



TRADITIONAL LEADERS AND THEIR WIVES

***FOR
FAMILY
HEALTH***

ADOLESCENT HEALTH AND INFORMATION PROJECTS (AHIP)



TRADITIONAL LEADERS AND THEIR WIVES FOR FAMILY HEALTH

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AHIP
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AND THEIR WIVES
FOR
FAMILY HEALTH

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TABLE OF CONTENTS

Contents	
Executive summary	5
Traditional Leaders	
Introduction	6
The scenario prior to AHIP's work with traditional leaders	6
Methodology	7
Strategies	7
What has been done	8
Achievements	10
Impacts	10
A group discussion in Gulma	12
Conclusion	14
Lessons learned by traditional leaders	15
Recommendations	16
ENGAGING WIVES OF TRADITIONAL LEADERS	
Introduction	17
Methodology	17
Strategies	17
What has been done	17
Impact	19
Some quotes from the wives	20
Lessons learned by traditional leader's wives	21
Overcoming fear of the unknown	22
Challenges	23
Lessons learned by AHIP	23
Conclusion	23
References	24

Executive Summary

Traditional leaders and traditional structures are an influential force among a large majority of communities in Africa. Traditional leaders wield influence and command much respect within their communities. Traditional leaders possess an extraordinary role of leadership in their communities, serving as role models of care and compassion.

Increasingly, traditional leaders are taking a stand in addressing Family Health such as Sexually Transmitted Diseases, Safe Motherhood, Child Spacing, Infertility, Male involvement in RH, Counseling as well as HIV/AIDS (prevention, testing, and treatment) among others. Realizing the relevance of traditional leaders and their wives in advocating for Reproductive Health, AHIP organized various training workshops to sensitize them on Reproductive family health. The organization focused on doing the training in different emirates of the states.

The traditional leaders and their wives showed a lot of zeal in seeing that the information acquired could be used in promoting more positive behavior in their communities. Knowing that northerners are a bit conservative, when it comes to issues around reproductive health or sexuality, it was surprising to see how very excited the participants were, to be invited, for the relevance to the community. They contributed immensely to every issue brought forward and were very open to discussing them. The belief was that certain topics were untouchable such as child spacing, safe motherhood, HIV/AIDS and especially the use of a condom, and may not be acceptable for discussions. This was contrary to what happened. The leaders themselves brought up all these issues. All we had to do was to build on it and explain further for more understanding.

Each leader that was trained was also asked to invite one of their wives to be trained. Equal numbers of males and females were trained as follows Kebbi 52, Sokoto 50, Zamfara 50, Katsina 50, Kaduna 50, kano 50, Gombe 55, Jigawa 50, Bauchi 50, Benue 70.

The training of the leaders' wives was done immediately after that of the leaders. At first, the leaders objected to AHIP training their wives. After their training, the leaders that objected to their wives being selected were eager to have them participate in the traditional leader's wives training because they believed in the benefits to their families and communities. The turnout of participants was high as we registered almost an equal number with that of the male leaders.

Based on pre- and post-test questionnaires, the average knowledge gained was 64%. The segregation of the men from the women encouraged the female participants to discuss Reproductive Health and family planning issues openly. The participants fully understood the commitment sought from them and promised to carry out all the expected tasks of creating awareness among their female folks in their respective communities. They promised to consider setting up a group made up of all the trained women, which will work towards the effective implementation of planned RH activities in their rural communities.

The impact of this initiative cannot be quantified. It has led to increased girls' education, mobilizing male community members to get involved in the health care of their wives especially that of pregnant women. Discussions are held during naming and wedding ceremonies as well as during community meetings on Drug Abuse, Stigmatization, Girl Child Education, Early Marriage, women's wellness, Skills acquisition and Child Spacing.

Introduction

The institution of traditional rulers is an endearing part of our heritage. It plays a critical role in the institution which upholds and are the custodian of culture and traditions. Expectedly, our traditional rulers are closely linked with the grassroots, and so understand the problems of their people and communities intimately. In our search for peace, order, stability, good health, growth and development in our society, the institution is a veritable instrument.

Traditional leaders and traditional structures are an influential force among a large majority of communities in Nigeria. Traditional leaders wield influence and command much respect within their communities. There is a strong nexus between traditional leadership and culture, with the traditional leaders being considered the custodians of culture from one generation to the next.

Despite the spirited denial of formal political roles to traditional rulers in the four most recent constitutions, traditional rulers continue to exercise enormous power and influence over the lives and wellbeing of millions of Nigerians. Also, traditional rulers control substantial economic and financial resources including land and forestry. Traditional political institutions, of which traditional ruler-ship constitutes an important element, form the bedrock of the political experience of many Nigerians. These institutions elicit greater confidence and legitimacy in the eyes of many Nigerians than the institutions of the modern Nigerian state.

Before the colonization of Nigeria, the traditional institution has always been responsible for the running the affairs of the society as well as seeing to the wellbeing of the people. With the coming of the Colonial masters, little was changed as the ruler-ship was done indirectly through the traditional rulers. To date, the traditional leaders still play a significant role in the affairs of the community, States and the nation.

Although, not all rulers have equal respect or equal authority. In the North, the traditional leaders retain significant authority and influence. In most cases, they are consulted by various levels of governments, CSOs, CBOs as well as NGOs for mobilization on Health programs and also on developmental projects or initiatives that will enhance the standard of living of their communities.

AHIP seized this opportunity to work closely with the traditional leaders, as they are closer to the people to achieve the objective of delivering its messages directly to the people with more ease and also to gain maximum acceptance of its objectives. The traditional leaders had biases regarding sexuality education; the community had limited access to reproductive health services and access to family planning.

The Scenario before AHIPs work with Traditional Leaders

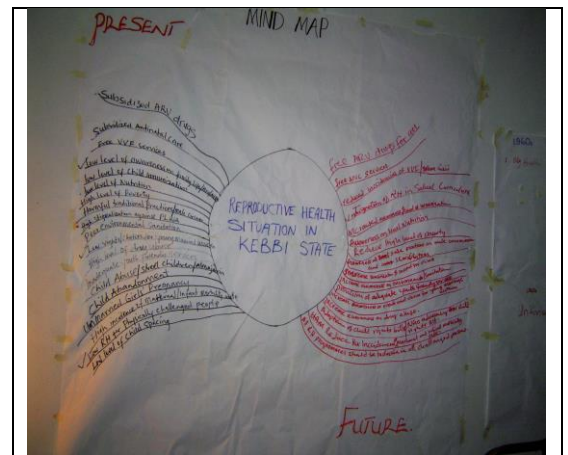
The situation in the late 1990s and early 2000 was such that young people were denied access to sexuality education now called the Family Life and HIV Education. More than 50% of pregnancies in northern Nigeria are amongst females 15-25 years old. Hence, the most complication in pregnancies occurs mostly within this age group. Maternal mortality in the north was a range between from 1200 to 2000 (WHO et al. 2016). Regrettably, female children suffer from limited education (NBS, 2011). Limited education for females has implication for adverse issues including maternal

health outcomes and the burden on public health. Limited access to reproductive health services and access to family planning are also troubling issues. Low educational and economic status for women and young people. Inequality was and still is an issue.

According to Parson (1964), for any social system which the community is part to survive, there are three basic functional pre-requisites: Adaptation, Goal attainment, Integration. These can be seen as problems that communities must solve if they are to survive and progress. Traditional rulers have succeeded in boosting community development through their support in the provision of boreholes, rural roads, the formation of co-operative societies, setting up of markets, construction of culverts, construction of earth dams, mobilizing people for health programs and resolving disputes within their domains.

Methodology

The program started with the leaders in mixed population groups analysing the reproductive situation in their states using the future search technique. The definition of terms and clarification of issues on sexuality, family planning, reproductive health, and gender was necessary at this point. They were subsequently trained on full reproductive health issues including leadership skills and issues of violence against persons. The use of group dynamics was encouraged and supported as well as step down trainings in their various communities using implementation plans developed by the leaders with follow up monitoring by AHIP.. The training was conducted in 12 northern states (Kano, Kaduna, Katsina, Zamfara, Sokoto, Kebbi, Borno, Gombe, Yobe, Bauchi, Benue, and Jigawa.)



Mapping the Issues in the state



Strategies

The reproductive leaders programme was expanded to take a new dimension of training traditional leaders as advocates and supporters of reproductive health issues in their communities. The trained traditional leaders are expected to disseminate the factual information to their friends, families, and community at large.

Topics addressed at this training includes: Leadership Style, Leadership and Reproductive Health, Reproductive Anatomy and Physiology; Stages of development; Sexually Transmitted Infections/ HIV/AIDS; Gender and HIV/AIDS, Drug Abuse and

it's social Implication; Communication; Child Spacing and Contraception; Communication and Advocacy; Violence against persons; Teenage Pregnancy; Team building and problem solving; Managing change; Planning for social change; Action plan development.

Objective of the training includes:

- To sensitize leaders and their wives on leadership, reproductive health and its components, male involvement in reproductive health; sex & sexuality, STIs, HIV/AIDS, gender and HIV/AIDS, importance of child spacing.
- To form groups among Traditional leaders for advocacy on Reproductive Health (RH) in the state.
- To identify RH issues in the state and develop strategies to address them

What Has Been Done

AHIP has over time partnered with traditional institutions in Kano, Kebbi, Kaduna, Zamfara, Sokoto, Borno, Yobe, Gombe, Benue, Bauchi, Katsina and Jigawa through advocacy, sensitization meetings and also training workshops on the issues that relate to but not limited to the following:

- Capacity building training on issues relating to the wellbeing of young people especially girl child in the area of reproductive health issues and HIV/AIDS through provision of information.
- Use of advocacy to address difficult issues like reproductive health and life planning skills.
- Sensitise women in the community on the importance of attending antenatal clinics.
- Traditional leaders to work with other policy makers to ensure that people stop selling illegal drugs and campaign for prevention and drug abuse reduction in communities.
- Ensuring that educational facilities and qualified teachers are provided in our schools.
- Using the traditional leaders to inform community members so that men will allow their women to access medical care and services in hospitals.
- Working with other stakeholders to ensure that hospitals/dispensary are adequately equip
- Parents should take proper care of their children, improve parent-child communication and draw them close.
- Parents should know the importance of education and be encouraged to enrol their children into schools



TRADITIONAL LEADERS TRAINING IN PICTURES



ACHIEVEMENTS

- A group of traditional leaders is formed in each state. Each group draw up a work plan to address identified and prioritized issues in their community.
- Most of the groups have been registered with their various local and/or state government.
- Most of the traditional leaders expressed gratitude for being recognized and inspired to do something about the issues in the community which promoted project ownership and sustainability.
- Each of the leaders contacted during subsequent monitoring reported that they had held sessions with their council members and stepped down the training so more traditional rulers are involved in sensitisation on health and reproductive health issues.
- Most have been re-energized to revive their local health committee.
- Various health committees were charged to mobilise the community to be conscious of the needs of pregnant women, especially when in labour.
- Some of the traditional leaders are used as links for voluntary counselling and testing (VCT).
- The leader's health programs were aired on the radio / TV free from the state media house. The various media house correspondents and directors were trained by AHIP on sexuality, reproductive health and its components, drug and substance abuse, Gender , gender and HIV, STIs and HIV, violence against persons, child spacing and contraception, problem young people face, importance of girl child education, and Communicating reproductive issues through the media and its impact. This helped to form an alliance between the traditional leaders and the media.
- Better understanding of the effects of stigmatization and discrimination against people living with HIV/AIDS in our community, which led to the reduction of stigma and discrimination of people living with HIV/AIDS in targeted communities.
- Traditional Leaders organized talks and discussions which focused on Antenatal care, Girl education, Hawking, Violence, Malaria, Immunization, Political Awareness, Child spacing, etc.

Impact Narrated by the Leaders

Alhaji Lawal Mohammed Namera, Sarkin Sudan, District head of Tiggi, Argungu Emirate Council:

"It was after the training that we realized that the training is quiet relevant to our role as royal fathers who are primarily involved in looking after the people and protecting their welfare and bringing anything good to them. So whoever brings healthcare to your doorstep brings you goodness.

The most important thing we learned during the training is the importance of going for HIV testing. Because before the training we didn't know the significance of knowing one's HIV status and the ways to limit the risk of infecting others for those living with the virus as well as how positive people can take care of themselves to live a long and healthy life. On the part of pregnant women, we came to appreciate the dangers associated with not attending antenatal care sessions in hospitals. It prompted the establishment of antenatal care clinics in villages because most of them are remote with no access to a hospital. Through these new rural antenatal clinics, pregnancy

complications detected on time, and the women referred to general hospital for necessary medical attention. The actions are a radical shift from what obtained in the past when pregnant women stayed at home without attending antenatal clinics and would only rush to the hospital when there were complications which in many cases the doctors could do little to help because it was too late. But now we have come to understand that antenatal care provided in villages where problems can be detected and referred to hospital.

This is like war strategy. Any new thing that comes to rural areas will certainly face some resistance at the initial stage. From the beginning, we formed groups and also incorporated imams and the Ulama for sensitization in mosques and at a wedding and naming ceremonies where you have large gatherings of people where they are informed on the need to allow their wives to go for antenatal care and the places where antenatal clinics are conducted. We also co-opted the youth groups for awareness campaigns among their peers on the dangers of HIV, ways of contracting it and preventive measures as well as the dangers associated with drug addiction. We realized that the youth are more vulnerable to HIV and drugs. We use every forum to talk about an aspect of what we learned from the training.

The project has had a profound impact on the community. The people see it as a self-help effort because it is their people that were trained and given the opportunity to sensitize them. This has brought about public acceptance in the rural areas unlike if it were unfamiliar faces which would have been treated with suspicion and fear. We were trained, and we selected some people from among us and imparted the same training to them which they in turn relay to the larger community using every opportunity to sensitize them in a group and individual basis”.

Muhammad Lawal Dankwara *is the District Administration Officer in charge of all village heads and chiefs as well as a local vigilante in Gumel emirate. He received training on prevention of HIV/STI, care and support for PLWHA from AHIP and he used the skills he learned in organizing step-down training to the village heads and Fulani chiefs under his jurisdiction. He holds HIV training classes for the vigilante once every week at the vigilante office. The trainees have been engaged in HIV sensitization in their communities which have helped reduced casual sex in the communities. This improvement wouldn't have occurred without the AHIP training.*

Bulama Babanda Attuwa *is the village head of Bakar Kasa village in Gumel emirate who received training on prevention of HIV/STI, care, and support for PLWHA from AHIP. He used the skills he garnered at the training in sensitizing his community on HIV prevention and the imperative of taking care of and supporting PLWHA as stigma worsen their health situation. He speaks to them in the mosque and at naming and wedding ceremonies where a large group of people gathers. His sensitization effort has erased stigma against PLWHA which has led to his subjects going for HIV screening in which five people tested positive. They have been placed on ARV and are living in the community without any public apathy. Many people that womanized have stopped. These improvements wouldn't have happened without the training.*

“Let me be honest with you; we have never attended any training on health matters before. We were at first unsure if we can cope given the intensity of the training. We go in as early as 9 am and break only for prayers and lunch, and we close at 6 pm. As old men, that was hard for us, but it was so interesting that we adjusted very quickly and we have learned so much. Let me tell you when we started talking to our people; they

avoided us because they thought we did not know much about RH and HIV/AIDS or that we simply wanted to be difficult. But they gradually accepted the quality of what we knew and went on to consult us on a regular basis. We would like to express our appreciations for the opportunity to be involved in this change process.” **Ward Head (Community Leader) – Kaduna**

“When we first made attempts to engage our community in discussions on RH and other STI issues, we were rebuffed, and people avoided talking to us for some time. However, when some of them listened, went for check-ups and were cured of a wide range of ailments, which they had been reluctant to discuss. The word got out that we know what we are doing. The floodgates then opened, and today people come to our houses to seek information and advice on RH and HIV/AIDS.” **Ward Head (Community Leader) – Katsina**

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“The project has had a profound impact on the community. The people see it as a self-help effort because it is their people that were trained and given the opportunity to sensitize them. This has brought about public acceptance in the rural areas unlike if it were unfamiliar faces which would have been treated with suspicion and fear. We were trained, and we selected some people from among us and imparted the same training to them which they in turn relay to the larger community using every opportunity to sensitize them in a group and individual basis. There have been considerable improvements especially in the area of drug addiction which is prevalent among the youth as 30 percent of our youth do drugs. As a result of sensitization on its ills and counseling, we have observed a drastic reduction in drug addiction among the youth. I can say we have recorded about 80 percent drop in the number of young persons that are into drugs in the last six months. As regards casual sex, the warning that you may not know an HIV positive person from their looks has made some people keep away from casual sex. Therefore casual sex has reduced substantially.” **Traditional Leader Zamfara**

A group discussion in Gulma-Arugungu

The traditional leaders in Argungu LGA of Kebbi state confirmed in a focus group discussion that they were trained on HIV & AIDS: how someone can contract the disease, and how to prevent it; Reproductive health: on how women should always go for an antenatal checkup before, during, and after childbirth. Also, the training emphasized the importance of breastfeeding. Environmental sanitation for a healthy society was addressed. Also included in the training was Leadership, Drug Abuse, advocacy and community development issues.

Another participant responded that AHIP trained them on how to live conflict-free family life and how to go about child spacing. The fourth participant affirmed that they

got trained on how to help the youths in their society be aware of the effects of DRUG ABUSE on their lives, by creating Constant awareness programs on the subject matter. Others confirmed that the training was on how they can learn hand work (skill acquisition) and become economically in the society such as farming, tailoring, marketers, how to go about family planning in other to reduce unwanted pregnancy and gender inequality

When they were asked how does the training benefit them?

The second in command of the traditional leaders responded that the training was indeed a great benefit to his personal life and his entire community that cut across women, youths, and children. He confirms that after the training, he together with some trained personnel was able to motivate and trained the youths to engage in Agricultural activities were they had recorded a great achievement.

They have enlightened women on the importance of going for antenatal care; it has led to a high level of patronage to the hospital for antenatal care. Another participant reaffirmed that personally, he had encouraged more than 50 women who have been going for a checkup before, during, and after childbirth/ breastfeeding. That child bearing mortality has drastically reduced within the community through the training they received from AHIP for the past few years.

The traditional leaders were so impressed with the level at which drug abuse was drastically reduced among youths, and there is a progressive increase of economic activities participation by the youths and women. More to that, another leader confirmed that through the training on gender inequality, there is less discrimination among the male and female folks, that they have learned to treat children regarding education equally and the same thing applied to those he has opportune to training.

Also, one of the participants said that they have been able to reach many communities far and near and trained them on environmental sanitation, effective communication among their peer groups, leaders and within their family as this will go a long way to reduce families and communities conflict.

One of the community district head said has trained more 100 women on health issues and more than 70 youths on Economic activities. There is more and constant patronage in antenatal checkup by the women of the communities.

More females are now are going to school. A great success story was that they had organized lectures awareness in both primary and secondary schools on the effects of drug abuse.

“I could recall the emir of Argungu, during his lesser Eid message to the people spoke on HIV/AIDS and the ways it is contracted and called on the people, especially those that travel in search for a livelihood, to protect themselves through zipping up or using a condom. This issue requires boldness and frankness for people to understand the message fully. He also speaks at any gathering he happens to attend such as weddings, naming ceremonies and Maulud festivities. Every Friday, Imams speak on the dangers of HIV/AIDS and means of protection.” Community Leader

“We always speak to the people on RH especially HIV/AIDS and pregnancy, and they respond positively. We call them to my palace and speak to them, preach to them in mosques and any big gathering of people such as the fishing festival and when the emir visits any district where people come out en masse to welcome him. We are always sensitizing the people. In fact, I was just from a sensitization tour to a village called Yamama. It is something we do every day” Traditional Ruler Kebbi

*The project is perfect, and people have become aware of HIV/AIDS which was not the case before then. We still have people denying it, but now this project has given people reason to believe in HIV/AIDS. And for PLWHA, they now come out to live a positive life. Apart from people getting aware even us who were trained, our capacity has been built, and for those that participated in the stepdown training, they also have gained some knowledge. With regard to the last portion, you know its very difficult for anything to happen if you don't initiate it to happen so without the project some of us will just be seeing HIV/AIDS in the surface. So without the project, there will be still a lot of grey areas. **Traditional Leader Bauchi***

*“As a result of sensitization, we have convinced, and people and they are ready to donate blood. We have (EFS) emergency transport service who take any patience to the hospital without paying any money. Many volunteers assisted in taking emergency cases to hospital. We established emergency material to use during labor cases. And members contribute 20 Naira each every week for revolving loan. With this efforts, the ministry of women affairs supported by MDG have given this R.H forum a bus for the communities in the hand reach areas”. (**Traditional Leaders Gumel, Jigawa State**)*

“It has been discovered that women now are being maltreated in their homes and taken as fewer humans. Men divorce their wives anytime they want without because she is not empowered and lacks ways to take care of herself after the divorce.

*Too many children do not allow us to take care of our children the way we are supposed to, this makes the children go out and become miscreants and drug addicts. The fact remains that we cannot compare now and before, schools were affordable and things cheaper but the issue now is the society has changed. Therefore, we have to adjust because lack of adequate finance can hinder us from given our children the adequate education and care that they need. It is important we practice and advise our people to practice child spacing because it helps in promoting the health of the mother and the child and gives us the opportunity to take care of the number of children that we can. Therefore, the issue of child spacing should be encouraged and aired over the radio since that is the medium where rural people can easily be reached. We as traditional leaders will use every opportunity like naming ceremonies, wedding fatiha, etc. to share with the community what we learned concerning the importance of family planning and show them examples of the methods religion talks about, e.g., withdrawal. We shall also encourage women not to visit chemist for any child spacing method without seeing a doctor who can inform them to use safe methods”. (**Traditional Leader Kaduna State**)*

Some Traditional rulers are in support of child-spacing, this was discovered during AHIP sensitization of opinion leaders in Dawakin Tofa Local Government Authority. One of the leaders drew an analogy between the availability of resources and the growing size of a family. He said “ the same farm that our fathers had fed us with when he gave birth to 15 children, is the same farm we the 15 children inherited and shared. We the children have gone on to have our own 10 to 15 children each and are still depending on our portion of the land to feed us and our family. With no education, no job outside the village and no lucrative business, then it is imperative for people to be impoverished”.

Conclusion

A pre-test questionnaire was administered among the participants before training commenced in each state. This was aimed at knowing the level of their knowledge about the issues to be discussed during the training. A post-test was administered after

the training to see how much the participant's knowledge/notions had improved and changed. The analysis of the tests revealed the following:

- Before the training, 42% of the participants agreed that youth with good self-esteem is likely to trust his/her feelings and judgment and better able to make decisions. 95% agreed with the statement in the post-test.
- At the pre-test, participants had little knowledge of what effective communication is. After the training, 87% of the participants responded positively to questions on the barriers to communication and what effective communication entails. This is only 35% who knew about the related topics at the beginning.
- The question of what sexuality means had the lowest score in the pre-test with only about 4% stating that it is an integral aspect of life, including life experience. 80% of the participants stated that it means having sexual intercourse. While in the end, 87% agreed that it is the totality of what a person is, it starts from birth and ends at death and that it is an integral part of us.
- In the pre-test, 78% of the participants answered that pregnancy occurs when a man and woman have sexual intercourse while 14% said when a man and woman have a sexual relationship. Only 8% of them said that pregnancy occurs when a sperm fertilizes an egg. However, in the post-test, 89% of the participants answered that pregnancy occurs only when a sperm fertilizes an egg.
- On the most effective method to prevent pregnancy, 100% of the participants answered that it is complete abstinence. 67% agreed that contraceptives might be used to prevent pregnancies.
- 66% of the participant agreed that a girl cannot get pregnant during menstruation in the pre-test, but during the post-test, only 18% of them still held that notion.

Lesson Learned By Traditional Leaders

These are lessons learnt as captured in the traditional leaders own words:

- Complications of pregnancy and the rate of maternal mortality in Northern Nigeria particularly in Kebbi my state is alarming. This is of utmost importance to address this issue.
- The training is an eye opener to the suffering of pregnant mothers and the importance of ANC.
- I got more explanations on some RH issues that people had misconceptions about.
- How to network with other traditional leaders in order to address RH issues
- Various STIs and how to prevent contacting various diseases and the importance of communication between couples.
- Enlightenment on vulnerable groups particularly, women and children and the problems they face.
- More knowledge about child spacing and its benefits.
- Eliminating the fear of associating with HIV positive people and knowledge of how to interact with them without contacting the virus.
- The role of leadership and quality were reinforced and this has served as an eye opener.
- How to tackle difficult health workers instead of avoiding going to the hospital because of them.

- More knowledge about abortion and how to prevent it from happening either spontaneously or induced, particularly amongst young unmarried girls.
- More enlightenment on ways of reducing drug/substance abuse in our community and also how to improve education in our community.
- More knowledge about different contraceptive methods and how they are administered; this has removed some of the misconceptions people used to have about them.
- Knowledge on the importance of communication and different methods of involving people in trying to resolve an issue through proper advocacy, mobilization and networking.
- Knowledge on the actual meaning of sex, sexuality and gender.

Recommendations

In the past people and traditional leaders find it difficult talking about reproductive health and sexuality issues openly, but with the intervention of AHIP, through continuous sensitization and more enlightenment on the topics, more people are now able to discuss these issues and also seek for more information and knowledge on it.

After training sessions, a group of traditional leaders proffered the following solutions;

- Good and free qualitative education is very important in order for one to care for his/her life.
- Having basic skill acquisition to become self-reliant is essential.
- Free, subsidised and quality medical care
- Getting Immunisation at the right time to avoid epidemics
- To discourage early and forced child marriage
- Government to equip hospitals with qualified personnel and facilities.
- Social Welfare should be made available for the less privileged.

Engaging Wives of Traditional Leaders

Introduction

The traditional leaders' wives are well placed to encourage social learnings that move women forward. Being traditional, a lot of rural communities in Northern Nigeria tend to discourage females from going out to pursue western education (especially secondary and tertiary education) as such they lack information and awareness on many issues that affect their lives. The role of the wives of community leaders is very important in passing out information to such a closed society. Such women have access to other women in social gatherings and other public events and by virtue of their status are listened to by other women. Though they often face difficulties in attending the meetings of their association, they are still able to rally around at times of need and to agree on their role in the community.

Methodology

The wives of the traditional leaders go through a similar training as their husbands with a slight variation. The women's training include capacity building sessions in the area of livelihood skills development for women who may or may not already be engaged in one trade or the other. This is to encourage them to build or expand their business through acquiring more trades like tie and dye, juice making, liquid/car wash soap, making of soya beans milk, soya beans cereals, incense for room freshening, and other indicated trades they can pursue.

Strategies

A wife of each traditional leader who participated in the training was invited. There were various categories of women in the training. Some of the traditional leaders complained that their wives were too old to attend and instead, representatives like TBAs, CBO leaders, school teachers, etc. were sent to participate in the training. All the RH topics were treated and the wives showed an appreciative level of knowledge and understanding throughout the workshop. All topics discussed with male leaders were discussed with the wives. The trained leaders' wives are expected to disseminate the information to their friends, families and community at large, this could be during meetings, ceremonies, or any other gathering. The other expectation is to train some young women in the different income generating skills that they have acquired from the AHIP training.

What has been done

At least 50 wives have been trained in each of the twelve northern states of interventions. Associations have been formed by participants after their training and on realizing the role they need to play to contribute to the development of their communities. One of the most prominent associations that had not been in existence is the traditional rulers' wives association which was formed in some of the project states such as Kaduna, Zamfara, Gombe and Bauchi. The wives of the traditional rulers realized that up to the point the project came to their communities, they have not been playing the role they should have been playing in providing leadership to females in their communities.

TRADITIONAL LEADERS WIVES TRAINING PICTURES





VOCATIONAL SKILLS FOR WIVES OF TRADITIONAL LEADERS



IMPACT

A good number of the wives got involved in various programs and projects in their communities after the training. Below are some of the achievements.

- Sensitization of 30 women in Tiggi village on the importance of immunization which has increased the number of acceptance by 40%. Traditional heads were used to mobilize through the women's husbands, and use of town criers
- Sensitization of women in Shafarma community on the importance of hospital visitation for ANC and other medical services. This has also led to 35% increase in the attendance of ANC and other medical services.
- Some of the trained traditional leaders wives are involved in PAP (Partnership Against Poverty) an Action Aid project in Bangarana community of Augie LGA. These women carry out sensitization program to the rural women on the

importance of accessing medical services and a clinic was established by this project and there is an impressive turnout in the facility. One of the wives of the traditional leaders is a Board Member of the PAP Project. She carries out inspection of the clinic, equipment and personnel supplied by the LGA to the clinic.

- Conducted trainings for 20 TBAs in selected rural areas and secured working kits for them
- There are less cases of delay in going to the hospital during labour and delivery due to increased awareness.
- Women have also been sensitized on the scourge of HIV/AIDS and Stigmatization of infected people in Gumande community where most of the participants thought that HIV is also contracted through mosquito bites.
- Some of the traditional leaders wives are also involved in IFAD activities and also use the opportunity to create awareness whenever they have IFAD programmes
- One of the beneficiaries who is a TBA explained that she has also sensitized other TBAs in her community on RH issues and many pregnant mothers on the importance of seeking medical services even after delivery at home; though hospital delivery is encouraged, there are still many who deliver at home even after attending ANC.
- Sensitized young boys on dangers of drug abuse and addiction in Yaldu community in April, 2008 at the district heads house. Talked to Patent Medicine sellers/chemists to stop selling drugs to the boys and threatened to arrest them if they do. This has led to a reduction of 30% in drug abuse. They know this because some of their children and relatives were victims.
- Carried out home visits to 10 homes to educate women on the consequences of Early Marriage in September, 2008 as there were reported cases of young girls losing their lives as a result of inability to deliver their babies.

Some quotes from the wives

“We did not realize what contributions we can make to the development of our communities until we attended this training. After that we formed our association and have been working as a group to issue out information to females in our communities. They now feel comfortable enough to come to us in search of information on RH, HIV/AIDS and even other issues relating to more general aspects of their lives. We are most happy that this is now possible in our community” **Wife of Traditional Ruler Zamfara**

“Mothers are now free to talk to their daughters about sexuality education, RH and HIV/AIDS. This is both surprising and pleasant in the sense that we never had a chance to talk with our mother directly on even ordinary issues not to talk of such highly sensitive issues. But as you can see, the world has changed and so much is happening that we feel it is our responsibility to protect our own children from harm. In addition, we have been trained and have acquired information on all these issues ourselves as such we can give our daughters similar information instead of waiting for them to destroy their lives.” **Wife of a Traditional Leader Sokoto**

“We have been recording huge success on our sensitization particularly on the issue of pre-and post natal care. This is to say, there has been massive turn out of pregnant woman for anti natal especially those from the grassroots. In addition there are some women who have give birth about six to seven times without been to hospitals now patronize clinics for deliveries and get family planning.” **Wife of Village Head Jigawa**

We have been sensitizing our people on the dangers of drug abuse especially young women and we do enlighten them on HIV/AIDs when ever we find ourselves in naming and wedding ceremonies. Similarly, we use to question young women not to involve themselves in casual or unprotected sex. That will result to unwanted pregnancy or infected with STDs. Even though, we did not have formal education but with this knowledge, we acquire from the training, anywhere we find ourselves, we pass the information to our people especially during naming, wedding and even during condolences. In fact in use to be invited to deliver or share the little knowledge we have with women in some occasion that have to do with women folk. **Wife of Traditional in Leader Borno**

Based on pre- and post-test questionnaires, the average knowledge gained over the pre-test was 64%. The segregation of the men from the women encouraged the female participants to discuss RH issues openly. Many important contributions were made, according to them, they are restricted by culture from expressing in the presence of their husbands. The participants are concerned about the prevalence of HIV in their states. It is openly projected as they extensively discussed the causes, impact, as well as the solutions to the challenges it poses to the development of their communities. The participants fully understood the commitment sought from them and promised to carry out all the expected tasks of creating awareness among their female folks in their respective communities. They promised to consider setting up a group made up of all the trained women, which will work towards the effective implementation of planned RH activities in their rural communities. Among others, discussions are proposed to be held during naming and wedding ceremonies as well as during community meetings on Drug Abuse, Stigmatization, Girl Child Education, Early Marriage, women's wellness, Skills acquisition and Child Spacing.

Lesson Learned By Traditional Leaders' Wives

- I have gained more knowledge on child spacing and where to seek help on issues of child spacing
- I have learned how to live and interact with HIV positive people and I am no more afraid of them.
- I have learned different ways of helping to fight the scourge of HIV/AIDS.
- I have learned how to help young people in living a responsible life free of drugs.
- I have learnt the importance of communication.
- I learnt the actual meaning of sex, sexuality and gender.
- The importance of ANC was reinforced.
- I learned about various STIs and how to prevent ourselves from contracting various diseases.
- I am convinced about the benefits of modern contraception and the minimal side effects now.
- This training has thought me how to live with and support HIV positive people. As I now know ways of contracting and not contracting the virus.
- I now know functions of reproductive organs and the dangers of not taking proper care of them.
- I have been enlightened on ways of reducing drug/substance abuse in our community and also how to improve education in our community.

- I have learned about different contraceptive methods and how they are administered; this has removed some of the misconceptions I used to have about them.
- I have learned different methods of involving people in trying to resolve an issue through proper advocacy, mobilization and networking.
- I now feel confident because of the knowledge I gained about modes of transmission of HIV that eating with an infected person cannot make one to contract the virus.

Conclusion

In conclusion, it can be seen from the data provided above that a great measure of success was achieved as it can safely be said that about 93% of the participants came out better informed and they actually showed a lot of zeal in seeing that the information acquired could be used in promoting more positive behaviour in their communities. They contributed immensely to every issue brought forward and were very open to discuss them. The belief was that they were untouchables and that topics like child spacing, safe motherhood, HIV/AIDS and especially the use of condom, may not be acceptable for discussions. This was contrary to what happened. The leaders themselves actually brought up all these issues. All we had to do was to build on it and explain further to their level of understanding.

At the end of the training each group of beneficiaries that is, the traditional leaders and their wives grouped themselves separately and came up with recommendations as a way forward and how they would contribute to improving the lives of young people and women in their communities, improve Reproductive health, wellbeing and make motherhood safer.

Overcoming the fear of the unknown

The Traditional leaders training started with AHIP not knowing what to expect from the traditional leaders. But we were pleasantly surprised. Even though we were expecting the best out of the training, we still had some reservation on how cooperative and open the traditional leaders were going to be, knowing that northerners are a bit conservative when it comes to issues related to reproductive health.

It was a pleasant surprise when we found the participants very excited that they were invited for any training. Their belief was that AHIP knows the relevance of the sector to the people in the community. Hence AHIP decided to engage with them.

They contributed immensely to every issue brought forward and were very open to discuss those issues we thought were untouchable eg, child spacing, safe motherhood, AIDS and especially the use of condom, they actually brought up all this issues. All we had to do was to build on it and explain further to their level of understanding.

We also learnt that every part of the society is important and relevant and should not be undermined and there is no knowledge that is wasted no matter how little it seems.

They all left the training with a renewed zeal to tackle RH/HIV/AIDS issues in their community. There was also a large turnout of the participant right from the first day till the second which shows how interested this leaders are in solving some of the problems in their communities.

Challenges

- Most of the women or participants cannot read and write in English, training was conducted in Hausa.
- The training hall is very noisy and sometimes out of control because of most the participants came along with their children. We learned that there is a need to have rules that limits the presence of children in training halls.
- The wives of the district heads in some state manipulated and dominated the sessions with their influence, power, and authority which restricted the other participants to contribute actively during the sessions.

Lessons Learned by AHIP

- The fear of the unknown can demotivate, kill passion, and programs.
- The training started with fear in the hearts of the staff of the organization, because of the position of the persons AHIP had targeted
- The first training was almost aborted because of the fear of the conservative positions of the leaders on a lot of issues, including RH, gender and sexuality.
- The training was slow to start at first but it became easier as it moved on.
- We finally discovered that they had the quest to learn and were willing to be involved.
- We also found out that the reasons for their being a stumbling block sometimes, was their lack of information and knowledge on various issues.

References

- AHIP, (1998). International Women Health Coalition Annual Narrative Project Report.
- AHIP, (1999). International Women Health Coalition Annual Narrative Project Report.
- AHIP, (2002). International Women Health Coalition Annual Narrative Project Report.
- AHIP, (2006). Oxfam Novib/European Union Annual Narrative Project Report
- AHIP, (2007). Oxfam Novib/European Union Annual Narrative Project Report
- AHIP, (2008). Oxfam Novib/European Union Annual Narrative Project Report
- AHIP, (2009).Ford Foundation Annual Narrative Project Report
- AHIP, (2009).Ford Foundation Annual Narrative Project Report
- AHIP, (2010).Ford Foundation Annual Narrative Project Report
- AHIP, (2011).Ford Foundation Annual Narrative Project Report
- Barr. Abdullahi, W.Z (2007) *Evolving Of A New Role For Traditional Institutions In The Nigerian Constitution Centre For Local Government Development And Research.*
- Nwankwo, B.C (1992) *Authority In Government: Makurdi. Atmond Publishers.*
- Ojo, J.O (1976) *The Changing Role Of Traditional Rulers In The Nigerian Political Set-Up. Ibadan University Press.*
- Wilhelmina, J. D (2002) *Traditional Leadership, Human right and Development: The Asante Example.*
- WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division, (2016). *Maternal mortality in 1990-2015. Maternal Mortality Estimation Inter-Agency Group Nigeria.*



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