

## **Child Marriage and Family Law Reform**

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### **Engaging Islamic Opinion Leaders on Child Marriage: Preliminary Results from Pilot Projects in Nigeria**

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There has been an increase in recent years in the focus on faith-based organizations and faith leaders as legitimate actors in the quest for development and transformation (ter Haar, 2011). Advocacy of secular/technical approaches to development have given way to more nuanced views, including a new body of evidence that views religion as a resource and a capital base from which change agents and social engineers can draw models, values, and alternative visions of hope for development (Carbonnier, 2013; Tomalin, 2015). This literature explores how faith communities and faith-based organizations (FBOs) can provide social and spiritual infrastructure upon which societal goals are advanced. For example, recent issues of *The Review of Faith & International Affairs* have provided new evidence on the role of faith-inspired organizations in the provision of health (Olivier and Wodon, 2014) and education (Wodon, 2014) services in Africa. While the market share and reach to the poor of those organizations is not as large as often believed, the evidence points to often higher satisfaction of the users of services than for other providers.

Apart from the role of FBOs, there has also been a focus in the literature on faith leaders and their potentially catalytic role in interventions ranging from conflict mitigation to climate change. One of the areas that has received special attention is that of public health, especially in Africa. Faith leaders have played important roles in the fight against HIV/AIDS, the improvement of family planning and reproductive health outcomes, and the fight against the harmful traditional practice of female genital cutting. International development agencies promoting an interventionist role for faith leaders in African public health have singled out leadership development as a transformative tool for catalyzing conservative and resistant religious opinion leaders into action. The model of leadership development in public health holds that by developing the leadership capacities of faith leaders in public health, they are better able to reach out to strategic audiences of the faithful as well as to public health officials and political decision makers, and catalyze change of behavior and practice. In this way they become valued partners in development.

Within the leadership development in public health literature lies an important body of prescriptive works which propose strategies and models of leadership development for Muslim leaders specifically. Underlying the works on leadership development for Muslim leaders is a transformative model of leadership that assumes that lack of support or opposition to public health interventions stems from misinterpretation of the Islamic precepts of the issue. Advocates of this position therefore argue that an expanded knowledge base of Muslim leaders on the Islamic position on public health is associated with personal transformation and with their willingness to advocate to strategic audiences. The proposition here is that by educating Muslim leaders and providing them with correct knowledge about the Islamic position of a particular

public health issue, they will be prompted to change their views and to communicate a new and enlightened learning to the Ummah—the global Muslim community. To the limited extent that Muslim faith leaders' role in public health interventions has been evaluated, many of the studies validate the association between expanded knowledge for Muslim scholars and improvements for maternal mortality rates, adolescent reproductive health service delivery and reduction in HIV infections.

In view of the new interest in engaging scholars in projects to end child marriage, this paper explores two such interventions funded by the Ford Foundation and Grand Challenges Canada which engaged Muslim leaders with the objective of expanding their knowledge base on the Islamic position on age of marriage to catalyze personal transformation and outreach. The paper is structured as follows. After a brief discussion of leadership development in public health for faith leaders in general first and specifically for Islamic leaders next, the paper discusses the prevalence of child marriage in Nigeria, and explores the application of leadership development model for scholars in public health to the new challenge of ending child marriage. The paper draws from an end of activity assessment of the engaging Muslim leaders components of the two projects to explore the effectiveness of the leadership development model for scholars borrowed from public health.

### **Leadership Development in Public Health for Faith Leaders**

In public and reproductive health, leadership development has emerged as an effective capacity building tool to improve the knowledge and commitment gaps of faith leaders. Baseline studies and pre-intervention surveys have shown that despite their interest in public health, when inducted into public health interventions, most faith leaders fail to have the requisite knowledge, motivation, and skills to model new behaviors and to influence the faithful to change. It is against this background that the groundswell of faith-based and focused leadership development interventions within the context of HIV/AIDS programs has taken place in countries such as Uganda.

UNICEF (2003) has established clear links between leadership development and achieving public health outcomes through faith leaders. Impact investors such as the MacArthur, Ford, and Packard Foundations, as well as UNFPA, have also made that link and developed leadership development programs targeting faith leaders. As pointed out by Andrews et al, (2010),

“Development interventions should focus more on ‘how’ change occurs and what role leadership plays in this ‘how’... Leadership interventions need to focus on building functional groups of leaders... around unifying problems [...], creating change space rather than creating leaders as an end, and be fitted to context, while consistently emphasizing leadership plurality, functionality, problem orientation and change space creation.”

This consensus is also expressed in UNDP (2006), where it is argued that “the present concern for leadership comes from the drive for participatory governance and the realization that the effectiveness of development practitioners depends on local level ownership and links with national development policies, plans and budgets.”

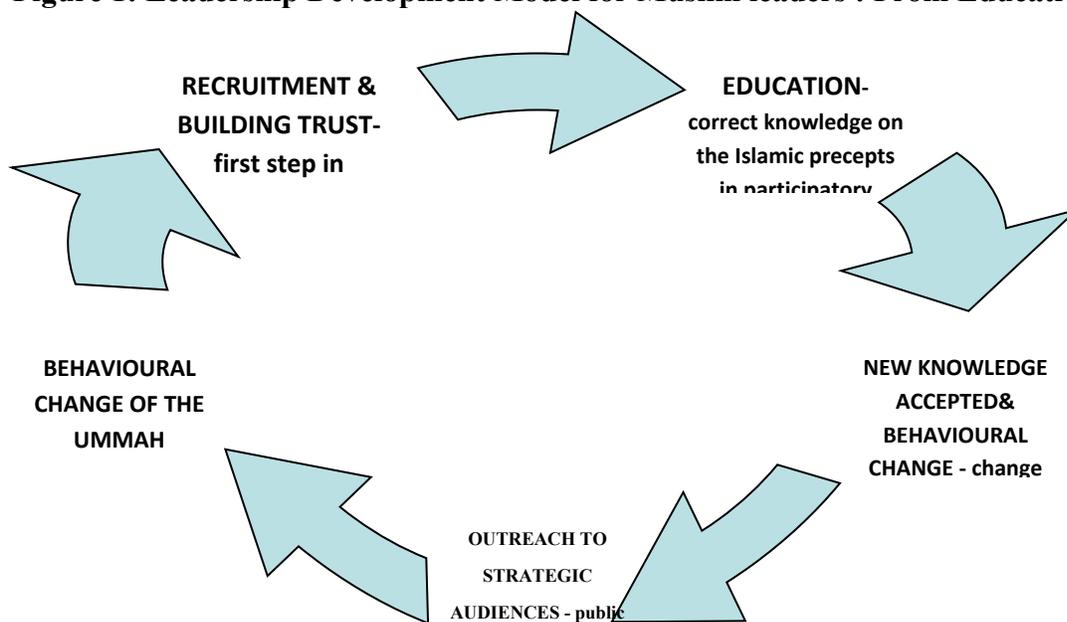
In this and other works, UNDP has delineated how to proactively and purposefully develop local leaders working across sectors. This led to a groundswell of new leadership development models and approaches captured in the UNDP Leadership for Results Strategy in 2001 and soon thereafter in the Leadership Development Programme (LDP). The LDP drew from a cross-section of “theories and practices of distinction, leadership conversations for effectiveness, emotional intelligence competences and frameworks for understanding complexities” (UNDP, 2005:10). The program contained components of coaching, support for breakthrough initiatives, cascading leadership development training, community capacity enhancement and engagement of local level faith, cultural and community leaders.

### Leadership Development for Islamic Leaders

For development agencies such as USAID, UNFPA, Pathfinder International, IntraHealth and Management Sciences for Health (MSH), engaging Muslim leaders in public health programs also meant that their leadership capacity should be developed. In many cases, these agencies focused on Muslim leaders as participants of multi-faith public health interventions while in other cases groups such as Pathfinder International specialized in working with Muslim leaders as a discrete ethnographic group. UNFPA and USAID led the way in sketching out the leadership development model for working with this important constituency, while other development actors such as the Woodrow Wilson Center and Pathfinder International contributed to knowledge generation in this area.

From evaluation reports, toolkits, and reflection sessions, a simple model on leadership development for Islamic scholars has been distilled in Figure 1 below. The elements of this generic model revolve around four core processes designed to catalyze behavioral change on the part of the scholars and to prompt them to take actions intended to change the attitudes, behaviors and practices of the Muslim Ummah.

**Figure 1: Leadership Development Model for Muslim leaders : From Education to Action**



Source: Author

The starting point is the process of recruitment of scholars and building trust. The flagship USAID Expanded Service Delivery (ESD) project in Yemen describes this phase of the model as “Identifying champions and building alliances to promote stakeholder buy-in... fostering partnerships to build local ownership and sustainability. ESD allied with a local implementing partner or institution in each country where it successfully engaged” (USAID, undated).

As Figure 1 illustrates, the second phase of the model focuses on providing correct education to Muslim scholars on the Islamic perspective on public health issues in question. The ESD project describes this as the implementation stage where religious leaders have their capacity built in preparation for outreach to the Ummah. In a Woodrow Wilson Centre consultation, Nabeela Ali, Chief of Party with the Pakistan Initiative for Mothers and Newborn (PAIMAN) identifies the rationale for the second stage of the leadership development model as: “the need to build arguments for maternal health based on the Quran and to tailor terminology according to the ulamas’ preferences” (Woodrow Wilson Center, 2011). The ulamas who worked with PAIMAN did not want to utilize the word “training,” so instead they called their education programming “consultative meetings”. The USAID ESD project in Yemen made a similar case for educating ISOLs by providing them with authenticated religious statements and added a new significant activity of building the communication skills of Muslim leaders (USAID ESD, undated).

In stage three, the new knowledge on correct Islamic precepts is expected to be accepted, and behaviors and practices are changed in line with the new knowledge. This is a transformative stage in the model. The fourth stage, the outreach stage, is characterized as a period in which Islamic scholars “disseminate health messages and supporting *fatwas* that encourage community members to adopt healthier behaviors. Working solo or in tandem with others, such as peers, service providers, and mobile health teams” (USAID ESD, undated). UNFPA (2013) elaborates on this key stage by giving examples of the range of outputs expected from Muslim leaders as *fatwas*, public announcements, edits, conferences, and debates on television. In the literature on engaging Muslim leaders it is this stage of the leadership development model which is expected to contribute to change in knowledge, behavior, and practice in the Ummah. Stage fifth, the final stage, is the outcome stage where the expected results of any leadership development intervention of scholars are verified when change is measured in the Ummah.

## **Muslim Leaders and Reproductive Health in Nigeria**

Pathfinder International, Family Health International (FHI) and to a lesser extent the Centre for Development and Population Activities (CEDPA) and IPAS can be credited with pioneering a first generation of public health interventions which engaged Islamic faith communities in Northern Nigeria in the mid-1990s. With funding from USAID Nigeria, Pathfinder International engaged the Federation of Muslim Women Association of Nigeria (FOMWAN) in a project leading to the publication of comprehensive guidelines for Muslim traditional birth attendants. Family Health International blazed the trail in the AIDSCAP project in 1999 with strong partnerships with Muslim Sisters Organization (MSO) and a 2003 partnership with the development Research and Projects Centre (dRPC) in the Network of Muslim Leaders in HIV/AIDS Faith Focused project. The Community Based Research (COMBAS) funded by the International Pregnancy Advisory Services (IPAS) and implemented

by the dRPC between 2003 and 2004 was a research project targeting over 200 Muslim scholars to document their knowledge, attitude and opinions on family planning, maternal health, abortion and safe motherhood.

Between 2000 and 2010, Packard Foundation grantees such as Pathfinder International, CEDPA, the Institute of International Education and the dRPC all implemented Family Planning/Reproductive Health interventions with behavioral change components which targeted and engaged Muslim leaders. The second generation of public health interventions to emerge from around 2005 built upon the experiences of the first wave of projects and replicated many of the activities such as encouraging public pronouncements. Amongst the second generation of projects is the NOVIB funded reproductive health project targeting Muslim leaders throughout the North and implemented by the non-governmental organization Adolescent Health Information Project (AHIP). Other projects include the USAID funded Community Participation for Action in the Social Sector (COMPASS) and Targeted States High Impact Project (TSHIP) projects as well as the Gates funded Emirs project targeting traditional and religious leaders and the UNFPA funded 2011 project Advocacy and Social Mobilization for Gender Equality and Demand Creation for Improved Utilization of Maternal Health Services and the Emergency Obstetric and Newborn Care (EmONC) project, implemented by traditional and religious leaders in Sokoto, Kebbi and Adamawa States in the North. In addition, the Management Sciences for Health (MSH) Leadership Management and Sustainability project also targeted Muslim Opinion Leaders during the 2000s.

Perhaps the high point of the second generation Muslim leaders initiatives in Nigeria came with the Abuja Declaration of the Network of African Islamic Faith-Based Organizations on March 17<sup>th</sup> 2005 where a group of 185 Islamic scholars representing 17 African countries laid out a 22 point declaration, saying they

strongly urge governments, international organizations and the private sector to support the work of Islamic religious leaders in their efforts to make their own contributions to the important undertaking of lifting Africa from poverty, maternal mortality and morbidity, as well as infant mortality and underdevelopment. (2005:1)

The third generation of reproductive health programs in Nigeria specifically targeting Muslim leaders include the USAID funded Leadership Development for Family Planning/Reproductive Health for Muslim leaders implemented by the dRPC, and the Gates Foundation funded Nigerian Urban Reproductive Health Initiative. NURHI's contribution in this area of program has been documented in terms of the use of appropriate terminology in working with Muslim leaders .

## **Child Marriage**

As the development community mobilizes to end child marriage in hot spots in the Global South, scholars are increasingly being viewed as an important resource whose voice can contribute to ending this practice. Child marriage is a harmful traditional and cultural practice, it is a human rights violation, a public health challenge of our time, and a human security issue associated with disease burden, infant, child and maternal mortality and extreme poverty.

While Nigeria—situated in a band of countries with the highest rates and numbers of child marriage in the world (Brown, 2012)—has made some progress towards increasing the median age of marriage, data from Demographic and Health Surveys suggest that especially in the North girls continue to marry early (Table 1), and after gains between 2003 and 2008, no further gains were achieved in 2013.

**Table 1: Median Age at First Marriage by Area in Nigeria, 2003 to 2013**

ZONES	2003	2008	2013
National average	16.6	18.3	18.1
North Central	17.7	18.3	19.9
North East	15.0	15.6	16.3
North West	14.6	15.2	15.3
South East	21.8	22.8	22.7
South South	19.2	20.9	21.5
South West	21.3	21.8	21.8

Source: Demographic and Health Surveys.

International conventions such as the UN Convention on the Rights of the Child (Article 1), the Committee on the Elimination of All Forms of Discrimination Against Women (General Recommendation 21), as well as regional laws such as the 1990 African Charter on the Rights and Welfare of the Child (Article 21) constitute the legal basis for enforcing 18 years as the minimal legal age of marriage. In this paper, following standard practice, the term child marriage is defined as any union whether formally registered or not, taking place under religious, customary, or legal statute where one or both spouses are children under the age of 18 years and cannot, by virtue of their age, give consent.

International development agencies committed to ending child marriage recognize the importance of engaging Muslim scholars as part of a broader behavioral change strategy focusing on community, traditional and faith leaders. Agencies such as UNFPA, as well as GirlsNotBrides and ICRW have led the way in advocating for a deepened engagement with ISOLs in the new wave of ending child marriage interventions. An important example of recent initiatives where scholars have been included is the “Not in Our Name” campaign of UNFPA. In their statement “A Call to Action: Faith for Sexual and Reproductive Health and Reproductive Rights,” a collective of faith leaders stated: “Not in our name should any girl, boy, woman or man be abused, violated or killed. Not in our name should a girl child be deprived of her education, be married, be harmed or abused.... Not in our name should any young person be denied their full human rights” (UNFPA, 2014). But perhaps the best case for engaging scholars in the fight to end child marriage has been made in the PLAN Niger report where it was noted that:

In many of the places where child marriage is most prevalent, religion and tradition exerts a powerful influence over communities. It is often used to insulate and sanction child marriage practices. Religious, spiritual and traditional leaders are respected and powerful voices in many communities where Plan works. Engaging and supporting these leaders to be strong advocates can be crucial in eliminating harmful practices such as child marriage. By speaking out against child marriage and identifying and championing community led strategies for ending the practice, they can create environments where parents who decide not to marry their daughters early are supported. Plan works with religious leaders

such as the Sultan of Dosso, one of only four sultans (the highest level of traditional leader) in Niger. (PLAN, 2013: 51)

## Engaging ISOLs in Nigeria on Ending Child Marriage

Case studies of the Ford Foundation and Grand Challenges Canada projects contribute towards addressing a lack of data about the impact and outcomes of engaging ISOLs on child marriage. Two case studies were implemented: (1) Building collaboration, partnership and political commitment to delay early marriage and the onset of childbearing in Northern Nigeria; and (2) Muslim opinion leaders: building capacity for maternal health. Both case studies were implemented in Northwest Nigeria, the area with the highest rates of child marriage.

The development Research and Projects Centre (dRPC), an indigenous non-profit based in Northern Nigeria, is the implementing agency for the Grand Challenges Canada project under the Saving Lives at Birth (SLaB) multi-agency funding stream. The project has a timeline of November 2014 to November 2016. The Ford Foundation funded project—building collaboration, partnership, and political commitment to delay early marriage—is implemented by five non-profit organizations one of which is the dRPC with responsibility for monitoring, evaluation, and knowledge management. The timeline of this project is 2013 to 2015.

Under the Ford Foundation supported project, two members of the Consortium of Nigerian civil society organizations, the Girl Child Concerns (GCC) and the Isa Wali Empowerment Initiative (IWEI), were in charge of mobilizing gatekeepers as champions of girl-child education. To implement this activity both organizations convened leadership development interventions in the form of capacity building workshops with Muslim leaders to identify the scriptural support for girls' education and to produce an output for public enlightenment on girls' education. Under the SLaB project implemented by the dRPC, a key objective of the project was to increase the leadership capacity of Muslim leaders to communicate correct information to community based health providers on the Islamic position on Reproductive Health. Five areas of Reproductive Health were identified, one of which was on the Islamic position on child health and the association between maternal mortality/morbidity and child marriage. To expand the information base scholars participated in a study tour to the Institute of Research and Training in FP/RH in Alexandria, Egypt.

Pre and post assessments were conducted of the training workshops by GCC and IWEI and of the training to Egypt by the dRPC. In addition, an outcome evaluation was also conducted in February 2015 to determine three outcomes: the extent to which participating Muslim scholars gained new knowledge on Islamic precepts on age of marriage; the extent to which the training design built the leadership capacity of the Islamic scholars; and to ascertain the scholars' action plans and strategies as a result of participating in the training. The outcome evaluation workshop was organized as a one-day participatory interaction where qualitative methods were used to facilitate a process of reflection and self-reporting by Muslim scholars. Table 2 below presents the Muslim scholars in attendance at the outcome evaluation meeting by gender and organization.

**Table 2: Islamic scholars participating in the outcome evaluation**

Organization	Male scholars	Female scholars	Total
IWEI	6	1	7
GCC	0	9	9
dRPC	7	2	9

### *New Knowledge Gained by Muslim leaders on Islamic Perspective on Age of Marriage*

The outcome evaluation exercise created a participatory and safe environment for the three groups of Islamic scholars to identify any new leaning on the Islamic perspective on age of marriage obtained during the training workshops. Scholars from the dRPC, GCC, and IWEI programs worked in separate groups and reported back on the extent of learning. Islamic scholars of the GCC and IWEI training programs responded that they had not gained new knowledge on the Islamic perspective on age of marriage, while scholars from the dRPC program acknowledged that they had obtained new knowledge.

GCC and IWEI training participants explained that they had not acquired new knowledge because Islam does not prescribe a specific age at which marriage is permitted. All scholars stated that they were aware of this position before the leadership development intervention, even while some learning was achieved: “We learnt that there is no specific age for marriage, but at the end of it all we concluded that a girl is fit for marriage as soon as she is done with her secondary school education, because by then she will be knowledgeable enough and matured too”; “There is no specific age of marriage, but age of marriage can be regulated through secondary school education.”

The nine scholars of the dRPC program reported that they were exposed to new knowledge on the causal relationship between child marriage and maternal mortality and morbidity and on the Islamic perspective on the rights of adolescent girls. During the training the dRPC Islamic scholars reported that they were informed about verses from the Holy Quran and Prophetic traditions supporting 18 to 21 years as the minimum age of marriage by leading Egyptian scholars. They were also educated about the Islamic precepts justifying responsibilities of the state to protect girls through age of marriage laws. Scholars stated that they learned that “Laws should be enacted to protect the interest of the governed....wherever the interest is, so the law of God is a must”. They reported that they also learned that there are various rules that guide the conduct of marriage; the first rule is: “Do not challenge the fact that judgments can change with passage of time; and the second rule is: Sharia must tilt towards the interest of people.e”

They reported that during the study tour to Egypt, Dr. Hamed Abu-Taleb, Professor of Gynecology and Obstetrics and of Comparative Jurisprudence at the University of Al-Azah, who also serves as Chairman of the Committee on Women’s Issues at the Supreme Council for Islamic Affairs, taught the dRPC scholars that marriage was not compulsory in Islam but when it happens it depends on the physical and mental development, and maturity of the girl’s womb to bear and deliver children. Dr. Hamed informed the scholars that while the age of maturity varies from culture to culture it usually begins from the age of 18 years. A Hadith was cited that “he who is able to marry should marry, and he who is unable to marry should be fasting.” The main take-away messages from the Egypt training were that: Islam does not call for early marriage; Regarding the marriage of Aisha by the Prophet at 9 years, there is another tradition which speaks of 19 years; and early marriage is one of ignorant traditions before Islam.

Scholars attending the Egypt training reported, however, that while they gained new knowledge from the expert presenters, they took issue with the didactic nature in which the information was presented and found it necessary to challenge the accuracy of the interpretations as well as its applicability to Nigeria.

### ***Muslim leaders' Assessments of Program Design***

When asked to reflect on the effectiveness of the training methodology for leadership development, all three groups credited the design of the intervention with building their leadership capacity. However, they emphasized different aspects of the experience as positive. Scholars from the IWEI program were most positive about the participatory dialogue approach of the capacity building training. They singled out the high level of interaction, diverse nature of the participants, and the fact that they were included amongst the list of participants for particular mention by noting that: "What I like the most about the training we did was the fact that people decided to meet so that they will talk about the importance of girls' education and age of marriage"; "I was like a presenter during the training. I was really impressed by the fact that the participants paid attention to my presentation and they were also copying notes from me...this was one of the reasons why I left what I was doing to come to this meeting"; "I like the fact that Muslims and non-Muslims were brought together to discuss the issue that concerns all ... I am still in contact with the Reverend Father who attended the workshop from Ecumenical Church of West Africa."

Similarly, scholars from the GCC capacity building program noted that the training built their leadership skills by providing them with Islamic texts that they could use to enlighten community members about the importance of girls' education. In this regard, one participant commented: "I like the way the scholars were quoting from the Hadith and the Holy Quran and backing up their arguments with it." Another design feature noted by the female scholars of the GCC program was that the training provided them with techniques and strategies for disseminating their new knowledge to community members. This was explained in the following terms: "The program was designed with continuity and it showed us how to go down to the grassroots."

Similar to the GCC scholars, those participating in the dRPC program also reported that they benefitted from the communication skills component of the training, which they characterized as an empowering experience. On the other hand, however, the scholars also reported that because they disliked the lecture format of the experts on health and human rights in Islam they responded by being equally firm in their disagreements with the presenters. These scholars concluded that the opportunity to argue and debate openly with learned Egyptian scholars created an exchange of ideas (*marzua*) that contributed to building their leadership development.

### ***Muslim leaders's Strategies and Action Plans to Communicate Correct Information on Age of Marriage***

With regard to the question of scholars' readiness to reach out to the Ummah to communicate knowledge about the Islamic position on a minimum age of marriage, all scholars of the three groups were unwilling to tell the faithful that marriage of girls under a specific age was haram or not permitted in Islam. Scholars responded that: "Prescribing a marriageable age in the Hausa community will face a serious challenge because the ummah is built upon certain values that uphold the chastity of girls. Parents do not want that."; "What message do you want us to tell the public? If you want us to tell the public that they should not marry out their daughters until they reach a certain age, it is something that we cannot do. I do know that Hausa people have a culture of distancing their kids from them. They do not maintain a good rapport

with their kids. I think we should tell the parents to bring their kids closer to them so that they will know their problems....it is only then the parents can understand the problems of their kids.”; “We do not believe in setting a certain age of marriage, we should rather emphasize the need to take good care of our kids. But we should not talk about setting an age of marriage. Family bonding is missing in our homes, we will communicate the need for parents to draw their daughter close to them so that they will know the best time to marry them off.”

While scholars would not communicate messages proscribing marriage of girls under a specific age, they were however, quick to propose alternative messages with implications for delaying marriage. Scholars from the IWEI and GCC programs drew from their training that focused on education and proposed that girls must complete secondary school before marriage or that girls’ consent must be obtained for marriage at any age. One participant from the IWEI program said “we should please concentrate on advocacy for girl child education which will ultimately take care of age of marriage,” while another said “workshops should be organized on how to prevent premarital affairs, how to cater for married women’s education, how to prevent pre-marital sex for unmarried girls.” One female participant from GCC observed that “we noticed that parents of girls in the rural areas we are working with, withdraw their daughters from school for marriage as soon as they know that they are of age. So we encourage them with the Hadith to make them keep their daughters in schools (sic)”.

Scholars who attended the Egypt training, which focused on maternal health and rights approaches to end child marriage, also agreed that they could not prescribe a minimum age of marriage within Islam. Rather, they conceded that for the health of adolescent girls, marriage should be delayed until maturity. Because of their concern for the health of adolescent girls and children born to child mothers, they targeted health workers after returning from Egypt, convening meetings to learn more about health implications of adolescent births and to discuss new learning from the Egypt training. They affirmed their commitment to continue sensitizing health workers about the link between maternal mortality and morbidity and marriage of girls who are not yet mature.

## Conclusion

Feedback from the three groups of scholars in the dRPC, GCC, and IWEI programs point to the challenges of realistic goal setting in faith based interventions using leadership development approaches. While Muslim scholars accept the need to delay marriage on the basis of education and health grounds, they stop short of recommending 18 as the minimum age of marriage upheld in Islam despite exposure to leadership training. One scholar expressed the ambiguity caused by this situation by observing: “I have listened to all presentations of all the groups and they are in line. There is no age of marriage in Islam. It’s not a pride for me to marry my daughter by 8, 9 or 10 years. It’s also not compulsory to allow the girl to reach 18 or 20 years before marriage.”

The experience of Islamic scholars discussed above, calls into question the feasibility of the leadership development model borrowed from reproductive health where an intervention is expected to educate scholars and catalyze them into communicating their new learning to the Ummah in order to change behavior. When applied to the case of child marriage in Northern Nigeria, findings suggest that scholars in the Ford Foundation funded intervention did not come away with a clear understanding on the Islamic position on age of marriage. Findings also showed that while experts in the Grand Challenges Canada program did attempt to provide such precepts, scholars remained skeptical. Where there was common ground, was on the issue that marriage should be delayed. Scholars argued that marriage should be delayed until girls completed secondary school or until they arrived at maturity. Neither the age of maturity nor of school completion was defined.

Feedback by participants on the leadership training methods suggests that more work has to be done to leverage the strengths of participatory learning approaches. Moreover, as faith leaders are increasingly brought into the conversation and into actions to end child marriage, more work must be done to map out clear and accurate guidelines for scholars to communicate to the Ummah from within the context of Islam. Overall, the experience of the scholars in the Ford Foundation and Grand Challenges Canada projects mirrors a reality where Islamic leaders recognize the problem of child marriage but are constrained in framing their action statements by the conservative nature of the society. Interestingly, when they do attempt to address the issue of age of marriage it is through the framing of secular arguments concerning keeping girls in schools and girls’ health. This raises the question of the need to deepen technical and non-religious content of leadership development programs targeting Muslim leaders.

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