Online Survey Report as part of the UK Government-funded 'WORKING EFFECTIVELY WITH FAITH LEADERS TO CHALLENGE HARMFUL TRADITIONAL PRACTICES'

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBO</td>
<td>Faith-Based Organisation</td>
</tr>
<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
</tr>
<tr>
<td>HCP</td>
<td>Harmful Cultural Practices</td>
</tr>
<tr>
<td>HTP</td>
<td>Harmful Traditional Practice</td>
</tr>
<tr>
<td>JLI</td>
<td>The Joint Learning Initiative for Local and Faith Communities</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>SVAW</td>
<td>Sexual Violence Against Women</td>
</tr>
<tr>
<td>SVRI</td>
<td>The Sexual Violence Research Initiative</td>
</tr>
</tbody>
</table>
1. Introduction

In 2016, the UK Department for International Development released a call for proposals for a study entitled “Working effectively with faith leaders to challenge harmful traditional practices”. A Consortium of the Joint Learning Initiative on Faith and Local Communities, an international alliance examining the contribution of faith groups to community health and well-being, undertook this study to investigate best practices around engaging with faith leaders on harmful traditional practices. This study is currently on-going and will continue until 2018.

The study itself follows a multi-case case study design, with each individual case study focusing on one of five organisations, four of whom are international faith-based organisations (FBOs), and their work on harmful traditional practices (HTPs) and with faith leaders. An anonymous, online survey was also done, with academia, policy makers and practitioners active within the field of faith and/or harmful traditional practices (HTPs) or harmful cultural practices (HCPs). The fieldwork was preceded by a literature review, looking at existing HTP prevalence data and then at the available literature on faith and HTPs.

This survey report is on the data from an anonymous, online survey that was completed by 65 individuals from across the globe. As such, the survey report merely details and explains the data gathered through this survey. Only in the synthesis report – a separate document – the literature review, five case studies and the survey data are analysed as a comprehensive whole.

2. Sampling strategy

A purposive sampling strategy was used, by sampling members of four networks that focus on sexual and gender-based violence and/or faith. This was done based on the assumption that such members might also be working on one or more HTPs. The four networks were:

- **The Sexual Violence Research Initiative (SVRI)**
  - The SRVRI aims to increase awareness of sexual violence, as a priority in public health. The organisation has a large network of members, estimated to be as high as 5000, from all over the globe.  
- **The Joint Learning Initiative for Local and Faith Communities (JLI)**
  - An international collaboration on evidence for faith groups’ activities, contribution and challenges to community health and wellbeing. Membership is global in reach.
- **The Africa Regional Sexual and Gender-Based Violence Network**
  - Network partner organisations work on fostering a multi-sectoral response in their countries and beyond, strengthening the medical, legal and/or justice sectors’ abilities to care for SGBV survivors.
- **The GBV Prevention Network**
  - The network consists of activists and organizations working to prevent violence against women. The network has over 500 members, working in 18 different countries in the Horn, East and Southern Africa.

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1 The funding partner (UK DFID) uses the term ‘harmful traditional practices’, therefore this term, rather than ‘harmful cultural practices’, was used in the study. This is not an indication of the research team being unaware of the problematic nature of, and differences between, the two terms – as the literature review discusses in detail.

2 Please see [http://www.svri.org/](http://www.svri.org/)

3 Please see [https://jliiflc.com/](https://jliiflc.com/)

4 Please see [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4496589/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4496589/)

5 Please see [http://preventgbvafrica.org/about-the-network/](http://preventgbvafrica.org/about-the-network/)
A point person within each network contacted members. The networks invited their members to take part in the survey by using one or more of the following methods:

- Directly emailing all members of the network with a link to the survey
- Posting a notice on the network’s website, with a link to the survey
- Putting a notice in the weekly newsletter going out to all members, with a link to the survey
- Posting a link to the survey on their social media pages (Facebook and Twitter).

The data collection was most successful with the JLI – its membership contributed 62 of the 65 responses (57 via direct email, and five via the link on their website). Three responses were from SVRI members, while none of the members of the African Regional SGBV Network and the GBV Prevention Network completed the survey. While this is regrettable, the international profile of the two networks that did provide respondents increased the probability of gaining wider insights and not just Africa centric views.

3. Ethics

International ethical clearance\(^6\) for this survey was received from the Stellenbosch University Research Ethics Committee: Humanities.\(^7\) As part of the ethical stipulations for the survey, respondents had to read and electronically indicate their acceptance of a consent form\(^8\), prior to completing the survey. Furthermore, all surveys were completed anonymously.

4. Data collection and analysis

The survey was developed in Survey Monkey. Survey Monkey is useful in that research participants can use it on computers, tablets and cell phones to complete the survey.

The questionnaire included open-ended and closed questions. It also followed a skip logic, where the respondent would automatically be asked certain questions based on his/her response to specific questions. A respondent could get a maximum of 23 questions and it took approximately 15 minutes to complete. The questionnaire can be found in Appendix B.

The data collection tool was piloted before the survey was launched. The pilot test resulted in two changes to the survey. The original Question 15 being split into two questions, while the definition of ‘HTP’ that was included at the top of every page was removed, as it was felt it was too leading.

The survey was live for three weeks and resulted in 65 responses. Data analysis was done using predominantly descriptive statistical tests in IBM Statistical Package for Social Sciences (SPSS). The data was tested using non-parametric tests due to the sample size. SPSS was also used to run frequencies on the categorical data, to see how the data is distributed and to identify trends in the distribution. Thematic analysis was done on qualitative data.

5. Limitations

One has to acknowledge that there will be some biases reflected in the responses. Firstly, as 60% of the respondents work within in Africa (excluding North Africa), one can expect the resultant data to

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\(^6\) Proposal number U-HSD-004364.

\(^7\) National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

\(^8\) Appendix A: Survey consent form.
reflect an understanding of faith and HTPs that is particularly relevant in this region. Furthermore, as 47.7% of respondents work for FBOs, this sector’s particular positioning in terms of faith and development will arguably also influence the data. Thirdly, just over two-thirds of the respondents work with Christianity and Christians. While they all work with other faiths as well, one can expect experiences with Christianity and Christians to colour the data. Lastly, sexual violence against women (SVAW), child and early marriage, and female genital mutilation or cutting (FGM/C) are the HTPs that the majority of the respondents work on. Thus their understanding of HTPs will be influenced by their experiences of working with these particular HTPs.

6. Survey data

In this discussion of findings, the quantitative and qualitative findings will be discussed in an integrated manner, since the qualitative data often informs and explains the quantitative data. The presentation of the data follows the format of the questionnaire and its skip logic.

6.1 Sample description

The study was completed by 65 research participants, of which 51% are male and 46% are female. Two participants did not indicate their gender.9

Table 1. Gender

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>30</td>
<td>46.2</td>
</tr>
<tr>
<td>Male</td>
<td>33</td>
<td>50.8</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>96.9</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The largest number of respondents (38.5%) are between the ages of 35 to 49 years of age, while the smallest number (7.7%) are over the age of 65.10

Table 2. Age

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 35</td>
<td>11</td>
<td>16.9</td>
</tr>
<tr>
<td>35 to 49</td>
<td>25</td>
<td>38.5</td>
</tr>
<tr>
<td>50 to 65</td>
<td>19</td>
<td>29.2</td>
</tr>
<tr>
<td>65+</td>
<td>5</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>92.3</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>5</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The largest number of the participants (32%) are situated in Africa (excluding North Africa), although 26.2% is based in North America. Latin America and the Caribbean is least represented, with only 1.5% of respondents based in countries from this region.11

9 See Question 2 in the Survey Questionnaire included in Appendix B.
10 See Question 3 in the Survey Questionnaire included in Appendix B.
11 See Question 4 in the Survey Questionnaire included in Appendix B.
Table 3. Respondents’ main base

<table>
<thead>
<tr>
<th>Region</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (Excluding North Africa)</td>
<td>21</td>
<td>32.3</td>
</tr>
<tr>
<td>North America</td>
<td>17</td>
<td>26.2</td>
</tr>
<tr>
<td>Europe and Central Asia</td>
<td>7</td>
<td>10.8</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>6</td>
<td>9.2</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>3</td>
<td>4.6</td>
</tr>
<tr>
<td>South Asia</td>
<td>3</td>
<td>4.6</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Missing System</td>
<td>7</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4 shows which regions the respondents do the majority of their work activities. The majority work (60%) in Africa (excluding North Africa). The Middle East and North Africa (23.1%), Latin America and the Caribbean (20%), East Asia and the Pacific (18.5%), and South Asia (18.5%) all receive considerable attention too.  

Table 4. Respondents’ main region of activity

<table>
<thead>
<tr>
<th>Region</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (Excluding North Africa)</td>
<td>39</td>
<td>60.0</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>13</td>
<td>20.00</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>15</td>
<td>23.1</td>
</tr>
<tr>
<td>South Asia</td>
<td>12</td>
<td>18.5</td>
</tr>
<tr>
<td>East Asia and Pacific</td>
<td>12</td>
<td>18.5</td>
</tr>
<tr>
<td>North America</td>
<td>9</td>
<td>13.8</td>
</tr>
<tr>
<td>Europe and Central Asia</td>
<td>8</td>
<td>12.3</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As Table 5 shows, most of the respondents work in the civil society sector, with almost half (47.7%) working for faith-based organisations (FBOs), and 18.5% working for Non-governmental Organisations (NGOs).

Table 5. Organisational affiliation

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBO</td>
<td>31</td>
<td>47.7</td>
</tr>
<tr>
<td>NGO</td>
<td>12</td>
<td>18.5</td>
</tr>
<tr>
<td>Research / Academic Institution</td>
<td>3</td>
<td>4.6</td>
</tr>
<tr>
<td>Inter-government agency*</td>
<td>3</td>
<td>4.6</td>
</tr>
<tr>
<td>Faith group / community</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>Government</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>Missing</td>
<td>12</td>
<td>18.5</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*This category was not part of the original survey, but is based on respondents’ explanations when selecting the ‘other’ category

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12 See Question 5 in the Survey Questionnaire included in Appendix B.
13 See Question 6 in the Survey Questionnaire included in Appendix B.
6.2 Terminology

Respondents were asked if they find the term ‘harmful tradition practices’ or ‘harmful cultural practices’ useful. As the question was followed up by an open-ended request to motivate their response, respondents were given the opportunity to reflect on the difference between the terms, if they so wished to.

Of those who answered the question on its usefulness, 54% view it as useful, while only 14% did not find it useful. Almost a third of the respondents have never heard of the term or did not answer the question.

Table 6. Usefulness of term

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>35</td>
<td>53.8</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>13.8</td>
</tr>
<tr>
<td>I have never heard of the term</td>
<td>7</td>
<td>10.8</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>78.5</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>14</td>
<td>21.5</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Respondents were then asked to explain why they see the terminology as useful or not. 34 respondents answered the question. Those stating that they do find the terms useful, felt that it was helpful in identifying specific practices (rather than, for example, violence in general), and that it was useful to be able to clearly identify a cultural practice as harmful. For example:

Traditional practices have been part of the African tradition for many years. However, in recent years one can see many practices (under the disguise of being traditional) coming to the fore. And these are actually harmful to participants. With this term a clear distinction can be made of whether a practice is harmful or not.

Nevertheless, many of those finding it useful also expressed reservations, or issued words of caution, stating that the terminology itself can be problematic and its use not always appropriate. A number of challenges/problems exist: the term can create resistance, due to the juxtaposition of ‘culture’ or ‘tradition’ with ‘harmful’; it can be used without full understanding of contextual particularities; and it can contribute to the conflation of all ‘culture’ or ‘tradition’ with ‘harm’. See, for example, the following explanation by a man working for a FBO in Africa:

I see it as a useful term that needs to be used cautiously because it’s used as an adjective to "culture" or "tradition" here, where some may misinterpret/misuse it as a synonym with culture/tradition, which is not true. As long as we emphasize on the harmful practices within cultures and traditions, I think it’s a useful term.

These reservations echoed what those opposed to the use of the terms, stated. Those not finding the terms useful argued the relativity and subjectivity of the term; how the term itself creates tension and limits people’s willingness to engage in conversation on these issues; that it is insensitive to context; and that it is used in a biased way, often only in relation to practices in the

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14 See Question 7 in the Survey Questionnaire included in Appendix B.
15 See Question 8 in the Survey Questionnaire included in Appendix B.
16 Female, working in Africa (Excluding North Africa), working for Non-governmental organisation (NGO - Secular)
17 Male, working in Africa (Excluding North Africa), working for Faith Based Organisation
non-West. See, for example, the following explanation by a woman working for a FBO in Africa, East Asia and the Pacific:

*While moving into other cultures or working with other cultures, it is important to understand why certain traditional practices or cultural practices were started. In some cases, the practice might not be harmful but the way in which it is carried out may be harmful. With our western thinking we cannot go about labeling practices as ‘harmful’ without properly understanding the reason behind it.*

This issue of HTPs as non-western phenomena was directly or indirectly touched on by both those who find the term helpful and those who prefer not to use it. For example, one respondent argued the biasedness of the terminology, arguing that common practices in the UK – such as smacking – are not labelled HTPs; while another respondent’s discussion positioned HTPs as (only) African practices. Based on the survey responses, the practice most respondents associate with HTPs is FGM/C.

The respondents were asked to classify HTPs in relation to GBV. For 40% of the respondents HTPs is a form of GBV while 20% viewed GBV as a type of HTP. 17% argued that it is a combination of both.

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18 Female, working in Africa (Excluding North Africa), Middle East and North Africa, South Asia, North America working for Faith Based Organisation
19 Male, working in East Asia and Pacific, working for Research / Academic Institution.
20 Male, working in Africa (Excluding North Africa), for a secular NGO.
21 See Question 9 in the Survey Questionnaire included in Appendix B
22 See Question 10 in the Survey Questionnaire included in Appendix B
Table 7. HTP and GBV

<table>
<thead>
<tr>
<th></th>
<th>Freq.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>see harmful traditional practices as a form a gender based violence</td>
<td>26</td>
<td>40.0</td>
</tr>
<tr>
<td>see gender based violence as a type of harmful traditional practice</td>
<td>13</td>
<td>20.0</td>
</tr>
<tr>
<td>Both*</td>
<td>11</td>
<td>16.9</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>76.9</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>15</td>
<td>23.1</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*This category was not part of the original survey, but is based on respondents’ explanations when selecting the ‘other’ category

6.3 Faith engagement

47 respondents indicated that they work with faith, faith communities and/or faith leaders. The questions that focused on faith were asked only of these respondents.

Of those respondents engaging with faith, faith leaders and/or faith communities, the majority (68%) engage with Christianity and Christians, while 35% engage with Islam and Muslims. One should note that all the respondents indicated that they work with two or more faith groups.

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23 If the respondent answered ‘no’ or skipped Question 11, the survey automatically cut the rest of this section and proceeded to Question 17.
24 See Question 11 in the Survey Questionnaire included in Appendix B
25 See Question 12 in the Survey Questionnaire included in Appendix B
Respondents who self-identified as engaging with faith groups were asked at which level their engagement lies. It was interesting to find that all respondents engage at two or more levels.  

*This category was not part of the original survey, but is based on respondents’ explanations when selecting the ‘other’ category*

---

26 See Question 13 in the Survey Questionnaire included in Appendix B
6.3.1 Interventions with faith leaders

Respondents were asked three questions on interventions with faith leaders (in general, not necessarily specifically on HTPs): what interventions have been effective in working with faith leaders\textsuperscript{27}; which ones have not been effective\textsuperscript{28}; and the lessons that can be learned from these.\textsuperscript{29} In responding to these questions, the respondents rarely discussed specific interventions, but rather focused on general approaches to working with faith leaders. These effective approaches in working with faith leaders included:

\textbf{Table 8. Effective interventions with faith leaders}

\begin{center}
\begin{tabular}{|l|}
\hline
Providing a platform for meaningful discussion, conversation and dialogues, and realising that it is a slow process. The majority of respondents emphasised the importance of the process and its facilitation.
\hline
\textit{Years and years of socialization of what we think is a harmful practice won't just change with a 3-day workshop, or us telling people "it's bad", it's complex, and we need to engage, dialogue and create spaces for reflection for people to unpack, understand, and explore alternatives, individually, and together.}\textsuperscript{30}
\hline
Using sacred scripture in workshops/trainings with faith leaders and designing interventions that are sensitive to the local particularities of religion. According to the majority of the participants, in such discussions the issue must be addressed from a faith perspective (rather than, say, a human rights or public health perspective), at least initially.
\hline
\textit{Starting with their faith perspective in mind, rather than a rights based approach. I've found that backing into the rights from a faith perspective is more transformational, less confrontational, and more sustainable. The way I describe it is that we ask: What does God say about you/women/men/violence/protection value of children? VS what does the UN say in these areas? From the faith starting point, you meet faith leaders where they're at and speak their language.}\textsuperscript{31}
\hline
Have faith leaders present the workshops/trainings with faith leaders. This also creates safe spaces where faith leaders can be open and honest. Lastly, working with a number of faith leaders from one community assists in developing healthy peer group pressure.
\hline
Faith leaders to faith leaders dialogue and trainings/capacity building. In my opinion, this seems to be an effective approach because often faith leaders who support/advocate/perpetuate harmful traditional practices are only open to hearing a challenge to their beliefs (if they are open at all) if it comes from another faith leader.\textsuperscript{32}
\hline
Including interfaith dialogue on HTPs
\hline
Cooperating with faith leaders in designing HTP interventions, as it will make the interventions as well as their energy and motivation for implementing it, more.
\hline
Partnering with faith leaders that are sympathetic to reform and thus show a willingness to engage on the issue.
\hline
We have promoted dialogue with such leaders on contemporary interpretation of religious teachings. Some open-minded leaders easily accept new interpretations which are resonant with universal values.\textsuperscript{33}
\hline
Engagement on masculinities, where faith leaders are thereafter partnered with men and boys from the community. Since most communities are patriarchal ones and the overwhelming
\hline
\end{tabular}
\end{center}

\textsuperscript{27} See Question 14 in the Survey Questionnaire included in Appendix B
\textsuperscript{28} See Question 15 in the Survey Questionnaire included in Appendix B
\textsuperscript{29} See Question 16 in the Survey Questionnaire included in Appendix B
\textsuperscript{30} Male, working in Africa (Excluding North Africa), working for a FBO.
\textsuperscript{31} Female, working in Africa (Excluding North Africa) and Middle East and North Africa, working for a FBO.
\textsuperscript{32} Male, working in East Asia and Pacific, Europe and Central Asia, Latin America and the Caribbean, South Asia and North America, Inter-government agency.
\textsuperscript{33} Male, working in East Asia and Pacific, working for a FBO.
majority of faith leaders are male, they are able to challenge men’s attitudes and actions.

A few specific programmes were directly mentioned as being effective interventions. These included Tostan’s programme to end FGM/C\textsuperscript{34}, the Good Touch, Bad Touch Flipchart\textsuperscript{35} for teaching on sexual abuse and exploitation, the Asian Youth Against Porn toolkit for teaching on the dangers of pornography\textsuperscript{36}, SASA\textsuperscript{37} Faith, and World Vision’s Channels of Hope. \textsuperscript{38}

When asked to identify and discuss interventions with faith leaders that did not work, respondents once again discussed failed or ineffective approaches, rather than specific interventions. Often these failed approaches were simply the mirror image of the effective approaches discussed earlier; for example, if including faith leaders in the design of interventions was identified as an effective approach, not including them was identified as a failed approach. Unhelpful approaches in engaging with faith leaders included:

\textsuperscript{34} Please see their website for details: https://www.tostan.org/areas-of-impact/cross-cutting-gender-social-norms/female-genital-cutting/

\textsuperscript{35} Please see their website for details: http://www.goodtouchbadtouchflipchart.org/

\textsuperscript{36} Please see their website for details: http://asianyouthagainstporn.org/

\textsuperscript{37} Please see their website for details: http://raisingvoices.org/sasa/

\textsuperscript{38} Please see their website for details: http://www.wvi.org/health/publication/channels-hope
### Table 9. Ineffective interventions with faith leaders

<table>
<thead>
<tr>
<th>Ineffective Interventions with Faith Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrumentalising faith leaders. Genuine bottom-up engagement with faith leaders is needed, otherwise they know that they are simply a tool used for development goals.</td>
</tr>
<tr>
<td><strong>Utilizing faith leaders as part of a development intervention, rather than deeply engaging and partnering with them. Faith leaders can do a song and dance and not actually be active in the community if they know you are instrumentalizing them.</strong>&lt;sup&gt;39&lt;/sup&gt;</td>
</tr>
<tr>
<td>Judgemental, value-driven approaches that simply condemn current practice and religious beliefs. Such approaches polarise communities by creating stark binaries.</td>
</tr>
<tr>
<td><strong>Critiquing their rituals and practices without dialogue on why they do them, not understanding their core principles and values, lecturing without providing concrete examples of change and inclusions.</strong>&lt;sup&gt;40&lt;/sup&gt;</td>
</tr>
<tr>
<td>Once-off or short-term interventions</td>
</tr>
<tr>
<td>Approaches that do not use religious language, sacred scripture, local language, and sensitive and appropriate terminology.</td>
</tr>
<tr>
<td>Approaches or interventions that are dependent on external funding</td>
</tr>
<tr>
<td><strong>When there is too much money involved you get what you ”pay” for. This means once the money stops, the activity stops. Faith leaders have a responsibility to care for the vulnerable in their community- but they need to recognize that fact. They need to recognize the problem and come up with solutions to solve it. However, this is a long process.</strong>&lt;sup&gt;41&lt;/sup&gt;</td>
</tr>
<tr>
<td>Approaches that require faith leaders to take too strong a stand ‘against’ their own communities. Faith leaders’ resultant experiences of marginalisation within their own communities often lead them to distance themselves from, or even oppose, the position they have taken, undermining the intervention:</td>
</tr>
<tr>
<td><strong>It is a fine line between wanting to awaken a faith leader to take a stand on HCPs and making them a target of animosity in the community. Pushing faith leaders to take a strong stand, marching in the streets, shouting from the pulpit, etc. has led to tension in communities and at times, even violence or aggression toward the faith leaders. This ends up polarizing the community instead of fostering dialogue that could lead to change.</strong>&lt;sup&gt;42&lt;/sup&gt;</td>
</tr>
<tr>
<td>Approaches that target foundational beliefs, for example LGBTIQA issues, can be extremely challenging to implement.</td>
</tr>
<tr>
<td>Not engaging with faith leaders when designing interventions that are meant to target faith leaders and faith communities.</td>
</tr>
<tr>
<td>Approaches that are often-used in engaging with faith leaders – such as the Training-of-Trainers model, or toolkit-based trainings – were also deemed ineffective by some respondents.</td>
</tr>
</tbody>
</table>

In identifying the lessons learnt from failed or ineffective interventions, respondents identified helpful practices that not only apply to faith leader engagement, but to community engagement in general. The main lesson was that it takes time, patience and facilitation skills to engage with faith leaders. It cannot be rushed and faith leaders need to be continuously supported. Trust must be developed and part of this process is genuinely consulting faith leaders on the issues to be addressed and how it is understood. Such engagement must understand and respect sacred scripture and faith. The process of engagement thus appears to be a (the?) crucial element of effective engagement with faith leaders:

> **It is very important to give time to the faith and community leaders so that they understand the context and situation of why an issue may be considered a harmful practice.**

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<sup>39</sup> Female, working in Africa (Excluding North Africa) and the Middle East and North Africa, working for a FBO.  
<sup>40</sup> Female, working Africa (Excluding North Africa), working for a FBO.  
<sup>41</sup> Female, working in Africa (Excluding North Africa), working for a Faith Based Organisation.  
<sup>42</sup> (Female, working in Africa (Excluding North Africa), working for a Faith Based Organisation.)
Faith and key community leaders voices must be heard from the start and they must be included in the design of an implementation as it is key to obtain their 'blessing' for an intervention to take place especially if it is deeply bound within the culture.\footnote{Female, working in Africa (Excluding North Africa) and South Asia, working for a Faith Based Organisation}

### 6.4 HTP engagement\footnote{If the respondent answered ‘no’ or skipped Question 17, the survey automatically cut the rest of this section and proceeded to Question 22.}

36 respondents indicated that they work with HTPs.\footnote{See Question 17 in the Survey Questionnaire included in Appendix B} The questions that followed that focused on HTP-focused interventions were asked only of these respondents.

![Address harmful traditional practices in your work](image)

Those that address HTPs in their work address several practices instead of focusing only on one specific issue.\footnote{See Question 18 in the Survey Questionnaire included in Appendix B} However, there are clearly issues that are focused on by more people. These include sexual violence against women (82%), child and early/forced marriage (71%), and FGM/C (53%).
### Table 10. HTP addressed in their work

<table>
<thead>
<tr>
<th>HTP</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Sexual) violence against women</td>
<td>82%</td>
</tr>
<tr>
<td>Child and early/ forced marriage</td>
<td>71%</td>
</tr>
<tr>
<td>Female genital mutilation/cutting</td>
<td>53%</td>
</tr>
<tr>
<td>Early pregnancy</td>
<td>47%</td>
</tr>
<tr>
<td>Female inheritance issues/ widowhood</td>
<td>35%</td>
</tr>
<tr>
<td>Son preference</td>
<td>32%</td>
</tr>
<tr>
<td>Marriage by abduction</td>
<td>26%</td>
</tr>
<tr>
<td>Child delivery related practices</td>
<td>24%</td>
</tr>
<tr>
<td>Nutritional taboos</td>
<td>21%</td>
</tr>
<tr>
<td>Female infanticide</td>
<td>18%</td>
</tr>
<tr>
<td>Dowry</td>
<td>18%</td>
</tr>
<tr>
<td>Bride price</td>
<td>15%</td>
</tr>
<tr>
<td>Virginity testing</td>
<td>15%</td>
</tr>
<tr>
<td>Honour killing*</td>
<td>1%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>18%</td>
</tr>
</tbody>
</table>

*This category was not part of the original survey, but is based on respondents’ explanations when selecting the ‘other’ category.

### 6.4.1 Interventions on HTPs

Respondents were asked three questions on interventions on HTPs: what interventions have been effective in addressing HTPs; which ones have not worked; and the lessons that can be learned from these. In responding to these questions, their responses mostly discussed effective/appropriate approaches, rather than specific interventions. Furthermore, they rarely discussed general approaches to addressing HTPs, but almost always framed it as approaches that target faith leaders or faith communities on HTPs. This is arguably understandable, given the nature of the survey and the preceding sections, as well as the fact that almost all of the respondents are in some way affiliated with JLI. Lastly, the respondents’ opinions on effective HTP interventions/approaches were often contradictory. The following helpful approaches when addressing HTPs were identified:

### Table 11. Effective interventions in addressing HTPs

<table>
<thead>
<tr>
<th>Effective interventions in addressing HTPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeting faith communities, faith and/or faith leaders in HTP interventions. Faith leaders are influential community leaders and their opposition to practices can influence an entire community. Furthermore, faith offers a framework and arguments that can counter cultural justification for HTPs.</td>
</tr>
<tr>
<td>What has been most effective is ensuring that the faith leaders are on board and have a real understanding of why an issue may be seen as harmful. Once they have grasped this, it is so much easier for it to be transmitted down to the community members and the intervention has the backing of the faith and community leaders. If the community members understand this and see that the faith leaders have endorsed this new teaching they are much more likely to embrace the new teachings or practices.</td>
</tr>
</tbody>
</table>

---

47 See Question 19 in the Survey Questionnaire included in Appendix B
48 See Question 21 in the Survey Questionnaire included in Appendix B
49 See Question 22 in the Survey Questionnaire included in Appendix B
50 Female, working in Africa (Excluding North Africa) and South Asia, working for a FBO.
At the same time, some respondents argued that approaches that target an entire community, rather than exclusively focusing on only one sector of it, are an effective way to address HTPs. Such community-based mobilisation must, however, sensitive to the different layers and actors within a community and offers different approaches to different sectors and actors.

Community mobilisation - involving the whole faith community is needed, however recognising that within each layers of the ecological model will involve a different approach and intervention.\(^{51}\)

Targeting women and girls specifically when addressing HTPs.

Ensuring that people understand the relevant legislation.

Ensuring that the voices and opinions of survivors of HTPs are central in the design and implementation of interventions.

Discussing ineffective HTP interventions shed some more light on what works when addressing HTPs. Once again the respondents discussed approaches, rather than specific interventions. They identified the following unhelpful approaches:

**Table 12. Ineffective interventions in addressing HTPs**

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term stand-alone activities</td>
<td>Such as seminars, conferences, trainings, campaigns, and rallies. If an intervention does not engage long-term, creating trust and the agenda with communities and leaders, it does not work.</td>
</tr>
<tr>
<td>Simply advocating against a harmful practice</td>
<td>There needs to be a deeper understanding of the social norms that perpetuate these practices, the sanctions if these practices aren't performed, social reference groups, and also alternatives are important aspects for an effective intervention. Simply focusing on behavior change isn't enough too, because these practices aren't just a person's decision to perform such, but it's a social practice. A mix-method is key, and leaving out traditional/community/faith leaders from interventions is counterproductive.(^{52})</td>
</tr>
<tr>
<td>Interventions that do not understand or respect the specific culture</td>
<td>If it is implemented in, and is not sensitive to underlying ideologies and paradigms. On the contrary, if one approaches HTPs in the wrong manner, the resultant resistance and backlash can serve to entrench the HTP even more firmly.</td>
</tr>
<tr>
<td>Talking about very taboo topics</td>
<td>(such as FGM) without taking into consideration power of (and risk of violence from) traditional societies; talking about harmful practices from a rights-based or &quot;Western&quot; perspective.(^{53})</td>
</tr>
<tr>
<td>Using people seen by the community as outsiders to implement an intervention</td>
<td>People from outside campaigning or advocating against HCPs, as they are dismissed by those within the community as not understanding their culture, their practices, etc. Useful conversation is again shut down as the outsider is discredited.(^{54})</td>
</tr>
<tr>
<td>Interventions that target only male faith leaders</td>
<td></td>
</tr>
<tr>
<td>Interventions that focus solely on passing laws</td>
<td></td>
</tr>
<tr>
<td>Interventions that incentivise participation</td>
<td></td>
</tr>
<tr>
<td>Interventions that focus on risk-avoidance</td>
<td>(e.g. abstinence, no alcohol use) or criminalization (e.g. criminalisation of substance abusers), rather than risk management or harm reduction.</td>
</tr>
</tbody>
</table>

In identifying the lessons learnt from failed or ineffective HTP interventions, respondents identified helpful practices that actually not only apply to HTP engagement, but to community engagement in

\(^{51}\) Female, working in Africa (Excluding North Africa) and Middle East and North Africa, working for a NGO.

\(^{52}\) Male working in Africa (Excluding North Africa), working for a FBO

\(^{53}\) Female, working in Africa (Excluding North Africa) and Latin America and the Caribbean, working for a FBO.

\(^{54}\) (Female, working in Africa (Excluding North Africa), working for a Faith Based Organisation)
general. Once again the major emphasis was on the process that must be respected, and that it requires time. Engaging on HTPs requires time, trust, transparency, respect and the willingness to truly dialogue and not force one’s opinions onto another.

6.4.2 Interlocutors

Survey respondents were able to identify two groups of interlocutors that they felt are best positioned to lead community conversations on HTPs. The existing leadership within communities emerged as an important avenue of engagement, as faith leaders (32.3%) and traditional leaders (20%) were selected most often.

Table 13. Who should be engaged with

<table>
<thead>
<tr>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith leaders</td>
<td>21</td>
<td>32.3</td>
</tr>
<tr>
<td>Traditional leaders</td>
<td>13</td>
<td>20.0</td>
</tr>
<tr>
<td>Community members passionate about the topic</td>
<td>9</td>
<td>13.8</td>
</tr>
<tr>
<td>Women leaders</td>
<td>9</td>
<td>13.8</td>
</tr>
<tr>
<td>Local government leaders</td>
<td>5</td>
<td>7.7</td>
</tr>
<tr>
<td>Youth leaders</td>
<td>4</td>
<td>6.2</td>
</tr>
<tr>
<td>National government leaders</td>
<td>3</td>
<td>4.6</td>
</tr>
<tr>
<td>Survivors *</td>
<td>2</td>
<td>3.06</td>
</tr>
<tr>
<td>Law makers *</td>
<td>1</td>
<td>1.53</td>
</tr>
</tbody>
</table>

*This category was not part of the original survey, but is based on respondents’ explanations when selecting the ‘other’ category

7. Conclusion

This report presents the data collected during a recent anonymous, online survey on faith leaders and HTPs. While this data is discussed in the synthesis report (and discussed in relation to the findings other outputs from the broader study), a few brief comments are made at this point.

Conceptually we see that the majority of respondents find the term ‘harmful traditional practices’ useful, but that almost all discuss the care that should be taken in using and applying it. This narrative of ‘being careful’ echoes throughout the qualitative data. It has been interesting to note that the main effective approaches to HTPs are more or less the same as the main effective approaches to faith leaders. This is at least partly due to the framing of the survey, the fact that many of the respondents are working with faith leaders on HTPs, and as most of the respondents are on the JLI membership and/or distribution lists and therefore work with faith in some way. But it could arguably be at least partly due to both foci requiring approaches that are remarkably sensitive and careful.

Therefore, we see the survey respondents emphasising the importance of the process of engagement – irrespective of the particular focus of the engagement. Be it on FGM/C, or harmful norms; be it targeting faith leaders, community members or youth, the process that is facilitated is

55 See Question 20 in the Survey Questionnaire included in Appendix B
what will make it effective or not. Discussion groups, and skilled facilitators, are identified as a key way of facilitating such a process.
Appendix A: Survey Consent Form

Working effectively with faith leaders to challenge harmful traditional practices

You are asked to participate in a research study conducted by Dr. Elisabet le Roux, from Stellenbosch University, South Africa, and Dr Brenda Bartelink, from the University of Groningen in The Netherlands. You were selected as a possible participant in the study as you are involved in with faith leaders and/or addressing Harmful Traditional Practices (HTPs).

This study focuses on practices aimed at working with faith leaders to challenges HTPs.

If you agree to participate in this study, we ask of you to complete the survey on this website. During the survey, you will be asked to:

- Give some background information about your work
- Give your opinion on the use of terminology
- Give your opinion on the nature of faith involvement in addressing HTPs
- Reflect on your experiences of working with faith leaders and/or on HTPs

The survey has a maximum of 18 questions and should take no longer than 15 minutes to complete. The study findings will be made publically available. Thus you will, through the study, get an overview of practices aimed at addressing HTPs in partnership with local faith communities and faith leaders.

You will not receive any payment for taking part in this study. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by not asking participants to identify themselves, keeping paper documents in locked cupboards and offices, and storing data on password-protected computers. In the reports that will be written, no-one will be able to connect what you shared with you. When the results of this study are published, no names or identifying characteristics will be mentioned. Thus no-one will know what you shared in this survey.

You can choose whether to be part of this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don’t want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so. If you have any questions or concerns about the research, please feel free to contact the Lead Researcher, Elisabet le Roux (+27 21 808 9248), 171 Dorp Street, Stellenbosch, South Africa. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; +27 21 808 4622] at the Division for Research Development, Stellenbosch University, South Africa.

Agreement of research subject

I have read the above, and by clicking the button below, indicate that I hereby voluntarily consent to participate in this study. I know that I can download a copy of this consent form, should I choose to.
Appendix B: Survey Questionnaire

1. Informed consent question for participants to agree to partake in the survey.

2. Are you:
   - male
   - female
   - other, please specify
   *(may select one)*

3. What is your age
   - 18-35
   - 36-49
   - 50-65
   - 65+
   *(may select one)*

4. Where are you based? Please tick the most appropriate box:
   - Africa (Excluding North Africa)
   - East Asia and Pacific
   - Europe and Central Asia
   - North America
   - Latin America and the Caribbean
   - Middle East and North Africa
   - South Asia
   *(may select one)*

5. Where do you work? Please tick the most appropriate boxes:
   - Africa (Excluding North Africa)
   - East Asia and Pacific
   - Europe and Central Asia
   - North America
   - Latin America and the Caribbean
   - Middle East and North Africa
   - South Asia
   *(may select more than one)*

6. How would you describe your organisation / institution? Please tick the most appropriate box:
   - Faith Based Organisation
   - Faith group / community
   - Research / Academic Institution
   - Non-governmental organisation (NGO – Secular)
   - Government
   - Other (please specify)
   *(may select one; ‘other’ makes text box open up)*

7. Do you see the term ‘harmful traditional practice’ or ‘harmful cultural practice’ as a useful term?
   - Yes
   - No
   - I have never heard the term before
8. Please motivate your response to Question 5 below.

9. Which practices would you describe as being HTPs?
- Female genital mutilation/cutting
- Son preference
- Female infanticide
- Child and early/ forced marriage
- Dowry
- Bride Price
- Marriage by abduction
- Virginity testing
- Early pregnancy
- Nutritional taboos
- Child delivery related practices
- (Sexual) violence against women
- Female inheritance issues/ widowhood
- Other (please specify)
(may select more than one; ‘other’ makes text box open up)

10. In understanding the intersection between harmful traditional practices and gender-based violence (GBV), do you
- see harmful traditional practices as a form a gender based violence
- see gender based violence as a type of harmful traditional practice
- Other (please specify)
(may select one; ‘other’ makes text box open up)

11. Do you in any way engage with faith, faith communities and/or faith leaders in your work?
- yes
- no
(may select one)

12. Please tick the faith groups that you predominantly work with:
- Buddhist
- Christian
- Hindu
- Islamic
- Judaic
- Other (please specify)
(may select one; ‘other’ makes text box open up)

13. At what level do you engage with faith, faith communities and/or faith leaders in your work?
- International or national level advocacy
- Dialogue at international or national level
- Within my organisation
- Within communities
- As target groups of community-based interventions
- Other, please specify
(May select more than one)
14. In your experience, which interventions have been effective in working with faith leaders? Why do you say it is effective?

15. In terms of interventions targeting faith leaders, what activities have NOT worked?

16. What lessons can be learned from these?

17. Do you in any way address HTPs in your work?
   - yes
   - no
   (may select one)

18. Which harmful traditional practices do you address in your work?
   - Female genital mutilation/cutting
   - Son preference
   - Female infanticide
   - Child and early/ forced marriage
   - Dowry
   - Bride price
   - Marriage by abduction
   - Virginity testing
   - Early pregnancy
   - Nutritional taboos
   - Child delivery related practices
   - (Sexual) violence against women
   - Female inheritance issues/ widowhood
   - Other (please specify)
   (may select multiple; ‘other’ makes text box open up)

19. In your experience, which interventions have been effective in addressing HTPs? Why do you say it is effective?

20. Based on your experience, who do you think are the best people to lead conversations around HTPs within communities? Please pick no more than two:
   - national government leaders
   - local government leaders
   - traditional leaders
   - women leaders
   - faith leaders
   - youth leaders
   - community members passionate about the topic
   - other (please specify)
   (may select two; ‘other’ makes text box open up)

21. In terms of interventions targeting harmful traditional practices, what activities have NOT worked?

22. What lessons can be learned from these?

23. Any other comments / thoughts?