacing, and in fact, encourages it.
Ask participants to list the advantages and pros of family planning for the baby, the mother, and the family, and complete the points in the following table:

The advantages of family planning

<table>
<thead>
<tr>
<th>Advantages for the baby</th>
<th>Advantages for the mother</th>
<th>Advantages for the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduces the possibility of preterm births or low birth weight.</td>
<td>• Reduces health risks that might occur due to frequent pregnancies, especially for very young or very old mothers.</td>
<td>• Improves the livelihood and the well-being of the family.</td>
</tr>
<tr>
<td>• Reduces the possibility of the baby having infectious disease or malnutrition.</td>
<td>• Protects the</td>
<td>• Provides the proper balanced social and psychological environment to</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduces the possibility of birth defects and mental retardation.</td>
<td></td>
</tr>
<tr>
<td>Allows the child to acquire more care from both parents during the first crucial years of shaping the baby's personality.</td>
<td></td>
</tr>
<tr>
<td>Prevents the exposure to risks of unsafe abortion that might be resorted to in order to get rid of unwanted pregnancies.</td>
<td></td>
</tr>
<tr>
<td>Regulates the physical and mental burden on the parents.</td>
<td></td>
</tr>
<tr>
<td>Increases intimacy between spouses, while providing longer intervals of time for family life.</td>
<td></td>
</tr>
<tr>
<td>Alleviates the financial burden on the family, which enables them to provide proper nutrition, healthcare, education and entertainment.</td>
<td></td>
</tr>
<tr>
<td>Provides parents with the chance to enjoy observing the growth and development of their child and raise a child.</td>
<td></td>
</tr>
</tbody>
</table>
Provide the child with necessary care and nurturing.

- Provides the parents with the opportunity to raise their children according to the balanced comprehensive Islamic teachings.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Ask participants to mention the family planning methods that they already know, or are familiar with. Write them on a chart. Classify them into modern and traditional methods. Conclude the following:

**Traditional family planning methods:**

- Lactation.
- Coitus interrupts
- Natural methods that depend on being aware of the time of ovulation (the calculating method).

These methods are less efficient than others and require coordination and commitment from both spouses.
1. Lactation: (stopping menstruation through breastfeeding during the first six months of the baby’s age).

The hormones generated during lactation prevent the egg from leaving the ovary, provided that no menstrual activity occurs within 6 months of giving birth.

- Conditions of using lactation as a family planning method:
  
  o It is valid for 6 months only after giving birth.
  
  o The baby depends completely on breastfeeding, day and night and whenever he is hungry, regularly suckling at least 10 times a day.
  
  o The woman doesn’t have any menstrual activity.

    (If any of the above conditions are not valid, the mother should use another contraceptive method).

2. Coitus interrupts:

   This method isn’t efficient in preventing pregnancy. It also has a negative effect on the psychology of both the husband and wife, and requires a great deal of self-control by the man.

3. Calculating the time of ovulation:

   - This method depends on avoiding intercourse during the ovulation period (calculated based on menstrual cycle.) This requires disciplined practice and a precise record of the menstrual cycle in the previous 6 months. In addition, every woman is different in regard to ovulation signs and safety days. This
method requires a regular menstrual cycle, punctuality, and the practice and agreement between the spouses.

- A close observation looking for cervical mucus or other ovulation signs must be conducted. Dates of menstruation must be written down on a monthly calendar, in addition to taking notes of the body's temperature.

- The spouses should not have intercourse during the ovulation period, or if they choose to do so, they should use condoms or patches to avoid pregnancy.

Modern family planning methods:

Modern family planning methods are classified into two categories:

Short-term methods:

These are modern family planning methods that prevent pregnancy if used regularly on a daily basis, such as birth control pills (pills that have progestin, also called lactation pills or compound pills of low dose), or before each sexual intercourse, such as condoms and vaginal methods (spermicidal).

Long-term methods:

These are modern family planning methods that prevent pregnancy for long periods of time and can vary between three months, in the case of birth control injections, three years, when using certain birth control implants (implanon), and up to ten years, if using an intrauterine device (IUD). Such methods offer users the advantage of feeling free of the commitment and worry associated with the everyday use of birth control methods or before sexual intercourse. They are also safe and effective and don’t affect the feelings
or sexuality of any of the spouses. Fertility, or the ability to be pregnant, is restored after discontinued usage of these methods.

Summarize the above by stating:

Family planning does not advocate the permanent prevention of child bearing, In fact, it is used to help deliver the proper number of children at proper times (child spacing in order to allow the woman to regain her health and ability to take care of her family).

- There are no real risks of using modern family planning methods; the real risk lies in frequent pregnancy that increases the risks of postpartum bleeding, puerperal fever or anemia …etc.
- Family planning is a healthy practice that aims at regulating pregnancy, and consequently protecting the health of the mother, her children and her family. It also aims at guaranteeing a happy family that enjoys their health and well-being of social livelihood through spacing births at least three years apart.
- Frequent pregnancy poses a threat to the mother's health, which in turn affects her children's health, the family's livelihood, and her ability to take care of her children and raise them properly.
- Modern safe family planning methods are available in all Mother and Child Centers of the Ministry of Health.
- There are suitable methods for use by women after giving birth or while breastfeeding that do not affect lactation. There are also modern methods for newly-married couples to help them postpone the first pregnancy if they wish to do so.
- Misconceptions about family planning methods remain an obstacle to the adoption of these methods. We should clear the misconceptions through the promotion of awareness of proven scientific facts.
- Emphasize that Islam permits family planning methods to control birth provided that it's not permanent and it isn’t a general policy enforced by the state.
• There is a difference between practicing family planning methods and child spacing on one hand and doing things that cause infertility on the other hand. Islam permits the former, but not the latter.
• Stress that Islam has urged justice and equality among born girls and boys and that both are a gift from God.
• Traditional family planning methods are less efficient in preventing pregnancy. Spouses who use these methods might be subject to unplanned pregnancies if they aren't being extremely careful.
• There are various modern family planning methods that are more efficient than the traditional methods. Spouses can consult doctors or care givers in order to choose the method that is most suitable to them.
• 59% of married fertile women in Jordan use family planning methods. 42% of them use modern methods.
• A woman can become pregnant after 11 days of having a miscarriage. It is in the best interest of her health to wait for six months before trying to conceive again.

**Fifth: Misconceptions about family planning**

Ask participants to list misconceptions that they have or may have heard about regarding modern family planning methods and write them on the board or flip chart.

Clarify the following misconceptions:

1. Birth control pills cause infertility:

   Birth control pills don’t cause infertility, and this is clear when the care-givers stress that the pill should be taken on time to avoid pregnancy. They might even change the method for women who don’t remember to take their pills on time. Birth control pills are the second most popular method among Jordanian women, second to intrauterine device (IUD). All women who stop using these methods can conceive afterwards.
2. Birth control pills cause tumors:

Birth control pills don't cause any malignant or benign tumors. On the contrary, medical research has proved that birth control pills decrease the risk of ovarian and uterine cancers.

3. Birth control pills cause birth defects:

There is no record of any case where a baby was born with birth defects because the mother used birth control pills by mistake while pregnant.

4. Birth control injections cause infertility:

Birth control injections don't cause infertility, but some women may experience the absences of menstruation while using them. When the use of injections is stopped, menstrual activity returns back to normal. The woman's body might need some time (less than nine months) until the cycle becomes regular.

5. Birth control injections cause tumors:

The effect of the Depo-Provera injections of preventing pregnancy was first discovered among ladies who were treated from uterine cancer with injections that contain the same hormone in the Depo-Provera injections. Thus, Depo-Provera injections protect against uterine cancer.

6. Women need bed rest after removing the intrauterine device (IUD):
This is not true. Women that remove the IUD after ten years, or at any time, may choose to install a new IUD immediately or use any other family planning method that they wish.

**Sixth: Praying and worshipping during chronic bleeding outside of normal menstrual period**

Some of the modern family planning devices may cause some spotting in times other than the menstruation period for some women. What is the Sharia verdict on that?

The Sharia verdict on praying by women who are experiencing bleeding or spotting are as follows: ²

Women might be in the state of purity (Tahara) or menses or chronic bleeding outside of formal menstrual period (Istihada).

- Purity (Tahara): Being clean of menstruation blood.
- Menstruation: When the menstruation period starts in time and fulfills all conditions.
- Chronic bleeding outside of formal menstrual period (Istihada): bleeding occurring after menstruation, provided that menstruation blood has expired.

Scholars of the four Fiqeh (jurisprudence) schools agree that a woman experiencing chronic bleeding outside of formal menstrual period (Istihada) can clean herself and make fresh *wudu*’ (ablution) for each of the prayers she performs. She should do so immediately prior to the prayer she is intending to perform, after which she can pray any voluntary (Nawafel) prayers that she wishes.

Some scholars have permitted the performance of the prayers she had missed as well after the same *wudu*’ (ablution). She can also touch the Holy Quran, carry it, read from it

---

and perform Sujood of reciting Quran. Thus, she must perform prayers, fasting, and any other worships that are normally required.

The *wudu* (ablution) of a woman experiencing non-menstrual bleeding expires as the time for the prayer she has performed it for ends. If she performs *wudu* (ablution) to pray Shuhr prayer on time, she can't pray 'Asr prayer without redoing *wudu* (ablution) once 'Asr time starts.

Menstrual blood is unclean, while the blood of bleeding is a natural clean blood. That is why a woman is excused from performing prayers while menstruating and not while bleeding.

A woman should keep record of the pattern of her regular menstrual cycle and before using any family planning method such as intrauterine devices (IUD), injections, or pills. Blood that is not characteristic of her menses is considered chronic bleeding. Thus, after her menses ends, she must do "ghusl" (ritual cleansing of the body) and resume praying and fasting as normal, but she only has to perform *wudu* (ablution) for each prayer.

If she can't recognize the characteristics of her menstrual period, or if she hasn't had a menstrual period before, but can differentiate the menstrual blood, she must do "ghusl" (ritual cleansing of the body) and can then start praying, fasting, and reading Quran as normal, and she can have sexual intercourse with her husband.

Conclude the session by summarizing the main points in the discussion. Reiterate that religious scholars play a significant role in clarifying the Sharia verdicts on such matters and in educating people by urging them not to follow misconceptions. In addition they should refer members of their community to specialized experts where they can learn more about modern family planning methods.

Refer to the family planning methods appendix attached with this guide and explain each method in detail to the participants.
Session Six

Leadership Skills
Session Six: Leadership Skills

Session Topics:

• First: The role of religious scholars in improving health in their communities.

• Second: Leadership elements.

• Third: The concept of leadership.

• Fourth: Exercise on shared values.

• Fifth: Present leadership patterns.

• Sixth: Self-assessment.

• Seventh: Health information sources that a religious scholar can refer to in social awareness activities.

Session Objectives

• Explain the role of religious scholars in promoting social and health awareness and in helping to guide social change.

• Explain the characteristics of a leading religious scholar and his role in establishing the well-being of the society.

• Define the main health information sources that religious scholars can refer to and benefit from in order to promote health awareness.

Time of Session: 90 minutes.

One: The role of religious scholars in improving health in their communities

20 minutes
Begin the session by emphasizing that religious scholars and preachers play an important role in the daily lives of community members and that this exercise aims at providing them with the information and skills that are necessary in order to fulfill their role as providers of guidance. Be sure to mention that this session will include a discussion on ways that R.L.s can use their status to influence their communities to improve the livelihood of families, strengthen ties between family members and help improve the health situation in Jordan.

Ask participants the following questions and write their responses on the flip chart:

- What is the role that you, as a religious scholar or preacher, should play in the local community?
- What are some of the tasks that you do?
- What are the health problems that members of your local community face? Ask participants to list these health problems in the order of their significance and the degree to which these issues are spreading.

Divide participants into small groups of 4-6 members each. Ask each group to choose one of the health problems and discuss the following questions:

- How is this health problem dealt with in your community?
- As a religious scholar/preacher, what do you do to deal with this problem?
- Are you currently doing enough to deal with this problem sufficiently? If the answer is yes, can any of what you do be amended or improved? If the answer is no, what more can be done in your opinion?
- What has helped you to deal with such health issues?
- What has hindered you in your dealings with such health issues?

Ask each group to present their results to the rest of the participants.
Two: Leadership elements

The Holy Qur'an has mentioned leaders in several verses and on different occasions and from comprehensive points of view. Some verses define who is to be chosen as a leader and based on what factors, as in the story of Talût (Saul) and Prophet Yousef (Joseph). Some verses describe the behaviors of the leader with his subjects like the verses that describe Prophet Muhammed (PBUH)and his leadership characteristics. Other verses discuss the leader's role in inducing change and making an impact on the people around them.

God says: “And by the Mercy of Allâh, you dealt with them gently. And had you been severe and harsh hearted, they would have broken away from about you; so pass over (their faults), and ask (Allâh's) Forgiveness for them; and consult them in the affairs. Then when you have taken a decision, put your trust in Allâh, certainly, Allâh loves those who put their trust (in Him).” Surat Al-Imran (verse 159)

Another verse describes The Prophet, peace be upon him: “Verily, there has come unto you a Messenger from amongst yourselves . It grieves him that you should receive any injury or difficulty. He is anxious over you (to be rightly guided, to repent to Allâh, and beg Him to pardon and forgive your sins, in order that you may enter Paradise and be saved from the punishment of the Hell-fire), for the believers (he is) full of pity, kind, and merciful." At-Taubah (verse 127)

When taken together, the two verses listed above have defined the most significant elements of a successful leader and many of the patterns and characteristics that are necessary for successful leadership. Thus, the characteristics of a successful leader in Islam, who must apply religious teaching to his life, are:
1. Being lenient and never harsh nor crude.

2. Overlooking faults and asking God to forgive others.

3. Consulting others who are involved in the affairs.

4. Being decisive and not hesitant.

5. Placing their trust in Allah.


No one is born a leader, but leadership skills can be developed through training and practice. Leadership is a responsibility and we have to take responsibilities as leaders and respect this role that we play in the society.

Leadership is an art and a science acquired through practice and learning. There are no magical spells to guarantee success, but there are general principles on the dynamism of groups and techniques to facilitate leadership.

A leader can correct practices in his local community due to the status he holds and as per his personality or skills. A leader doesn’t accept problems facing his community, but works to transform obstacles and limitations into opportunities and possibilities. If you have the will and the desire, you can become an efficient leader. Success depends on a continuous process of self-study, learning and practice.

To be able to affect others you have to be familiar with the issues of interest to the group you work with and you have to practice the skills that would help you make an impact on the members of the group. These skills are usually a result of long-term training and successful leaders must continuously work to improve their skills.

**Three: The concept of leadership.**
Begin by addressing the participants directly: “You, as a religious scholar, have the authority to do certain tasks and reach certain goals in society, but this authority alone does not make you a leader. Leadership is not about dictating what others must do, but rather, it requires helping them attain objectives that meet their needs.”

Ask participants what the word "leadership" means for them. Write their responses on the flip chart. Conclude with the following:

Leadership is a state that an individual assumes to affect others in order to attain a certain goal by practicing leadership traits such as: values, knowledge, skills, ethics, beliefs and characteristics.

• Leadership is not oppression or forcing others to follow orders.
• Leadership is not a personal trait.
• Leadership is an activity.\(^3\)
• Leadership is a relationship and communication.
• Leadership is a process of influence and a desire to reach a definite end. To reach this end, an individual needs a vision. Leadership is about improving this vision and convincing others to share and support your vision.
• An individual won't have all the characteristics that enable him to play a leadership role under all circumstances even if he uses the same skills, style and abilities each time.\(^4\)

\(^{17}\) Hefetz, Leadership without Easy Answers, 1994.

\(^{18}\) Rosbach and Taylor, page 241.
• Leadership occurs when people with motives and objective rally institutional, political and psychological resources to motivate, attract and meet the objectives of subjects.

• The main function of the leader is to urge people to realize what they need and decide their values in a constructive and clear way that stimulates them to take action within a realistic and mature plan in order to solve their problems.

• Leadership is a natural outcome of communication and knowledge. Even someone who doesn’t have charisma might still become a leader.

There might be leaders in the local community (individuals, traditional, official or natural groups) however; there may not be any who are specifically focused on a particular issue such as domestic violence, adolescent health, child labor…etc.

Trust and Popularity

It is about the trust that the local community holds in its leaders for fulfilling promises and managing resources honestly and reliably.

Think about a leader's sayings/ actions on an issue/ program.

• What is his credibility on what he has said or done?

• Does he walk his talk?

• How much courage does he have in defending the interest of the local community?

19 Bruner 1978, page 18

20 Bruner 1978, page 44.
• How thorough and accurate is the leader's awareness of the people's needs and feelings?

• How strong is the communication between community members and the leader?

• How much respect does the leader have for other people's opinions?

• Does he earn respect?

• Can he deal with counter opinions and conflicts positively?

Four: Exercise on shared values 15 minutes

Exercise Objective: Define significant values of leadership.

- Ask each participant to write 3 significant leadership values (2 minutes).

- Divide participants into groups of 4-5 members and ask each person to share and discuss what he or she has written with the other members of the group.

- Members of the group will pick three shared values and each group will present these to the participants (8 minutes).

- What are the shared values among the groups?

- How were the differences dealt with?

If a certain group fails to finish the task, discuss the obstacles they have faced and suggest ways that they can be overcome.

Five: Present leadership patterns 20 minutes
Divide participants into groups of 4-5 members and ask them to think about present leadership in the development field (societies, clubs, municipalities, local councils, unions and other non-governmental organizations) and discuss their effects on society and development. Ask them to write a sentence or two that summarizes their discussion and have them share with the other participants.

During the presentations, try to extrapolate a common list that defines positive and negative characteristics of present leadership. Discuss with them whether the current leadership is satisfactory. Ask them the following questions:

- What are the qualifications of these leaders? What are their platforms? How were they picked?
- What are the results within the local community?
- Can you induce change in your local community? How?
- What are some of the challenges, risks, and opportunities?

Additional information:

- No individual can solve all problems. Individual acts are short-term and have little outcome.
- A true leader is a leader who gives a chance for others to contribute to community service.
- It is important to avoid the notion of the one and only leader (monopolizing public work and preventing others from practicing their skills).
- Each individual has leadership skills that must be encouraged and developed.
- It is important for the youth and for women to participate in treating issues that affect their quality of life.
- Individual gains leadership knowledge and skills through participation in community service and by being involved in public issues.

Leadership:

- Is what the local community considers leadership to be.
- Is what others trust.
- Is what fulfills the interests of the community.
- Is about encouraging the society to face its problems.
- Is about encouraging people to define their problems and attempt to solve them.

A Leader:

- Is not a savior.
- Is not a person who transforms difficult issues into easy ones.
- Does not rely on oppression or domination.
- Is not a person who has all of the answers.

Ask yourself:

- What characteristics do you have? What characteristics do you want to develop?
- Are there any obstacles hindering your role within the community?
- What strategies do you apply to overcome such obstacles?
- What steps can you take to encourage yourself, your friends, and/or your relatives to develop leadership characteristics?
What are the points of strength and weakness in leadership models that you are familiar with?

**Six: Self-assessment. 10 minutes**

Write the following sentences on the flip chart (or distribute handouts if they have already been printed) so that participants can assess themselves by defining how the following characteristics apply to them:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Always</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I treat people with respect regardless of their gender or age.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t judge people by their looks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t hesitate to help others if I can.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I have confidence while talking to others.

I like to learn from others and share what I know with them.

I don’t mind sharing accomplishments with others.

I fulfill my duties.

I don’t blame others and I take responsibility for my own faults.

I value the time and efforts of others, as well as mine.

I respect the opinions of others.

Discuss answers with participants and conclude by underlining the importance of why each individual should assess his or her performance objectively in order to be able to improve their skills and correct or amend their opinions. Reiterate that individuals are not born with all skills and abilities, but rather, they must acquire them through practice.

Earning the trust of others

When members of your local community decide that they respect you as a leader, they don’t think of your leadership characteristics but they watch what you do and make decisions based on what you do. They either view you as a trusted honest leader or as a person who uses his post for personal gain. Opportunistic leaders are not effective. People will not follow what they say or give them any respect.
Good leadership depends on respect. In order to gain the respect of your community, focus on the following:

- Who are you? (features and beliefs)
- What do you know? (your knowledge on religion and human nature)
- What do you do? (stimulate others and guiding them towards the right path)

Ask participants: What causes people to follow a leader?

People tend to benefit from the directives of others for whom they respect and those who appear to have a clear vision and a methodical approach. In order to gain respect, an individual should have high ethics and a clear view of what the future may bring, but the two most important factors for gaining people's respect are trust and communication.

- Know yourself. Work to improve your knowledge and skills through self-directed learning, regular classes, analyzing and exchanging views and opinions and expertise with others.

- Know your work and your community.

- Take responsibility for your actions.

- Look for proper methods to encourage your community to improve.

- When things don't work positively, don't blame others. Analyze the situation. Take corrective measures. Face challenges.

- Make correct decisions at the right time by using your problem analysis, decisiveness and good planning skills.

- Let your actions be a role model for your community.
Seven: Health information sources that a religious scholar can refer to in social awareness activities.

All of the following sources are in Arabic language:

- The Electronic Health Gate: [www.sehetna.com](http://www.sehetna.com)

- The Higher Population Council: [www.hpc.org.jo](http://www.hpc.org.jo)

- Department of Statistics: [www.dos.gov.jo](http://www.dos.gov.jo)


- Annual reports released by Department of Statistics in Jordan.

Conclude the session by summarizing the main points and emphasizing the reasons why religious scholars should continue to play a leading role in their communities to help solve the problems that individuals, families and community face.
Seventh Session

Mobilizing Local Communities towards Better Health Standards

Session Topics:

• First: Analyzing the problem
• Second: Setting up a community action plan
• Third: Mobilizing the Community
• Fourth: Identifying health priorities

Session Objectives:

• Introduce the factors that contribute to achieving reproductive health/FP, in addition to dealing with social issues and problems within the community
• Introduce effective strategies that are available to encourage the community to deal with these issues
• Emphasize the importance of networking with available management and utilities to hold discussion’s sessions

Session Duration: one hour

Introduction:

Begin the session by saying: “After we have reviewed health aspects, we will now identify health problems in the local communities, by prioritizing these problems, and analyzing their causes and consequences.”

First: Analyzing the problem

Divide the participants into 4 or 5 groups, and then ask each group to choose a particular reproductive issue from the attached worksheet. Ask them to prioritize the problems and analyze their causes and identify ways to solve these problems. Each group will present a report as follows:

Prioritizing results

- Analyzing the situation (on a social level)
What are the predominant religious misconceptions that contribute to the current problems and therefore must be corrected?

What are some of the health, social, and economic consequences that result from the problem?

Do these consequences affect men and women in the same way?

Do these consequences have the same effects on all economic and social segments?

Is the local community able to solve this problem?

Who should be tasked to contribute, and how are they able to do so?

Second: Setting up a community action plan

What are the local resources and potential resources that could be deployed to work on the problem’s causes?

How can R.L. s contribute to the elimination of this problem? What is the role of local men and women? How could they become involved?

Who are the individuals or groups that may prevent or oppose the efforts to solve health problems or change the current situation within the community?

Could they be involved in the change process?

Are there any other obstacles that could prevent the discovery of solutions to these health problems?

How could these obstacles be overcome?

Ask each group to choose someone to present its report.

The participants should discuss each report, and then suggestions must be presented.

Summarize the session by commenting on the groups’ presentations and the discussions related to them. Praise the participants for their efforts and their concern for
reproductive health issues within their local communities. Afterwards, remind the participants about the significance of their role in helping their local community’s individuals to overcome the obstacles that stand in their way of achieving satisfactory health. Furthermore, remind them that it is better to be safe than sorry, and that addressing the root causes of a problem is the perfect way to solve it.

Third: Facilitator’s appendix for community mobilization

What do we mean by community mobilization?

Community mobilization refers to the involvement of the local community’s individuals in identifying their problems and objectives, and then finding the suitable solutions for these problems. Moreover, they should identify their available resources and potential alternative resources, in addition to setting up the required plans and strategies to achieve the objectives they seek.

Community Mobilization Advantages:

• Facilitate achieving the required change: Collective actions that involve a community’s individuals will be more effective.
• Ensures the participation of targeted groups such as women, youth and the individuals most effected by health problems
• Enables the local community: Community participation and individuals’ involvement will create a sense of importance to individuals and they will recognize their abilities to change their lifestyles’ patterns for a better solution.
• Provide community support: When a community’s individuals collaborate to achieve a certain goal, regardless of their segments and genders, the opportunity for discussion will cause them to share experiences among themselves. In turn,
this will help them to develop themselves and their ability to work with each other and accept the opinions of others.

• Community mobilization ensures the enablement of active policies, procedures and systems, which help in supporting communities in achieving a better health status

• An Individual’s participation in collective actions related to health issues depends on a number of factors. Some of these factors are related to the community and others are related to the individual himself.

The community and personal factors that affect the community participation process are:

Community Factors:

• Community support from development institutions and centers that work on solving problems, in addition to the availability of resources and systems that are already in place to address these problems.

• Social networks in the community: The number of social networks in the community, their impact within the community, their impact outside the community, and their ability to mobilize support and resources, in addition to the presence of effective leaders of these networks.

• The availability of resources and information in relation to health issues and the alternative practices to solve these issues.

• Community history in community actions: Has the community worked collectively to solve a certain issue in the past?

• Community’s individuals’ opinions about these issues, and to what extent do they accept collective actions.
• Community’s perspective towards collective action, in addition to its traditions regarding collective actions, when it comes to the participation of women and youth.

God says “Allah does not charge a soul except [with that within] its capacity.“ Surat Al-Baqarah, Verse, (286)

Personal Factors:

• If the individual has a personal experience towards a certain issue.
• Individuals’ belief in their abilities to achieve a certain mission or task
• Individuals’ participation in collective actions: number of individuals’ participations in a collective action towards a certain issue.
• Individuals’ sense of belonging within the community: Their sense of belonging to the group most affected by the issue at hand.
• Individuals’ perspective towards the desired results, and the benefits for them and their community.

These factors, whether community factors or individual’s factors, may have a positive or negative effect. The more positive these factors are, the more likely it is that the community’s individuals will be encouraged to participate.

Required standard for effective community participation process

• Ensure the community’s individuals’ participation. These individuals are usually involved in the issues that are raised and in order to ensure their participation, it is crucial to review the obstacles that prevent them from participation. Since they will be selected to represent the local community, the removal of these obstacles is a significant and imperative requirement in the selection process.
• Ensure the participation of activists in the community: Activists are usually social workers, volunteers, or community leaders, who take the lead in addressing important matters. Without their participation we won’t be able to achieve what we our objectives. However, their participation alone won’t be enough for achieving our objectives, since the participant of all segments, especially the segments that need help and support, is crucial.

Fourth: Identifying health priorities

Please rate each of the following priorities and indicators by using a number from (1 - 10), using 1 to indicate a high priority, and 10 to indicate a low priority:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Issue (1)</th>
<th>Issue (2)</th>
<th>Issue (3)</th>
<th>Issue (4)</th>
<th>Issue (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue Title</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Seriousness:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the issue threaten life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frequency:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the percentage of individuals affected by this issue a high percentage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exposure:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the percentage of individuals, who may be exposed to the issue in the future, a high</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Its impact on the community: Does the issue currently have a great impact on the community? What about in the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The possibility of solving the problem: Is it possible to limit the problem's effects? (Can we contribute to solve the problem?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the local community aware of the problem's significance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the local community prepared and/or willing) to solve this problem?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>If the problem was solved, would that really affect an individuals’ quality of life for the better?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a clear objective, in relation to the problem, that can be achieved within a particular timeframe?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can everyone contribute in achieving this problem?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Analyzing the health problem and its causes**

- Problem’s consequences
- The health problem
- The problem’s causes
Eighth Session

Setting Up Action Plans and Impact Measurement
Session Topics:

• First: Setting up action plans
• Second: Groups' Presentations
• Third: Progress indicators of R.L.s’ interventions regarding reproductive health and family planning on a national level.

Session Objective:

Identify the available opportunities to integrate concepts and information related to reproductive health/FP in R.L.s activities within the local community.

Session Duration: One hour

First: Setting up action plans 30 Minutes
Begin the session by saying: “After we have acquired new information and skills, we will now form work groups, where each group will write down a list of activities that could be implemented by the local community, using this new information.”

Ask the participants to write down a list and choose three activities to elaborate upon by explaining how they could be implemented. Each group must choose someone to present the group’s work.

Help the groups by asking the following questions:

- What do you desire to achieve?
- Who is the targeted group?
- What is the suitable activity for this group?
- What are the messages that you wish to convey?
- Who will implement the activity?
- How will you reach the targeted group? (Where, when, how often would you get in touch with them?)
- How would you determine if the activity has worked or not?

Second: Groups’ Presentations 30 Minutes

Begin a discussion after each group’s presentation and complete the activities’ list with the following points:

Counseling sessions (individuals, couples and families, engaged and newlyweds, youth)

- Friday Sermon
• Religious lessons
• Guidance and preaching seminars
• Female preachers’ activities
• Youth summer camps for Quran memorization
• Religious messages during Taraweeh prayers in Ramadan (Between Rak'ahs)
• Local educational activities

Setting up a meeting with the following groups

• Social service providers
• Health service providers
• Social workers

Third: Progress indicators of R.L.s’ interventions regarding reproductive health and family planning on a national level.

• The number of R.L.s who have attended the sessions
• The number of sessions held in relation to family health
• The number of sessions held in relation to family planning methods
• The number of Friday Sermons in relation to reproductive health and family planning

Note: You can use the attached action plan form at the end of the manual
**Session Objective**

Measure the level of acquired information, by comparing the pre and post examination, in addition to receiving the feedback from the participants, regarding the content of the training.

**Session Duration: 30 minutes**

- Give the participants random numbers, and ask them to write down the number in the appropriate field in the pre and post examination form.
- Give each participant the pre and post examination form attached to this manual, before and after the training.
- Allow the participants approximately 15 minutes to complete the form.
- Give the participants the final evaluation form for the workshop, which is attached to this manual, and allow them 10 minutes to complete the form.

Thank the participants for their attendance and their commitment. Ask them to mention the procedures they plan on taking to integrate the information that they have gained from these sessions into their daily lives and into their local communities.

The Pre and Post Evaluation

Course title.....

Governorate/Directorate.....

Date.......

Number..........
• Women give birth to babies
• Women breastfeed
• Girls are sweet and boys are tough
• The male voice changes during puberty

3- Safe maternity factors are:
• Antenatal care
• Safe delivery
• Infertility treatment
• Postnatal care
• Daily exercise

4- Women who are at risk during pregnancy and delivery are:
• Young women during their first pregnancy
• Women who have 4 or more children, with birth spacing of less than two years
• Women who go to clinics during pregnancy
• Women who suffer from diabetes, blood pressure, malnutrition, and anemia

5- As a R.L., you can convey the following messages about FP during a Friday Sermon:
• After the childbirth, women should wait for at least 3 years before another pregnancy
• Women in their 40s do not need to use FP methods
• After miscarriage, women should wait for 6 months before another pregnancy
• If a girl got married before the age of 18, it is advised to use FP methods until she matures
6- **Breastfeeding benefits:**
- Leads to a healthier development of the newborn
- Protects from sexually transmitted diseases
- Strengthens the relationship between mother and child
- Reduces the risk of breast cancer and ovarian cancer
- Far more cost effective compared to the use of formula milk.

7- **There are legitimate reasons for FP in religion. These reasons are:**
- Prevention of health, psychological, and physical risk to the mother, that result from the frequency of pregnancy and delivery, or the mother’s young age
- To avoid giving birth to too many girls
- To preserve the woman’s beauty
- Fear from embarrassment due to a large number of children
- Enable the family to provide the best education and dedicate more time to childrearing

8- **One of the following phrases is a common misconception about FP, and therefore, it is the R.L.s’ role to refute it:**
- Vaginal bleeding, other than from the normal menstrual period, during the use of FP methods, does not prevent women from praying, however, women should perform ablution before each prayer.
- Modern family planning methods cause infertility.
• Modern family planning methods reduce women’s health risks and miscarriage resulting from close birth spacing.
• Family planning methods enable couples to nurture their relationship and provide their children with the attention and time that they need for healthy development.

9- Child’s rights that should be emphasized regarding the importance of parents’ care:
• Child’s right to health care and nutrition
• Child’s right to education and information
• Child’s right to safety, dignity and protection
• Child’s right to work

10- R.L. s’ role is to:
• Increase awareness among their local community’s individuals about their role in maintaining their families’ health and welfare.
• Provide counseling to couples.
• Collaborate with local community’s institutions in order to help solve problems.
• Lead prayers.
Final Evaluation Form for Trainers

Course title.....

Governorate/Directorate.......

Date.....

1- Please rate the following subjects by placing a check mark (✓) under the column that indicates your level of satisfaction:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Very Good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement of the training objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training relevance to your work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization of the program’s training materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness of the educational methods used in the training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The opportunity to participate and ask questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2- Training course duration :

- Long (  )
- Short (  )
- Suitable (  )
3- **What are the most significant issues covered by the course that you feel you have benefited from?**

- R.L.s’ role in advocating family welfare
- Islam and reproductive health
- Islam and birth spacing
- Mobilizing Local Communities Towards Better Health Standards
- Practical training
- Mixed – gender relationships in Islam
- Islam and safe maternity
- Leadership skills
- Follow up and evaluation

4- **Which of the following training skills were you able to apply during the course? (circle all that apply)**

- Lead a discussion
- Conclude a discussion and summarize the information that was derived from the discussion
- Interact with different character types
- Using training tools
- Facilitate groups’ work
- Time management
- Session preparation and implementation
- Setting up an action plan
5- Do you believe that the R.L.s that you have trained will adopt this reformative role in their local communities in order to enhance the welfare of Jordanian families?

6- Do you have any suggestions or recommendations that you would like to share?
Appendices
### Modern Family Planning Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Combined oral contraceptive pills</strong></td>
<td>- Temporary and effective method</td>
<td>- This kind of contraceptive pill has some side effects such as: nausea, delay in menstrual period, irregular vaginal bleeding, especially during the first three months of using these pills</td>
</tr>
<tr>
<td>(extremely effective if consumed regularly and daily)</td>
<td>- Safe method for almost all women</td>
<td>- It is not recommended for nursing women, since it reduces milk production</td>
</tr>
<tr>
<td></td>
<td>- Can be used at any age, regardless of whether or not the woman has already given birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Offers some protection from certain types of cancer and anemia.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Some kinds could be used as an emergency contraceptive method, in the case of intercourse occurrence without using FP method</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Increases pleasure during intercourse</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mild headache</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Slight weight gain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Sudden stop of the Menstrual cycle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Breast tenderness when pressure is applied.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Does not offer any protection against sexually transmitted disease, including HIV/AIDS</td>
</tr>
</tbody>
</table>
| pill containing progestin-only (Extremely effective especially during nursing) | - Excellent choice for nursing women who wish to use contraceptive pills  
- Extremely effective during nursing  
- Does not reduce milk production  
- Does not cause side effects resulting from the use of estrogen  
- Could be used as an emergency contraceptive method, in the case of intercourse occurrence without using FP method  
- Helps in protection from benign breast tumors, Pelvic inflammatory diseases, endometrial cancer and ovarian cancer.  
- reduces the possibility of Progesterone’s side effects, such as acne and weight gain. | - It can cause disturbances in the menstrual cycle, when it is used by non nursing women. These disturbances include: irregularity in menstrual periods and vaginal bleeding in addition to bleeding that is common during the normal menstrual period  
- Less common side effects, such as headache and tenderness of the breasts  
- The pills should be taken daily and on schedule, in order to receive full protection against becoming pregnant  
- Does not prevent Ectopic pregnancy |
|---|---|---|
| **FP Contraceptive Injections** (Extremely effective. It contains Progesterone that is similar to the hormone in the woman’s body and it is intramuscular injection) | - Easy to use, since it is taken every three months after the first month of giving birth or during the first week of the menstrual period  
- Safe and provides privacy  
- Could be used by women of all different | - It is possible to change the menstrual period patterns  
- light bleeding between menstrual periods  
- Weight gain by 1 or 2 kilograms every year  
- Headache, breast tenderness, mood |
<table>
<thead>
<tr>
<th>Age groups, regardless of whether or not they have had children</th>
<th>Safe during breastfeeding. Nursing mothers can start taking the injections after six weeks from giving birth</th>
<th>Delay in fertility by four months longer than other contraceptive methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe during breastfeeding. Nursing mothers can start taking the injections after six weeks from giving birth</td>
<td>Helps in preventing Ectopic pregnancy</td>
<td>Does not provide protection from sexually transmitted disease including HIV/AIDS</td>
</tr>
<tr>
<td>Helps in preventing endometrial cancer</td>
<td>Helps in preventing endometrial cancer</td>
<td>- Must take the injection every three months</td>
</tr>
<tr>
<td>Protects women from anemia</td>
<td>Protects women from anemia</td>
<td></td>
</tr>
<tr>
<td>Does not effect intercourse between the couples</td>
<td>Does not effect intercourse between the couples</td>
<td></td>
</tr>
<tr>
<td>Implanon (Small plastic capsule that is implanted at the top of the woman's arm, and contains Progesterone that is similar to the hormone in the woman's body)</td>
<td>Extremely effective for three years from the date it is implanted</td>
<td>Doesn't provide protection from sexually transmitted disease including HIV/AIDS</td>
</tr>
<tr>
<td>Extremely effective for three years from the date it is implanted</td>
<td>Women can use it at different ages, whether they had children or not</td>
<td>- Implant the capsule needs a simple procedure by a trained health provider</td>
</tr>
<tr>
<td>Women can use it at different ages, whether they had children or not</td>
<td>Does not delay fertility or alter the ability to reproduce after taking the capsule out</td>
<td>- It can cause disturbances in the menstrual cycle, such as light vaginal bleeding other than the normal menstrual period, or sudden menopause</td>
</tr>
<tr>
<td>Does not delay fertility or alter the ability to reproduce after taking the capsule out</td>
<td>Safe to use during breastfeeding. Nursing mothers can start to use it after 6 weeks of giving birth</td>
<td>- Some women could suffer from</td>
</tr>
<tr>
<td>Safe to use during breastfeeding. Nursing mothers can start to use it after 6 weeks of giving birth</td>
<td>Fertility returns immediately after discontinued usage</td>
<td>• Headache and</td>
</tr>
<tr>
<td>Fertility returns immediately after discontinued usage</td>
<td>- Fertility returns immediately after discontinued usage</td>
<td></td>
</tr>
<tr>
<td>- Fertility returns immediately after discontinued usage</td>
<td>- Fertility returns immediately after discontinued usage</td>
<td></td>
</tr>
<tr>
<td>- Fertility returns immediately after discontinued usage</td>
<td>- Fertility returns immediately after discontinued usage</td>
<td></td>
</tr>
</tbody>
</table>
| Intrauterine device (IUD) (a small plastic figure that comes in many shapes. It has one or two threads and it is inserted inside the uterus) | - Helps in preventing endometrial cancer  
- Helps in preventing anemia | nausea  
- ovarian enlargement  
- Appetite changes  
- Weight gain  
- Hearing loss and acne  
These side effects don’t happen to most women and usually goes during the first year from using the implant without treatment |
|---|---|---|
| - Extremely effective over a long period of time  
- Does not affect intercourse and it can increase pleasure, due to freedom from stress related to worrying about becoming pregnant.  
- Fertility returns immediately after device is removed  
- Does not affect milk quality and production  
- It can be inserted immediately after birth  
- Helps in preventing Ectopic pregnancy | - Heavy menstrual bleeding that continues into a longer period than normal  
- Severe pain and cramps after 3 to 5 days from the day of insertion  
- Can be disabled by the user. It should be removed by a trained doctor  
- Must ensure after every period that the IUD in its right place, by using the threads coming out of it | |
| Condoms: A thin latex |
rubber cover that is placed tightly over the man’s erect penis before intercourse)

- Prevents sperm from entering the vagina and therefore no fertilization occurs
- Easy to use method after getting used to the process
- Extremely effective when a new condom is used properly for each act of intercourse
- Provides protection from sexually transmitted disease
- Doesn’t affect woman’s fertility or man’s sexual ability

In some cases, it could cause allergies from latex.

R.L.s Action Plan on Family Health

<table>
<thead>
<tr>
<th>Number</th>
<th>Activity</th>
<th>Activity Subject</th>
<th>Time frame</th>
<th>Activity place</th>
<th>Number of attendees expected</th>
<th>The Participants (The Targeted group)</th>
<th>The facilitator</th>
<th>Supervising Directorate of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participants’ Registration Form

The Ministry of Awqaf, Islamic Affairs and Holy Places (MAIAHP)

Trainee Name: 
Directorate: 
Training Duration from: …… until: ……
Training Location: 

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Name</th>
<th>Job</th>
<th>Directorate</th>
<th>Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Daily Attendance Form

<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Participants’ Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# R.L's Social Activities’ Follow up Form

**R.L’s Name ...............**

**Governorate/Directorate ........**

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Subject</th>
<th>Activity</th>
<th>Duration (By minutes)</th>
<th>Attendee's Number</th>
<th>Attendee's Approximate Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>